ALTERWOOD ADVANTAGE
Quality Care. Better Health.

Effective 07/14/2025

Authorization Guidelines

Alterwood Advantage publishes this comprehensive authorization requirements guide for all CPT/HCPC codes that require authorization. This resource is to be referenced for services scheduled to be done outpatient and by a network provider at a network facility.

Authorization requirements are reviewed quarterly and as such, providers are encouraged to re-verify authorization requirements regularly. Updates are posted 30 days in advance of their effective date.

Alterwood Advantage does not require prior authorization for these services *when performed in network and outpatient*:

• Office Visits • Colonoscopies • Mammogram Screenings • Flu Vaccines •

• Initial 60-day certification period for home health • Initial 12 visits of outpatient rehab within 90 days •

Alterwood Advantage does not require prior authorization for these services regardless of network status. These services are outpatient but may occur in a hospital setting:

• Emergency or Urgent Care • Observation/Outpatient Extended Recovery up to 48 hours up •

Alterwood Advantage always requires authorization for these services:

• All inpatient services • Scheduled Out of Network services •

Authorization requests should be directed to the UM department using the contact information below. Be sure to fax a completed UM request form and relevant medical records/justification, with a good contact number for questions and/or follow up.

Method	Authorization for Medical Care
Fax	410-801-5701
Call	667-262-9412 or 1-866-675-3944 toll-free (Option 6) We are available 8 a.m. to 5 p.m. EST Monday through Friday.

Alterwood will respond to every request with a decision letter and/or notifications of “No Authorization Required”, as applicable.

Service Type	Standard Priority Maximum Turnaround	Expedited Priority Maximum Turnaround
Part B Injectable Medications	72 Hours	24 Hours
Inpatient and Outpatient	14 Calendar Days	72 Hours

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	AUTH REQUIRED	
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)	AUTH REQUIRED	
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)	AUTH REQUIRED	
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	AUTH REQUIRED	
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	AUTH REQUIRED	
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	AUTH REQUIRED	
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next-generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin	AUTH REQUIRED	
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	AUTH REQUIRED	
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	AUTH REQUIRED	
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	AUTH REQUIRED	
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	AUTH REQUIRED	
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy	AUTH REQUIRED	
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	AUTH REQUIRED	
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	AUTH REQUIRED	
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	AUTH REQUIRED	
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	AUTH REQUIRED	
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	AUTH REQUIRED	
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	AUTH REQUIRED	
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	AUTH REQUIRED	
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	AUTH REQUIRED	
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	AUTH REQUIRED	
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	AUTH REQUIRED	
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	AUTH REQUIRED	
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	AUTH REQUIRED	
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	AUTH REQUIRED	
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	AUTH REQUIRED	
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	AUTH REQUIRED	
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	AUTH REQUIRED	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	AUTH REQUIRED	
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	AUTH REQUIRED	
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	AUTH REQUIRED	
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	AUTH REQUIRED	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	AUTH REQUIRED	
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	AUTH REQUIRED	
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	AUTH REQUIRED	
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	AUTH REQUIRED	
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	AUTH REQUIRED	
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	AUTH REQUIRED	
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	AUTH REQUIRED	
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	AUTH REQUIRED	
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	AUTH REQUIRED	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	AUTH REQUIRED	
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	AUTH REQUIRED	
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	AUTH REQUIRED	
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	AUTH REQUIRED	
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	AUTH REQUIRED	
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	AUTH REQUIRED	
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	AUTH REQUIRED	
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	AUTH REQUIRED	
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	AUTH REQUIRED	
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	AUTH REQUIRED	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0095U	Eosinophilic esophagitis, 2 protein biomarkers (Eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and Major Basic Protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]), enzyme-linked immunosorbent assays (ELISA), specimen obtained by esophageal string test device, algorithm reported as probability of active or inactive eosinophilic esophagitis	AUTH REQUIRED	
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	AUTH REQUIRED	
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	AUTH REQUIRED	
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	AUTH REQUIRED	
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	AUTH REQUIRED	
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	AUTH REQUIRED	
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	AUTH REQUIRED	
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	AUTH REQUIRED	
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	AUTH REQUIRED	
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	AUTH REQUIRED	
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	AUTH REQUIRED	
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	AUTH REQUIRED	
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	AUTH REQUIRED	
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	AUTH REQUIRED	
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	AUTH REQUIRED	
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	AUTH REQUIRED	
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	AUTH REQUIRED	
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	AUTH REQUIRED	
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	AUTH REQUIRED	
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	AUTH REQUIRED	
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	AUTH REQUIRED	
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	AUTH REQUIRED	
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	AUTH REQUIRED	
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	AUTH REQUIRED	
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	AUTH REQUIRED	
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	AUTH REQUIRED	
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	AUTH REQUIRED	
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	AUTH REQUIRED	
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	AUTH REQUIRED	
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	AUTH REQUIRED	
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy	AUTH REQUIRED	
0166U	Liver disease, 10 biochemical assays (a2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	AUTH REQUIRED	
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	AUTH REQUIRED	
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	AUTH REQUIRED	
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	AUTH REQUIRED	
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	AUTH REQUIRED	
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	AUTH REQUIRED	
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	AUTH REQUIRED	
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	AUTH REQUIRED	
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	AUTH REQUIRED	
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	AUTH REQUIRED	
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	AUTH REQUIRED	
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	AUTH REQUIRED	
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	AUTH REQUIRED	
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	AUTH REQUIRED	
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	AUTH REQUIRED	
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	AUTH REQUIRED	
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	AUTH REQUIRED	
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	AUTH REQUIRED	
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	AUTH REQUIRED	
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	AUTH REQUIRED	
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	AUTH REQUIRED	
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	AUTH REQUIRED	
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	AUTH REQUIRED	
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	AUTH REQUIRED	
01990	Physiological support for harvesting of organ(s) from brain-dead patient	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
01999	Unlisted anesthesia procedure(s)	AUTH REQUIRED	
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	AUTH REQUIRED	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	AUTH REQUIRED	
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	AUTH REQUIRED	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	AUTH REQUIRED	
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	AUTH REQUIRED	
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	AUTH REQUIRED	
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	AUTH REQUIRED	
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	AUTH REQUIRED	
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0208T	Pure tone audiometry (threshold), automated; air only	AUTH REQUIRED	
0209T	Pure tone audiometry (threshold), automated; air and bone	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	AUTH REQUIRED	
0210T	Speech audiometry threshold, automated;	AUTH REQUIRED	
0211T	Speech audiometry threshold, automated; with speech recognition	AUTH REQUIRED	
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	AUTH REQUIRED	
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	AUTH REQUIRED	
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	AUTH REQUIRED	
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	AUTH REQUIRED	
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	AUTH REQUIRED	
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	AUTH REQUIRED	
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	AUTH REQUIRED	
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	AUTH REQUIRED	
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	AUTH REQUIRED	
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	AUTH REQUIRED	
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	AUTH REQUIRED	
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	AUTH REQUIRED	
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	AUTH REQUIRED	
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	AUTH REQUIRED	
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	AUTH REQUIRED	
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED	
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED	
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED	
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED	
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED	
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED	
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	AUTH REQUIRED	
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions	AUTH REQUIRED	
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	AUTH REQUIRED	
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED	
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	AUTH REQUIRED	
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED	
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	AUTH REQUIRED	
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	AUTH REQUIRED	
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	AUTH REQUIRED	
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	AUTH REQUIRED	
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	AUTH REQUIRED	
0248U	Oncology, spheroid cell culture in 3D microenvironment, 12-drug panel, brain- or brain metastasis-response prediction for each drug	AUTH REQUIRED	
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	AUTH REQUIRED	
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	AUTH REQUIRED	
0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy	AUTH REQUIRED	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	AUTH REQUIRED	
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	AUTH REQUIRED	
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested	AUTH REQUIRED	
0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood	AUTH REQUIRED	
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	AUTH REQUIRED	
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	AUTH REQUIRED	
0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	AUTH REQUIRED	
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	AUTH REQUIRED	
0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	AUTH REQUIRED	
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	AUTH REQUIRED	
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	AUTH REQUIRED	
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	AUTH REQUIRED	
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	AUTH REQUIRED	
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	AUTH REQUIRED	
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	AUTH REQUIRED	
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	AUTH REQUIRED	
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid, comprehensive	AUTH REQUIRED	
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	AUTH REQUIRED	
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	AUTH REQUIRED	
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	AUTH REQUIRED	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	AUTH REQUIRED	
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	AUTH REQUIRED	
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	AUTH REQUIRED	
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	AUTH REQUIRED	
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score	AUTH REQUIRED	
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	AUTH REQUIRED	
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	AUTH REQUIRED	
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	AUTH REQUIRED	
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	AUTH REQUIRED	
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	AUTH REQUIRED	
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enhancement	AUTH REQUIRED	
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic	AUTH REQUIRED	
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic	AUTH REQUIRED	
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index	AUTH REQUIRED	
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD	AUTH REQUIRED	
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	AUTH REQUIRED	
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	AUTH REQUIRED	
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]) with 3 clinical parameters (age, sex, history of cardiac intervention), plasma, algorithm reported as a risk score for obstructive CAD	AUTH REQUIRED	
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	AUTH REQUIRED	
0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	AUTH REQUIRED	
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	AUTH REQUIRED	
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	AUTH REQUIRED	
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	AUTH REQUIRED	
0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	AUTH REQUIRED	
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	AUTH REQUIRED	
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	AUTH REQUIRED	
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	AUTH REQUIRED	
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	AUTH REQUIRED	
0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	AUTH REQUIRED	
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	AUTH REQUIRED	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	AUTH REQUIRED	
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	AUTH REQUIRED	
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	AUTH REQUIRED	
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	AUTH REQUIRED	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	AUTH REQUIRED	
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	AUTH REQUIRED	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	AUTH REQUIRED	
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	AUTH REQUIRED	
0333T	Visual evoked potential, screening of visual acuity, automated, with report	AUTH REQUIRED	
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	AUTH REQUIRED	
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	AUTH REQUIRED	
0335T	Insertion of sinus tarsi implant	AUTH REQUIRED	
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	AUTH REQUIRED	
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	AUTH REQUIRED	
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	AUTH REQUIRED	
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	AUTH REQUIRED	
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	AUTH REQUIRED	
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	AUTH REQUIRED	
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	AUTH REQUIRED	
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	AUTH REQUIRED	
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	AUTH REQUIRED	
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	AUTH REQUIRED	
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	AUTH REQUIRED	
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	AUTH REQUIRED	
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	AUTH REQUIRED	
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	AUTH REQUIRED	
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	AUTH REQUIRED	
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	AUTH REQUIRED	
0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, or venous whole blood, algorithm reported as likelihood of bacterial infection	AUTH REQUIRED	
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	AUTH REQUIRED	
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	AUTH REQUIRED	
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	AUTH REQUIRED	
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	AUTH REQUIRED	
0358U	Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	AUTH REQUIRED	
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	AUTH REQUIRED	
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	AUTH REQUIRED	
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	AUTH REQUIRED	
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	AUTH REQUIRED	
0365U	Oncology (bladder), 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA), by immunoassays, urine, diagnostic algorithm, including patient's age, race and gender, reported as a probability of harboring urothelial cancer	AUTH REQUIRED	
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	AUTH REQUIRED	
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	AUTH REQUIRED	
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	AUTH REQUIRED	
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	AUTH REQUIRED	
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab	AUTH REQUIRED	
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine	AUTH REQUIRED	
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	AUTH REQUIRED	
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	AUTH REQUIRED	
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	AUTH REQUIRED	
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	AUTH REQUIRED	
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	AUTH REQUIRED	
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	AUTH REQUIRED	
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	AUTH REQUIRED	
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	AUTH REQUIRED	
0387U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (AMLo) by immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of progression	AUTH REQUIRED	See NCCN Guidelines
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	AUTH REQUIRED	See NCCN Guidelines
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	AUTH REQUIRED	See NCCN Guidelines

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	AUTH REQUIRED	
0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative	AUTH REQUIRED	
0395U	Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	AUTH REQUIRED	
0398U	Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	AUTH REQUIRED	
0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected	AUTH REQUIRED	
0400U	Obstetrics (expanded carrier screening), 145 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative	AUTH REQUIRED	
0401U	Cardiology (coronary heart disease [CHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	AUTH REQUIRED	
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	AUTH REQUIRED	
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	AUTH REQUIRED	
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression	AUTH REQUIRED	
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	AUTH REQUIRED	
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer	AUTH REQUIRED	
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	AUTH REQUIRED	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	AUTH REQUIRED	
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	AUTH REQUIRED	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	AUTH REQUIRED	
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	AUTH REQUIRED	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	AUTH REQUIRED	
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	AUTH REQUIRED	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	AUTH REQUIRED	
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology	AUTH REQUIRED	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	AUTH REQUIRED	
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	AUTH REQUIRED	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	AUTH REQUIRED	
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker	AUTH REQUIRED	
0415U	Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS	AUTH REQUIRED	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	AUTH REQUIRED	
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants	AUTH REQUIRED	
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	AUTH REQUIRED	
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	AUTH REQUIRED	
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	AUTH REQUIRED	
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	AUTH REQUIRED	
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	AUTH REQUIRED	
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	AUTH REQUIRED	
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	AUTH REQUIRED	
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	AUTH REQUIRED	
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	AUTH REQUIRED	
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	AUTH REQUIRED	
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	AUTH REQUIRED	
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	AUTH REQUIRED	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	AUTH REQUIRED	
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	AUTH REQUIRED	
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	AUTH REQUIRED	
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	AUTH REQUIRED	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	AUTH REQUIRED	
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	AUTH REQUIRED	
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	AUTH REQUIRED	
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	AUTH REQUIRED	
0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	AUTH REQUIRED	
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	AUTH REQUIRED	
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	AUTH REQUIRED	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	AUTH REQUIRED	
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	AUTH REQUIRED	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	AUTH REQUIRED	
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	AUTH REQUIRED	
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	AUTH REQUIRED	
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	AUTH REQUIRED	
0510T	Removal of sinus tarsi implant	AUTH REQUIRED	
0511T	Removal and reinsertion of sinus tarsi implant	AUTH REQUIRED	
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	AUTH REQUIRED	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	AUTH REQUIRED	
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	AUTH REQUIRED	
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	AUTH REQUIRED	
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	AUTH REQUIRED	
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	AUTH REQUIRED	
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	AUTH REQUIRED	
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	AUTH REQUIRED	
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	AUTH REQUIRED	
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	AUTH REQUIRED	
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	AUTH REQUIRED	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	AUTH REQUIRED	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	AUTH REQUIRED	
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	AUTH REQUIRED	
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	AUTH REQUIRED	
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	AUTH REQUIRED	
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	AUTH REQUIRED	
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	AUTH REQUIRED	
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	AUTH REQUIRED	
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	AUTH REQUIRED	
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	AUTH REQUIRED	
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	AUTH REQUIRED	
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	AUTH REQUIRED	
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	AUTH REQUIRED	
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	AUTH REQUIRED	
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	AUTH REQUIRED	
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	AUTH REQUIRED	
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	AUTH REQUIRED	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	AUTH REQUIRED	
0572T	Insertion of substernal implantable defibrillator electrode	AUTH REQUIRED	
0573T	Removal of substernal implantable defibrillator electrode	AUTH REQUIRED	
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	AUTH REQUIRED	
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	AUTH REQUIRED	
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	AUTH REQUIRED	
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	AUTH REQUIRED	
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	AUTH REQUIRED	
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0580T	Removal of substernal implantable defibrillator pulse generator only	AUTH REQUIRED	
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	AUTH REQUIRED	
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	AUTH REQUIRED	
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	AUTH REQUIRED	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	AUTH REQUIRED	
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	AUTH REQUIRED	
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	AUTH REQUIRED	
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	AUTH REQUIRED	
0591T	Health and well-being coaching face-to-face; individual, initial assessment	AUTH REQUIRED	
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	AUTH REQUIRED	
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	AUTH REQUIRED	
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	AUTH REQUIRED	
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	AUTH REQUIRED	
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	AUTH REQUIRED	
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	AUTH REQUIRED	
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	AUTH REQUIRED	
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	AUTH REQUIRED	
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	AUTH REQUIRED	
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	AUTH REQUIRED	
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	AUTH REQUIRED	
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	AUTH REQUIRED	
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	AUTH REQUIRED	
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	AUTH REQUIRED	
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0615T	Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and report	AUTH REQUIRED	
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	AUTH REQUIRED	
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	AUTH REQUIRED	
0621T	Trabeculostomy ab interno by laser	AUTH REQUIRED	
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	AUTH REQUIRED	
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	AUTH REQUIRED	
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	AUTH REQUIRED	
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	AUTH REQUIRED	
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	AUTH REQUIRED	
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	AUTH REQUIRED	
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	AUTH REQUIRED	
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	AUTH REQUIRED	
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	AUTH REQUIRED	
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0640T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site	AUTH REQUIRED	
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	AUTH REQUIRED	
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	AUTH REQUIRED	
0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	AUTH REQUIRED	
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	AUTH REQUIRED	
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	AUTH REQUIRED	
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	AUTH REQUIRED	
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	AUTH REQUIRED	
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	AUTH REQUIRED	
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	AUTH REQUIRED	
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	AUTH REQUIRED	
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	AUTH REQUIRED	
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	AUTH REQUIRED	
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	AUTH REQUIRED	
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	AUTH REQUIRED	
0665T	Donor hysterectomy (including cold preservation); open, from living donor	AUTH REQUIRED	
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	AUTH REQUIRED	
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	AUTH REQUIRED	
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	AUTH REQUIRED	
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	AUTH REQUIRED	
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	AUTH REQUIRED	
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	AUTH REQUIRED	
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	AUTH REQUIRED	
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	AUTH REQUIRED	
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	AUTH REQUIRED	
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	AUTH REQUIRED	
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	
0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	AUTH REQUIRED	
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	AUTH REQUIRED	
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	
0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	AUTH REQUIRED	
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	AUTH REQUIRED	
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	AUTH REQUIRED	
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report	AUTH REQUIRED	
0692T	Therapeutic ultrafiltration	AUTH REQUIRED	
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	AUTH REQUIRED	
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	AUTH REQUIRED	
0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	AUTH REQUIRED	
0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	AUTH REQUIRED	
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	AUTH REQUIRED	
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0699T	Injection, posterior chamber of eye, medication	AUTH REQUIRED	
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	AUTH REQUIRED	
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	AUTH REQUIRED	
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	AUTH REQUIRED	
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	AUTH REQUIRED	
0707T	Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	AUTH REQUIRED	
0708T	Intradermal cancer immunotherapy; preparation and initial injection	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	AUTH REQUIRED	
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	AUTH REQUIRED	
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	AUTH REQUIRED	
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	AUTH REQUIRED	
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL	AUTH REQUIRED	
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	AUTH REQUIRED	
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	AUTH REQUIRED	
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	AUTH REQUIRED	
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	AUTH REQUIRED	
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	AUTH REQUIRED	
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	AUTH REQUIRED	
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0725T	Vestibular device implantation, unilateral	AUTH REQUIRED	
0726T	Removal of implanted vestibular device, unilateral	AUTH REQUIRED	
0727T	Removal and replacement of implanted vestibular device, unilateral	AUTH REQUIRED	
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	AUTH REQUIRED	
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	AUTH REQUIRED	
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	AUTH REQUIRED	
0731T	Augmentative AI-based facial phenotype analysis with report	AUTH REQUIRED	
0732T	Immunotherapy administration with electroporation, intramuscular	AUTH REQUIRED	
0733T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	AUTH REQUIRED	
0734T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	AUTH REQUIRED	
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	AUTH REQUIRED	
0737T	Xenograft implantation into the articular surface	AUTH REQUIRED	
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	AUTH REQUIRED	
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	AUTH REQUIRED	
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	AUTH REQUIRED	
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	AUTH REQUIRED	
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report	AUTH REQUIRED	
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	AUTH REQUIRED	
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	AUTH REQUIRED	
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	AUTH REQUIRED	
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	AUTH REQUIRED	
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	AUTH REQUIRED	
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report;	AUTH REQUIRED	
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD	AUTH REQUIRED	
0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0752T	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0755T	Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	AUTH REQUIRED	
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and mapping of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	AUTH REQUIRED	
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and mapping of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	AUTH REQUIRED	
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	AUTH REQUIRED	
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	AUTH REQUIRED	
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	AUTH REQUIRED	
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	AUTH REQUIRED	
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	AUTH REQUIRED	
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	AUTH REQUIRED	
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	AUTH REQUIRED	
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	AUTH REQUIRED	
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	AUTH REQUIRED	
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters	AUTH REQUIRED	
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters	AUTH REQUIRED	
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	AUTH REQUIRED	
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	AUTH REQUIRED	
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	AUTH REQUIRED	
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	AUTH REQUIRED	
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	AUTH REQUIRED	
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	AUTH REQUIRED	
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	AUTH REQUIRED	
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	AUTH REQUIRED	
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	AUTH REQUIRED	
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	AUTH REQUIRED	
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	AUTH REQUIRED	
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	AUTH REQUIRED	
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	AUTH REQUIRED	
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	AUTH REQUIRED	
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	AUTH REQUIRED	
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	AUTH REQUIRED	
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	AUTH REQUIRED	
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	AUTH REQUIRED	
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	AUTH REQUIRED	
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	AUTH REQUIRED	
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	AUTH REQUIRED	
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	AUTH REQUIRED	
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	AUTH REQUIRED	
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	AUTH REQUIRED	
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	AUTH REQUIRED	
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	AUTH REQUIRED	
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	AUTH REQUIRED	
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0849T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	AUTH REQUIRED	
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	AUTH REQUIRED	
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	AUTH REQUIRED	
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	AUTH REQUIRED	
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	AUTH REQUIRED	
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	AUTH REQUIRED	
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	AUTH REQUIRED	
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	AUTH REQUIRED	
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	AUTH REQUIRED	
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	AUTH REQUIRED	
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	AUTH REQUIRED	
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	AUTH REQUIRED	
10080	Incision and drainage of pilonidal cyst; simple	AUTH REQUIRED	
10081	Incision and drainage of pilonidal cyst; complicated	AUTH REQUIRED	
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	AUTH REQUIRED	
10180	Incision and drainage, complex, postoperative wound infection	AUTH REQUIRED	
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	AUTH REQUIRED	
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	AUTH REQUIRED	
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	AUTH REQUIRED	
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	AUTH REQUIRED	
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	AUTH REQUIRED	
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	AUTH REQUIRED	
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	AUTH REQUIRED	
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	AUTH REQUIRED	
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	AUTH REQUIRED	
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	AUTH REQUIRED	
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	AUTH REQUIRED	
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	AUTH REQUIRED	
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	AUTH REQUIRED	
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	AUTH REQUIRED	
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	AUTH REQUIRED	
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	AUTH REQUIRED	
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	AUTH REQUIRED	
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	AUTH REQUIRED	
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	AUTH REQUIRED	
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	AUTH REQUIRED	
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	AUTH REQUIRED	
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	AUTH REQUIRED	
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	AUTH REQUIRED	
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	AUTH REQUIRED	
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	AUTH REQUIRED	
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	AUTH REQUIRED	
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	AUTH REQUIRED	
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	AUTH REQUIRED	
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	AUTH REQUIRED	
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	AUTH REQUIRED	
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	AUTH REQUIRED	
11762	Reconstruction of nail bed with graft	AUTH REQUIRED	
11770	Excision of pilonidal cyst or sinus; simple	AUTH REQUIRED	
11771	Excision of pilonidal cyst or sinus; extensive	AUTH REQUIRED	
11772	Excision of pilonidal cyst or sinus; complicated	AUTH REQUIRED	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	AUTH REQUIRED	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	AUTH REQUIRED	
11970	Replacement of tissue expander with permanent implant	AUTH REQUIRED	
11971	Removal of tissue expander without insertion of implant	AUTH REQUIRED	
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	AUTH REQUIRED	
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	AUTH REQUIRED	
12020	Treatment of superficial wound dehiscence; simple closure	AUTH REQUIRED	
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	AUTH REQUIRED	
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	AUTH REQUIRED	
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	AUTH REQUIRED	
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	AUTH REQUIRED	
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	AUTH REQUIRED	
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	AUTH REQUIRED	
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	AUTH REQUIRED	
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	AUTH REQUIRED	
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	AUTH REQUIRED	
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	AUTH REQUIRED	
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	AUTH REQUIRED	
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	AUTH REQUIRED	
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	AUTH REQUIRED	
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	AUTH REQUIRED	
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	AUTH REQUIRED	
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	AUTH REQUIRED	
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	AUTH REQUIRED	
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	AUTH REQUIRED	
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	AUTH REQUIRED	
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	AUTH REQUIRED	
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	AUTH REQUIRED	
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	AUTH REQUIRED	
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	AUTH REQUIRED	
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	AUTH REQUIRED	
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	AUTH REQUIRED	
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	AUTH REQUIRED	
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	AUTH REQUIRED	
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	AUTH REQUIRED	
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	AUTH REQUIRED	
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	AUTH REQUIRED	
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	AUTH REQUIRED	
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	AUTH REQUIRED	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	AUTH REQUIRED	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	AUTH REQUIRED	
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	AUTH REQUIRED	
14350	Filleted finger or toe flap, including preparation of recipient site	AUTH REQUIRED	
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	AUTH REQUIRED	
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	AUTH REQUIRED	
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	AUTH REQUIRED	
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	AUTH REQUIRED	
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	AUTH REQUIRED	
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	AUTH REQUIRED	
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	AUTH REQUIRED	
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	AUTH REQUIRED	
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	AUTH REQUIRED	
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	AUTH REQUIRED	
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	AUTH REQUIRED	
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	AUTH REQUIRED	
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	AUTH REQUIRED	
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	AUTH REQUIRED	
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	AUTH REQUIRED	
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	AUTH REQUIRED	
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	AUTH REQUIRED	
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	AUTH REQUIRED	
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	AUTH REQUIRED	
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	AUTH REQUIRED	
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	AUTH REQUIRED	
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	AUTH REQUIRED	
15600	Delay of flap or sectioning of flap (division and inset); at trunk	AUTH REQUIRED	
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	AUTH REQUIRED	
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	AUTH REQUIRED	
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	AUTH REQUIRED	
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	AUTH REQUIRED	
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	AUTH REQUIRED	
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	AUTH REQUIRED	
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	AUTH REQUIRED	
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	AUTH REQUIRED	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	AUTH REQUIRED	
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	AUTH REQUIRED	
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	AUTH REQUIRED	
15750	Flap; neurovascular pedicle	AUTH REQUIRED	
15756	Free muscle or myocutaneous flap with microvascular anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
15757	Free skin flap with microvascular anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
15758	Free fascial flap with microvascular anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	AUTH REQUIRED	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	AUTH REQUIRED	
15770	Graft; derma-fat-fascia	AUTH REQUIRED	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	AUTH REQUIRED	
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	AUTH REQUIRED	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	AUTH REQUIRED	
15776	Punch graft for hair transplant; more than 15 punch grafts	AUTH REQUIRED	
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	AUTH REQUIRED	
15781	Dermabrasion; segmental, face	AUTH REQUIRED	
15782	Dermabrasion; regional, other than face	AUTH REQUIRED	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	AUTH REQUIRED	
15786	Abrasion; single lesion (eg, keratosis, scar)	AUTH REQUIRED	
15788	Chemical peel, facial; epidermal	AUTH REQUIRED	
15789	Chemical peel, facial; dermal	AUTH REQUIRED	
15792	Chemical peel, nonfacial; epidermal	AUTH REQUIRED	
15793	Chemical peel, nonfacial; dermal	AUTH REQUIRED	
15820	Blepharoplasty, lower eyelid;	AUTH REQUIRED	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	AUTH REQUIRED	
15822	Blepharoplasty, upper eyelid;	AUTH REQUIRED	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	AUTH REQUIRED	
15824	Rhytidectomy; forehead	AUTH REQUIRED	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	AUTH REQUIRED	
15826	Rhytidectomy; glabellar frown lines	AUTH REQUIRED	
15828	Rhytidectomy; cheek, chin, and neck	AUTH REQUIRED	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	AUTH REQUIRED	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	AUTH REQUIRED	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	AUTH REQUIRED	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	AUTH REQUIRED	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	AUTH REQUIRED	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	AUTH REQUIRED	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	AUTH REQUIRED	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	AUTH REQUIRED	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	AUTH REQUIRED	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	AUTH REQUIRED	
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	AUTH REQUIRED	
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	AUTH REQUIRED	
15845	Graft for facial nerve paralysis; regional muscle transfer	AUTH REQUIRED	
15876	Suction assisted lipectomy; head and neck	AUTH REQUIRED	
15877	Suction assisted lipectomy; trunk	AUTH REQUIRED	
15878	Suction assisted lipectomy; upper extremity	AUTH REQUIRED	
15879	Suction assisted lipectomy; lower extremity	AUTH REQUIRED	
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	AUTH REQUIRED	
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	AUTH REQUIRED	
15931	Excision, sacral pressure ulcer, with primary suture;	AUTH REQUIRED	
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	AUTH REQUIRED	
15934	Excision, sacral pressure ulcer, with skin flap closure;	AUTH REQUIRED	
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	AUTH REQUIRED	
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	AUTH REQUIRED	
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	AUTH REQUIRED	
15940	Excision, ischial pressure ulcer, with primary suture;	AUTH REQUIRED	
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	AUTH REQUIRED	
15944	Excision, ischial pressure ulcer, with skin flap closure;	AUTH REQUIRED	
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	AUTH REQUIRED	
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	AUTH REQUIRED	
15950	Excision, trochanteric pressure ulcer, with primary suture;	AUTH REQUIRED	
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	AUTH REQUIRED	
15952	Excision, trochanteric pressure ulcer, with skin flap closure;	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	AUTH REQUIRED	
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	AUTH REQUIRED	
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	AUTH REQUIRED	
15999	Unlisted procedure, excision pressure ulcer	AUTH REQUIRED	
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	AUTH REQUIRED	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	AUTH REQUIRED	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	AUTH REQUIRED	
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	AUTH REQUIRED	
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	AUTH REQUIRED	
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	AUTH REQUIRED	
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	AUTH REQUIRED	
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	AUTH REQUIRED	
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	AUTH REQUIRED	
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	AUTH REQUIRED	
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	AUTH REQUIRED	
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	AUTH REQUIRED	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	AUTH REQUIRED	
19020	Mastotomy with exploration or drainage of abscess, deep	AUTH REQUIRED	
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	AUTH REQUIRED	
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	AUTH REQUIRED	
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	AUTH REQUIRED	
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	AUTH REQUIRED	
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	AUTH REQUIRED	
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	AUTH REQUIRED	
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
19101	Biopsy of breast; open, incisional	AUTH REQUIRED	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	AUTH REQUIRED	
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	AUTH REQUIRED	
19112	Excision of lactiferous duct fistula	AUTH REQUIRED	
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	AUTH REQUIRED	
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	AUTH REQUIRED	
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	AUTH REQUIRED	
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	AUTH REQUIRED	
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	AUTH REQUIRED	
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	AUTH REQUIRED	
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	AUTH REQUIRED	
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	AUTH REQUIRED	
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	AUTH REQUIRED	
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	AUTH REQUIRED	
19300	Mastectomy for gynecomastia	AUTH REQUIRED	
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	AUTH REQUIRED	
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	AUTH REQUIRED	
19303	Mastectomy, simple, complete	AUTH REQUIRED	
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	AUTH REQUIRED	
19316	Mastopexy	AUTH REQUIRED	
19318	Breast reduction	AUTH REQUIRED	
19325	Breast augmentation with implant	AUTH REQUIRED	
19328	Removal of intact breast implant	AUTH REQUIRED	
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	AUTH REQUIRED	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	AUTH REQUIRED	
19342	Insertion or replacement of breast implant on separate day from mastectomy	AUTH REQUIRED	
19350	Nipple/areola reconstruction	AUTH REQUIRED	
19355	Correction of inverted nipples	AUTH REQUIRED	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	AUTH REQUIRED	
19361	Breast reconstruction; with latissimus dorsi flap	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	AUTH REQUIRED	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	AUTH REQUIRED	
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	AUTH REQUIRED	
19396	Preparation of moulage for custom breast implant	AUTH REQUIRED	
19499	Unlisted procedure, breast	AUTH REQUIRED	
20100	Exploration of penetrating wound (separate procedure); neck	AUTH REQUIRED	
20101	Exploration of penetrating wound (separate procedure); chest	AUTH REQUIRED	
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	AUTH REQUIRED	
20103	Exploration of penetrating wound (separate procedure); extremity	AUTH REQUIRED	
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
20200	Biopsy, muscle; superficial	AUTH REQUIRED	
20205	Biopsy, muscle; deep	AUTH REQUIRED	
20206	Biopsy, muscle, percutaneous needle	AUTH REQUIRED	
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	AUTH REQUIRED	
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	AUTH REQUIRED	
20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	AUTH REQUIRED	
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	AUTH REQUIRED	
20250	Biopsy, vertebral body, open; thoracic	AUTH REQUIRED	
20251	Biopsy, vertebral body, open; lumbar or cervical	AUTH REQUIRED	
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	AUTH REQUIRED	
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	AUTH REQUIRED	
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.
20561	Needle insertion(s) without injection(s); 3 or more muscles	AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.
20615	Aspiration and injection for treatment of bone cyst	AUTH REQUIRED	
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	AUTH REQUIRED	
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	AUTH REQUIRED	
20661	Application of halo, including removal; cranial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20662	Application of halo, including removal; pelvic	AUTH REQUIRED	
20663	Application of halo, including removal; femoral	AUTH REQUIRED	
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	AUTH REQUIRED	
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	AUTH REQUIRED	
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	AUTH REQUIRED	
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	AUTH REQUIRED	
20694	Removal, under anesthesia, of external fixation system	AUTH REQUIRED	
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	AUTH REQUIRED	
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	AUTH REQUIRED	
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	AUTH REQUIRED	
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20838	Replantation, foot, complete amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	AUTH REQUIRED	
20902	Bone graft, any donor area; major or large	AUTH REQUIRED	
20910	Cartilage graft; costochondral	AUTH REQUIRED	
20912	Cartilage graft; nasal septum	AUTH REQUIRED	
20920	Fascia lata graft; by stripper	AUTH REQUIRED	
20922	Fascia lata graft; by incision and area exposure, complex or sheet	AUTH REQUIRED	
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	AUTH REQUIRED	
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	AUTH REQUIRED	
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	AUTH REQUIRED	
20955	Bone graft with microvascular anastomosis; fibula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20956	Bone graft with microvascular anastomosis; iliac crest	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20957	Bone graft with microvascular anastomosis; metatarsal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	AUTH REQUIRED	
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	AUTH REQUIRED	
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	AUTH REQUIRED	
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	AUTH REQUIRED	
20999	Unlisted procedure, musculoskeletal system, general	AUTH REQUIRED	
21010	Arthrotomy, temporomandibular joint	AUTH REQUIRED	
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	AUTH REQUIRED	
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	AUTH REQUIRED	
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	AUTH REQUIRED	
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	AUTH REQUIRED	
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	AUTH REQUIRED	
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	AUTH REQUIRED	
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	AUTH REQUIRED	
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	AUTH REQUIRED	
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	AUTH REQUIRED	
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
21031	Excision of torus mandibularis	AUTH REQUIRED	
21032	Excision of maxillary torus palatinus	AUTH REQUIRED	
21034	Excision of malignant tumor of maxilla or zygoma	AUTH REQUIRED	
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	AUTH REQUIRED	
21044	Excision of malignant tumor of mandible;	AUTH REQUIRED	
21045	Excision of malignant tumor of mandible; radical resection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	AUTH REQUIRED	
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	AUTH REQUIRED	
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	AUTH REQUIRED	
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	AUTH REQUIRED	
21050	Condylectomy, temporomandibular joint (separate procedure)	AUTH REQUIRED	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	AUTH REQUIRED	
21070	Coronoidectomy (separate procedure)	AUTH REQUIRED	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	AUTH REQUIRED	
21076	Impression and custom preparation; surgical obturator prosthesis	AUTH REQUIRED	
21077	Impression and custom preparation; orbital prosthesis	AUTH REQUIRED	
21079	Impression and custom preparation; interim obturator prosthesis	AUTH REQUIRED	
21080	Impression and custom preparation; definitive obturator prosthesis	AUTH REQUIRED	
21081	Impression and custom preparation; mandibular resection prosthesis	AUTH REQUIRED	
21082	Impression and custom preparation; palatal augmentation prosthesis	AUTH REQUIRED	
21083	Impression and custom preparation; palatal lift prosthesis	AUTH REQUIRED	
21084	Impression and custom preparation; speech aid prosthesis	AUTH REQUIRED	
21085	Impression and custom preparation; oral surgical splint	AUTH REQUIRED	
21086	Impression and custom preparation; auricular prosthesis	AUTH REQUIRED	
21087	Impression and custom preparation; nasal prosthesis	AUTH REQUIRED	
21088	Impression and custom preparation; facial prosthesis	AUTH REQUIRED	
21089	Unlisted maxillofacial prosthetic procedure	AUTH REQUIRED	
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	AUTH REQUIRED	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	AUTH REQUIRED	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
21121	Genioplasty; sliding osteotomy, single piece	AUTH REQUIRED	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	AUTH REQUIRED	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	AUTH REQUIRED	
21125	Augmentation, mandibular body or angle; prosthetic material	AUTH REQUIRED	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	AUTH REQUIRED	
21137	Reduction forehead; contouring only	AUTH REQUIRED	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	AUTH REQUIRED	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	AUTH REQUIRED	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	AUTH REQUIRED	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	AUTH REQUIRED	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	AUTH REQUIRED	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	AUTH REQUIRED	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	AUTH REQUIRED	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	AUTH REQUIRED	
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	AUTH REQUIRED	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	AUTH REQUIRED	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	AUTH REQUIRED	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	AUTH REQUIRED	
21198	Osteotomy, mandible, segmental;	AUTH REQUIRED	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	AUTH REQUIRED	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	AUTH REQUIRED	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	AUTH REQUIRED	
21209	Osteoplasty, facial bones; reduction	AUTH REQUIRED	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	AUTH REQUIRED	
21215	Graft, bone; mandible (includes obtaining graft)	AUTH REQUIRED	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	AUTH REQUIRED	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	AUTH REQUIRED	
21242	Arthroplasty, temporomandibular joint, with allograft	AUTH REQUIRED	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	AUTH REQUIRED	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	AUTH REQUIRED	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	AUTH REQUIRED	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	AUTH REQUIRED	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	AUTH REQUIRED	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	AUTH REQUIRED	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	AUTH REQUIRED	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	AUTH REQUIRED	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	AUTH REQUIRED	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	AUTH REQUIRED	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	AUTH REQUIRED	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	AUTH REQUIRED	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21270	Malar augmentation, prosthetic material	AUTH REQUIRED	
21275	Secondary revision of orbitocraniofacial reconstruction	AUTH REQUIRED	
21280	Medial canthopexy (separate procedure)	AUTH REQUIRED	
21282	Lateral canthopexy	AUTH REQUIRED	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	AUTH REQUIRED	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	AUTH REQUIRED	
21299	Unlisted craniofacial and maxillofacial procedure	AUTH REQUIRED	
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization	AUTH REQUIRED	
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization	AUTH REQUIRED	
21325	Open treatment of nasal fracture; uncomplicated	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	AUTH REQUIRED	
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	AUTH REQUIRED	
21336	Open treatment of nasal septal fracture, with or without stabilization	AUTH REQUIRED	
21337	Closed treatment of nasal septal fracture, with or without stabilization	AUTH REQUIRED	
21338	Open treatment of nasoethmoid fracture; without external fixation	AUTH REQUIRED	
21339	Open treatment of nasoethmoid fracture; with external fixation	AUTH REQUIRED	
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	AUTH REQUIRED	
21343	Open treatment of depressed frontal sinus fracture	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	AUTH REQUIRED	
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	AUTH REQUIRED	
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	AUTH REQUIRED	
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	AUTH REQUIRED	
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	AUTH REQUIRED	
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	AUTH REQUIRED	
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	AUTH REQUIRED	
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	AUTH REQUIRED	
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	AUTH REQUIRED	
21386	Open treatment of orbital floor blowout fracture; periorbital approach	AUTH REQUIRED	
21387	Open treatment of orbital floor blowout fracture; combined approach	AUTH REQUIRED	
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	AUTH REQUIRED	
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	AUTH REQUIRED	
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	AUTH REQUIRED	
21406	Open treatment of fracture of orbit, except blowout; without implant	AUTH REQUIRED	
21407	Open treatment of fracture of orbit, except blowout; with implant	AUTH REQUIRED	
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	AUTH REQUIRED	
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	AUTH REQUIRED	
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	AUTH REQUIRED	
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	AUTH REQUIRED	
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	AUTH REQUIRED	
21450	Closed treatment of mandibular fracture; without manipulation	AUTH REQUIRED	
21451	Closed treatment of mandibular fracture; with manipulation	AUTH REQUIRED	
21452	Percutaneous treatment of mandibular fracture, with external fixation	AUTH REQUIRED	
21453	Closed treatment of mandibular fracture with interdental fixation	AUTH REQUIRED	
21454	Open treatment of mandibular fracture with external fixation	AUTH REQUIRED	
21461	Open treatment of mandibular fracture; without interdental fixation	AUTH REQUIRED	
21462	Open treatment of mandibular fracture; with interdental fixation	AUTH REQUIRED	
21465	Open treatment of mandibular condylar fracture	AUTH REQUIRED	
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	AUTH REQUIRED	
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	AUTH REQUIRED	
21490	Open treatment of temporomandibular dislocation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
21497	Interdental wiring, for condition other than fracture	AUTH REQUIRED	
21499	Unlisted musculoskeletal procedure, head	AUTH REQUIRED	
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	AUTH REQUIRED	
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	AUTH REQUIRED	
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21550	Biopsy, soft tissue of neck or thorax	AUTH REQUIRED	
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	AUTH REQUIRED	
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	AUTH REQUIRED	
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	AUTH REQUIRED	
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	AUTH REQUIRED	
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	AUTH REQUIRED	
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	AUTH REQUIRED	
21600	Excision of rib, partial	AUTH REQUIRED	
21601	Excision of chest wall tumor including rib(s)	AUTH REQUIRED	
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21610	Costotransversectomy (separate procedure)	AUTH REQUIRED	
21615	Excision first and/or cervical rib;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21616	Excision first and/or cervical rib; with sympathectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21620	Ostectomy of sternum, partial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21627	Sternal debridement	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21630	Radical resection of sternum	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21685	Hyoid myotomy and suspension	AUTH REQUIRED	
21700	Division of scalenus anticus; without resection of cervical rib	AUTH REQUIRED	
21705	Division of scalenus anticus; with resection of cervical rib	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	AUTH REQUIRED	
21740	Reconstructive repair of pectus excavatum or carinatum; open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	AUTH REQUIRED	
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	AUTH REQUIRED	
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	AUTH REQUIRED	
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	AUTH REQUIRED	
21825	Open treatment of sternum fracture with or without skeletal fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
21899	Unlisted procedure, neck or thorax	AUTH REQUIRED	
21920	Biopsy, soft tissue of back or flank; superficial	AUTH REQUIRED	
21925	Biopsy, soft tissue of back or flank; deep	AUTH REQUIRED	
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	AUTH REQUIRED	
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	AUTH REQUIRED	
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	AUTH REQUIRED	
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	AUTH REQUIRED	
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	AUTH REQUIRED	
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	AUTH REQUIRED	
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	AUTH REQUIRED	
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	AUTH REQUIRED	
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	AUTH REQUIRED	
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	AUTH REQUIRED	
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction	AUTH REQUIRED	
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22505	Manipulation of spine requiring anesthesia, any region	AUTH REQUIRED	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	AUTH REQUIRED	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	AUTH REQUIRED	
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	AUTH REQUIRED	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	AUTH REQUIRED	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	AUTH REQUIRED	
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	AUTH REQUIRED	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	AUTH REQUIRED	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	AUTH REQUIRED	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	AUTH REQUIRED	
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	AUTH REQUIRED	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22830	Exploration of spinal fusion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22849	Reinsertion of spinal fixation device	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22852	Removal of posterior segmental instrumentation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22855	Removal of anterior instrumentation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	AUTH REQUIRED	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	AUTH REQUIRED	
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	AUTH REQUIRED	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	AUTH REQUIRED	
22899	Unlisted procedure, spine	AUTH REQUIRED	
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	AUTH REQUIRED	
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	AUTH REQUIRED	
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	AUTH REQUIRED	
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	AUTH REQUIRED	
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	AUTH REQUIRED	
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	AUTH REQUIRED	
22999	Unlisted procedure, abdomen, musculoskeletal system	AUTH REQUIRED	
23000	Removal of subdeltoid calcareous deposits, open	AUTH REQUIRED	
23020	Capsular contracture release (eg, Sever type procedure)	AUTH REQUIRED	
23030	Incision and drainage, shoulder area; deep abscess or hematoma	AUTH REQUIRED	
23031	Incision and drainage, shoulder area; infected bursa	AUTH REQUIRED	
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	AUTH REQUIRED	
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	AUTH REQUIRED	
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	AUTH REQUIRED	
23065	Biopsy, soft tissue of shoulder area; superficial	AUTH REQUIRED	
23066	Biopsy, soft tissue of shoulder area; deep	AUTH REQUIRED	
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	AUTH REQUIRED	
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	AUTH REQUIRED	
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	AUTH REQUIRED	
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	AUTH REQUIRED	
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	AUTH REQUIRED	
23100	Arthrotomy, glenohumeral joint, including biopsy	AUTH REQUIRED	
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	AUTH REQUIRED	
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	AUTH REQUIRED	
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	AUTH REQUIRED	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	AUTH REQUIRED	
23120	Claviculectomy; partial	AUTH REQUIRED	
23125	Claviculectomy; total	AUTH REQUIRED	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	AUTH REQUIRED	
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	AUTH REQUIRED	
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	AUTH REQUIRED	
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	AUTH REQUIRED	
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	AUTH REQUIRED	
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	AUTH REQUIRED	
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	AUTH REQUIRED	
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	AUTH REQUIRED	
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	AUTH REQUIRED	
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	AUTH REQUIRED	
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	AUTH REQUIRED	
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	AUTH REQUIRED	
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	AUTH REQUIRED	
23190	Ostectomy of scapula, partial (eg, superior medial angle)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
23195	Resection, humeral head	AUTH REQUIRED	
23200	Radical resection of tumor; clavicle	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
23210	Radical resection of tumor; scapula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
23220	Radical resection of tumor, proximal humerus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
23330	Removal of foreign body, shoulder; subcutaneous	AUTH REQUIRED	
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	AUTH REQUIRED	
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	AUTH REQUIRED	
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
23395	Muscle transfer, any type, shoulder or upper arm; single	AUTH REQUIRED	
23397	Muscle transfer, any type, shoulder or upper arm; multiple	AUTH REQUIRED	
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	AUTH REQUIRED	
23405	Tenotomy, shoulder area; single tendon	AUTH REQUIRED	
23406	Tenotomy, shoulder area; multiple tendons through same incision	AUTH REQUIRED	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	AUTH REQUIRED	
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	AUTH REQUIRED	
23415	Coracoacromial ligament release, with or without acromioplasty	AUTH REQUIRED	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	AUTH REQUIRED	
23430	Tenodesis of long tendon of biceps	AUTH REQUIRED	
23440	Resection or transplantation of long tendon of biceps	AUTH REQUIRED	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	AUTH REQUIRED	
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	AUTH REQUIRED	
23460	Capsulorrhaphy, anterior, any type; with bone block	AUTH REQUIRED	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	AUTH REQUIRED	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	AUTH REQUIRED	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	AUTH REQUIRED	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	AUTH REQUIRED	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	AUTH REQUIRED	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	AUTH REQUIRED	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
23480	Osteotomy, clavicle, with or without internal fixation;	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	AUTH REQUIRED	
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	AUTH REQUIRED	
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	AUTH REQUIRED	
23500	Closed treatment of clavicular fracture; without manipulation	AUTH REQUIRED	
23505	Closed treatment of clavicular fracture; with manipulation	AUTH REQUIRED	
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	AUTH REQUIRED	
23520	Closed treatment of sternoclavicular dislocation; without manipulation	AUTH REQUIRED	
23525	Closed treatment of sternoclavicular dislocation; with manipulation	AUTH REQUIRED	
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	AUTH REQUIRED	
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	AUTH REQUIRED	
23540	Closed treatment of acromioclavicular dislocation; without manipulation	AUTH REQUIRED	
23545	Closed treatment of acromioclavicular dislocation; with manipulation	AUTH REQUIRED	
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	AUTH REQUIRED	
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	AUTH REQUIRED	
23570	Closed treatment of scapular fracture; without manipulation	AUTH REQUIRED	
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	AUTH REQUIRED	
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	AUTH REQUIRED	
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	AUTH REQUIRED	
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	AUTH REQUIRED	
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	AUTH REQUIRED	
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	AUTH REQUIRED	
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	AUTH REQUIRED	
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	AUTH REQUIRED	
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	AUTH REQUIRED	
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	AUTH REQUIRED	
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
23660	Open treatment of acute shoulder dislocation	AUTH REQUIRED	
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	AUTH REQUIRED	
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	AUTH REQUIRED	
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	AUTH REQUIRED	
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	AUTH REQUIRED	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	AUTH REQUIRED	
23800	Arthrodesis, glenohumeral joint;	AUTH REQUIRED	
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	AUTH REQUIRED	
23900	Interthoracoscapular amputation (forequarter)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
23920	Disarticulation of shoulder;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
23921	Disarticulation of shoulder; secondary closure or scar revision	AUTH REQUIRED	
23929	Unlisted procedure, shoulder	AUTH REQUIRED	
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	AUTH REQUIRED	
23931	Incision and drainage, upper arm or elbow area; bursa	AUTH REQUIRED	
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	AUTH REQUIRED	
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	AUTH REQUIRED	
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	AUTH REQUIRED	
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	AUTH REQUIRED	
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	AUTH REQUIRED	
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	AUTH REQUIRED	
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	AUTH REQUIRED	
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	AUTH REQUIRED	
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	AUTH REQUIRED	
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	AUTH REQUIRED	
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	AUTH REQUIRED	
24100	Arthrotomy, elbow; with synovial biopsy only	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	AUTH REQUIRED	
24102	Arthrotomy, elbow; with synovectomy	AUTH REQUIRED	
24105	Excision, olecranon bursa	AUTH REQUIRED	
24110	Excision or curettage of bone cyst or benign tumor, humerus;	AUTH REQUIRED	
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	AUTH REQUIRED	
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	AUTH REQUIRED	
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	AUTH REQUIRED	
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	AUTH REQUIRED	
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	AUTH REQUIRED	
24130	Excision, radial head	AUTH REQUIRED	
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	AUTH REQUIRED	
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	AUTH REQUIRED	
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	AUTH REQUIRED	
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	AUTH REQUIRED	
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	AUTH REQUIRED	
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	AUTH REQUIRED	
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	AUTH REQUIRED	
24150	Radical resection of tumor, shaft or distal humerus	AUTH REQUIRED	
24152	Radical resection of tumor, radial head or neck	AUTH REQUIRED	
24155	Resection of elbow joint (arthrectomy)	AUTH REQUIRED	
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	AUTH REQUIRED	
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	AUTH REQUIRED	
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	AUTH REQUIRED	
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	AUTH REQUIRED	
24300	Manipulation, elbow, under anesthesia	AUTH REQUIRED	
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	AUTH REQUIRED	
24305	Tendon lengthening, upper arm or elbow, each tendon	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
24310	Tenotomy, open, elbow to shoulder, each tendon	AUTH REQUIRED	
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	AUTH REQUIRED	
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	AUTH REQUIRED	
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	AUTH REQUIRED	
24332	Tenolysis, triceps	AUTH REQUIRED	
24340	Tenodesis of biceps tendon at elbow (separate procedure)	AUTH REQUIRED	
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	AUTH REQUIRED	
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	AUTH REQUIRED	
24343	Repair lateral collateral ligament, elbow, with local tissue	AUTH REQUIRED	
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	AUTH REQUIRED	
24345	Repair medial collateral ligament, elbow, with local tissue	AUTH REQUIRED	
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	AUTH REQUIRED	
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	AUTH REQUIRED	
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	AUTH REQUIRED	
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	AUTH REQUIRED	
24360	Arthroplasty, elbow; with membrane (eg, fascial)	AUTH REQUIRED	
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	AUTH REQUIRED	
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	AUTH REQUIRED	
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	AUTH REQUIRED	
24365	Arthroplasty, radial head;	AUTH REQUIRED	
24366	Arthroplasty, radial head; with implant	AUTH REQUIRED	
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	AUTH REQUIRED	
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	AUTH REQUIRED	
24400	Osteotomy, humerus, with or without internal fixation	AUTH REQUIRED	
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	AUTH REQUIRED	
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	AUTH REQUIRED	
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	AUTH REQUIRED	
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	AUTH REQUIRED	
24495	Decompression fasciotomy, forearm, with brachial artery exploration	AUTH REQUIRED	
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	AUTH REQUIRED	
24500	Closed treatment of humeral shaft fracture; without manipulation	AUTH REQUIRED	
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	AUTH REQUIRED	
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	AUTH REQUIRED	
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	AUTH REQUIRED	
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	AUTH REQUIRED	
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	AUTH REQUIRED	
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	AUTH REQUIRED	
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	AUTH REQUIRED	
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	AUTH REQUIRED	
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	AUTH REQUIRED	
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	AUTH REQUIRED	
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	AUTH REQUIRED	
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	AUTH REQUIRED	
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	AUTH REQUIRED	
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	AUTH REQUIRED	
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	AUTH REQUIRED	
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	AUTH REQUIRED	
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	AUTH REQUIRED	
24600	Treatment of closed elbow dislocation; without anesthesia	AUTH REQUIRED	
24605	Treatment of closed elbow dislocation; requiring anesthesia	AUTH REQUIRED	
24615	Open treatment of acute or chronic elbow dislocation	AUTH REQUIRED	
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	AUTH REQUIRED	
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	AUTH REQUIRED	
24650	Closed treatment of radial head or neck fracture; without manipulation	AUTH REQUIRED	
24655	Closed treatment of radial head or neck fracture; with manipulation	AUTH REQUIRED	
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	AUTH REQUIRED	
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	AUTH REQUIRED	
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	AUTH REQUIRED	
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	AUTH REQUIRED	
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	AUTH REQUIRED	
24800	Arthrodesis, elbow joint; local	AUTH REQUIRED	
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	AUTH REQUIRED	
24900	Amputation, arm through humerus; with primary closure	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
24920	Amputation, arm through humerus; open, circular (guillotine)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
24925	Amputation, arm through humerus; secondary closure or scar revision	AUTH REQUIRED	
24930	Amputation, arm through humerus; re-amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
24931	Amputation, arm through humerus; with implant	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
24935	Stump elongation, upper extremity	AUTH REQUIRED	
24940	Cineplasty, upper extremity, complete procedure	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
24999	Unlisted procedure, humerus or elbow	AUTH REQUIRED	
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	AUTH REQUIRED	
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	AUTH REQUIRED	
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	AUTH REQUIRED	
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	AUTH REQUIRED	
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	AUTH REQUIRED	
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	AUTH REQUIRED	
25031	Incision and drainage, forearm and/or wrist; bursa	AUTH REQUIRED	
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	AUTH REQUIRED	
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	AUTH REQUIRED	
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	AUTH REQUIRED	
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	AUTH REQUIRED	
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	AUTH REQUIRED	
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	AUTH REQUIRED	
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	AUTH REQUIRED	
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	AUTH REQUIRED	
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	AUTH REQUIRED	
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	AUTH REQUIRED	
25085	Capsulotomy, wrist (eg, contracture)	AUTH REQUIRED	
25100	Arthrotomy, wrist joint; with biopsy	AUTH REQUIRED	
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	AUTH REQUIRED	
25105	Arthrotomy, wrist joint; with synovectomy	AUTH REQUIRED	
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	AUTH REQUIRED	
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	AUTH REQUIRED	
25110	Excision, lesion of tendon sheath, forearm and/or wrist	AUTH REQUIRED	
25111	Excision of ganglion, wrist (dorsal or volar); primary	AUTH REQUIRED	
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	AUTH REQUIRED	
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	AUTH REQUIRED	
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	AUTH REQUIRED	
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	AUTH REQUIRED	
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	AUTH REQUIRED	
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	AUTH REQUIRED	
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	AUTH REQUIRED	
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	AUTH REQUIRED	
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	AUTH REQUIRED	
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	AUTH REQUIRED	
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	AUTH REQUIRED	
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	AUTH REQUIRED	
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	AUTH REQUIRED	
25170	Radical resection of tumor, radius or ulna	AUTH REQUIRED	
25210	Carpectomy; 1 bone	AUTH REQUIRED	
25215	Carpectomy; all bones of proximal row	AUTH REQUIRED	
25230	Radial styloidectomy (separate procedure)	AUTH REQUIRED	
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	AUTH REQUIRED	
25248	Exploration with removal of deep foreign body, forearm or wrist	AUTH REQUIRED	
25250	Removal of wrist prosthesis; (separate procedure)	AUTH REQUIRED	
25251	Removal of wrist prosthesis; complicated, including total wrist	AUTH REQUIRED	
25259	Manipulation, wrist, under anesthesia	AUTH REQUIRED	
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	AUTH REQUIRED	
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	AUTH REQUIRED	
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	AUTH REQUIRED	
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	AUTH REQUIRED	
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	AUTH REQUIRED	
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	AUTH REQUIRED	
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	AUTH REQUIRED	
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	AUTH REQUIRED	
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	AUTH REQUIRED	
25300	Tenodesis at wrist; flexors of fingers	AUTH REQUIRED	
25301	Tenodesis at wrist; extensors of fingers	AUTH REQUIRED	
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	AUTH REQUIRED	
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	AUTH REQUIRED	
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	AUTH REQUIRED	
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	AUTH REQUIRED	
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	AUTH REQUIRED	
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	AUTH REQUIRED	
25335	Centralization of wrist on ulna (eg, radial club hand)	AUTH REQUIRED	
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	AUTH REQUIRED	
25350	Osteotomy, radius; distal third	AUTH REQUIRED	
25355	Osteotomy, radius; middle or proximal third	AUTH REQUIRED	
25360	Osteotomy; ulna	AUTH REQUIRED	
25365	Osteotomy; radius AND ulna	AUTH REQUIRED	
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	AUTH REQUIRED	
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	AUTH REQUIRED	
25390	Osteoplasty, radius OR ulna; shortening	AUTH REQUIRED	
25391	Osteoplasty, radius OR ulna; lengthening with autograft	AUTH REQUIRED	
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	AUTH REQUIRED	
25393	Osteoplasty, radius AND ulna; lengthening with autograft	AUTH REQUIRED	
25394	Osteoplasty, carpal bone, shortening	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	AUTH REQUIRED	
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	AUTH REQUIRED	
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	AUTH REQUIRED	
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	AUTH REQUIRED	
25425	Repair of defect with autograft; radius OR ulna	AUTH REQUIRED	
25426	Repair of defect with autograft; radius AND ulna	AUTH REQUIRED	
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	AUTH REQUIRED	
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	AUTH REQUIRED	
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	AUTH REQUIRED	
25441	Arthroplasty with prosthetic replacement; distal radius	AUTH REQUIRED	
25442	Arthroplasty with prosthetic replacement; distal ulna	AUTH REQUIRED	
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	AUTH REQUIRED	
25444	Arthroplasty with prosthetic replacement; lunate	AUTH REQUIRED	
25445	Arthroplasty with prosthetic replacement; trapezium	AUTH REQUIRED	
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	AUTH REQUIRED	
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	AUTH REQUIRED	
25449	Revision of arthroplasty, including removal of implant, wrist joint	AUTH REQUIRED	
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	AUTH REQUIRED	
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	AUTH REQUIRED	
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	AUTH REQUIRED	
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	AUTH REQUIRED	
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	AUTH REQUIRED	
25500	Closed treatment of radial shaft fracture; without manipulation	AUTH REQUIRED	
25505	Closed treatment of radial shaft fracture; with manipulation	AUTH REQUIRED	
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	AUTH REQUIRED	
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	AUTH REQUIRED	
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex	AUTH REQUIRED	
25530	Closed treatment of ulnar shaft fracture; without manipulation	AUTH REQUIRED	
25535	Closed treatment of ulnar shaft fracture; with manipulation	AUTH REQUIRED	
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	AUTH REQUIRED	
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	AUTH REQUIRED	
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	AUTH REQUIRED	
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	AUTH REQUIRED	
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	AUTH REQUIRED	
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	AUTH REQUIRED	
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	AUTH REQUIRED	
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	AUTH REQUIRED	
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	AUTH REQUIRED	
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	AUTH REQUIRED	
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	AUTH REQUIRED	
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	AUTH REQUIRED	
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	AUTH REQUIRED	
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	AUTH REQUIRED	
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	AUTH REQUIRED	
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	AUTH REQUIRED	
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	AUTH REQUIRED	
25650	Closed treatment of ulnar styloid fracture	AUTH REQUIRED	
25651	Percutaneous skeletal fixation of ulnar styloid fracture	AUTH REQUIRED	
25652	Open treatment of ulnar styloid fracture	AUTH REQUIRED	
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	AUTH REQUIRED	
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	AUTH REQUIRED	
25675	Closed treatment of distal radioulnar dislocation with manipulation	AUTH REQUIRED	
25676	Open treatment of distal radioulnar dislocation, acute or chronic	AUTH REQUIRED	
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	AUTH REQUIRED	
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	AUTH REQUIRED	
25690	Closed treatment of lunate dislocation, with manipulation	AUTH REQUIRED	
25695	Open treatment of lunate dislocation	AUTH REQUIRED	
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	AUTH REQUIRED	
25805	Arthrodesis, wrist; with sliding graft	AUTH REQUIRED	
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	AUTH REQUIRED	
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	AUTH REQUIRED	
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	AUTH REQUIRED	
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	AUTH REQUIRED	
25900	Amputation, forearm, through radius and ulna;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	AUTH REQUIRED	
25909	Amputation, forearm, through radius and ulna; re-amputation	AUTH REQUIRED	
25915	Krukenberg procedure	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
25920	Disarticulation through wrist;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
25922	Disarticulation through wrist; secondary closure or scar revision	AUTH REQUIRED	
25924	Disarticulation through wrist; re-amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
25927	Transmetacarpal amputation;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
25929	Transmetacarpal amputation; secondary closure or scar revision	AUTH REQUIRED	
25931	Transmetacarpal amputation; re-amputation	AUTH REQUIRED	
25999	Unlisted procedure, forearm or wrist	AUTH REQUIRED	
26010	Drainage of finger abscess; simple	AUTH REQUIRED	
26011	Drainage of finger abscess; complicated (eg, felon)	AUTH REQUIRED	
26020	Drainage of tendon sheath, digit and/or palm, each	AUTH REQUIRED	
26025	Drainage of palmar bursa; single, bursa	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
26030	Drainage of palmar bursa; multiple bursa	AUTH REQUIRED	
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	AUTH REQUIRED	
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	AUTH REQUIRED	
26037	Decompressive fasciotomy, hand (excludes 26035)	AUTH REQUIRED	
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	AUTH REQUIRED	
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	AUTH REQUIRED	
26055	Tendon sheath incision (eg, for trigger finger)	AUTH REQUIRED	
26060	Tenotomy, percutaneous, single, each digit	AUTH REQUIRED	
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	AUTH REQUIRED	
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	AUTH REQUIRED	
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	AUTH REQUIRED	
26100	Arthrotomy with biopsy; carpometacarpal joint, each	AUTH REQUIRED	
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	AUTH REQUIRED	
26110	Arthrotomy with biopsy; interphalangeal joint, each	AUTH REQUIRED	
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	AUTH REQUIRED	
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	AUTH REQUIRED	
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	AUTH REQUIRED	
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	AUTH REQUIRED	
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	AUTH REQUIRED	
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	AUTH REQUIRED	
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	AUTH REQUIRED	
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	AUTH REQUIRED	
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)	AUTH REQUIRED	
26130	Synovectomy, carpometacarpal joint	AUTH REQUIRED	
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	AUTH REQUIRED	
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	AUTH REQUIRED	
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	AUTH REQUIRED	
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	AUTH REQUIRED	
26180	Excision of tendon, finger, flexor or extensor, each tendon	AUTH REQUIRED	
26185	Sesamoidectomy, thumb or finger (separate procedure)	AUTH REQUIRED	
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	AUTH REQUIRED	
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	AUTH REQUIRED	
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	AUTH REQUIRED	
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	AUTH REQUIRED	
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	AUTH REQUIRED	
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	AUTH REQUIRED	
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	AUTH REQUIRED	
26250	Radical resection of tumor, metacarpal	AUTH REQUIRED	
26260	Radical resection of tumor, proximal or middle phalanx of finger	AUTH REQUIRED	
26262	Radical resection of tumor, distal phalanx of finger	AUTH REQUIRED	
26320	Removal of implant from finger or hand	AUTH REQUIRED	
26340	Manipulation, finger joint, under anesthesia, each joint	AUTH REQUIRED	
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	AUTH REQUIRED	
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	AUTH REQUIRED	
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	AUTH REQUIRED	
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	AUTH REQUIRED	
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	AUTH REQUIRED	
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	AUTH REQUIRED	
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	AUTH REQUIRED	
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	AUTH REQUIRED	
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	AUTH REQUIRED	
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	AUTH REQUIRED	
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	AUTH REQUIRED	
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	AUTH REQUIRED	
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	AUTH REQUIRED	
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	AUTH REQUIRED	
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	AUTH REQUIRED	
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	AUTH REQUIRED	
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	AUTH REQUIRED	
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	AUTH REQUIRED	
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	AUTH REQUIRED	
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	AUTH REQUIRED	
26437	Realignment of extensor tendon, hand, each tendon	AUTH REQUIRED	
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	AUTH REQUIRED	
26442	Tenolysis, flexor tendon; palm AND finger, each tendon	AUTH REQUIRED	
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	AUTH REQUIRED	
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	AUTH REQUIRED	
26450	Tenotomy, flexor, palm, open, each tendon	AUTH REQUIRED	
26455	Tenotomy, flexor, finger, open, each tendon	AUTH REQUIRED	
26460	Tenotomy, extensor, hand or finger, open, each tendon	AUTH REQUIRED	
26471	Tenodesis; of proximal interphalangeal joint, each joint	AUTH REQUIRED	
26474	Tenodesis; of distal joint, each joint	AUTH REQUIRED	
26476	Lengthening of tendon, extensor, hand or finger, each tendon	AUTH REQUIRED	
26477	Shortening of tendon, extensor, hand or finger, each tendon	AUTH REQUIRED	
26478	Lengthening of tendon, flexor, hand or finger, each tendon	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
26479	Shortening of tendon, flexor, hand or finger, each tendon	AUTH REQUIRED	
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	AUTH REQUIRED	
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	AUTH REQUIRED	
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	AUTH REQUIRED	
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	AUTH REQUIRED	
26490	Opponensplasty; superficialis tendon transfer type, each tendon	AUTH REQUIRED	
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	AUTH REQUIRED	
26494	Opponensplasty; hypothenar muscle transfer	AUTH REQUIRED	
26496	Opponensplasty; other methods	AUTH REQUIRED	
26497	Transfer of tendon to restore intrinsic function; ring and small finger	AUTH REQUIRED	
26498	Transfer of tendon to restore intrinsic function; all 4 fingers	AUTH REQUIRED	
26499	Correction claw finger, other methods	AUTH REQUIRED	
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	AUTH REQUIRED	
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	AUTH REQUIRED	
26508	Release of thenar muscle(s) (eg, thumb contracture)	AUTH REQUIRED	
26510	Cross intrinsic transfer, each tendon	AUTH REQUIRED	
26516	Capsulodesis, metacarpophalangeal joint; single digit	AUTH REQUIRED	
26517	Capsulodesis, metacarpophalangeal joint; 2 digits	AUTH REQUIRED	
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	AUTH REQUIRED	
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	AUTH REQUIRED	
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	AUTH REQUIRED	
26530	Arthroplasty, metacarpophalangeal joint; each joint	AUTH REQUIRED	
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	AUTH REQUIRED	
26535	Arthroplasty, interphalangeal joint; each joint	AUTH REQUIRED	
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	AUTH REQUIRED	
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	AUTH REQUIRED	
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	AUTH REQUIRED	
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	AUTH REQUIRED	
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	AUTH REQUIRED	
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	AUTH REQUIRED	
26550	Pollicization of a digit	AUTH REQUIRED	
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
26555	Transfer, finger to another position without microvascular anastomosis	AUTH REQUIRED	
26556	Transfer, free toe joint, with microvascular anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
26560	Repair of syndactyly (web finger) each web space; with skin flaps	AUTH REQUIRED	
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	AUTH REQUIRED	
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	AUTH REQUIRED	
26565	Osteotomy; metacarpal, each	AUTH REQUIRED	
26567	Osteotomy; phalanx of finger, each	AUTH REQUIRED	
26568	Osteoplasty, lengthening, metacarpal or phalanx	AUTH REQUIRED	
26580	Repair cleft hand	AUTH REQUIRED	
26587	Reconstruction of polydactylous digit, soft tissue and bone	AUTH REQUIRED	
26590	Repair macrodactylia, each digit	AUTH REQUIRED	
26591	Repair, intrinsic muscles of hand, each muscle	AUTH REQUIRED	
26593	Release, intrinsic muscles of hand, each muscle	AUTH REQUIRED	
26596	Excision of constricting ring of finger, with multiple Z-plasties	AUTH REQUIRED	
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	AUTH REQUIRED	
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	AUTH REQUIRED	
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	AUTH REQUIRED	
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	AUTH REQUIRED	
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	AUTH REQUIRED	
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	AUTH REQUIRED	
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	AUTH REQUIRED	
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	AUTH REQUIRED	
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	AUTH REQUIRED	
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	AUTH REQUIRED	
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	AUTH REQUIRED	
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	AUTH REQUIRED	
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	AUTH REQUIRED	
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	AUTH REQUIRED	
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	AUTH REQUIRED	
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	AUTH REQUIRED	
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	AUTH REQUIRED	
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	AUTH REQUIRED	
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	AUTH REQUIRED	
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	AUTH REQUIRED	
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	AUTH REQUIRED	
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	AUTH REQUIRED	
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	AUTH REQUIRED	
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	AUTH REQUIRED	
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	AUTH REQUIRED	
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	AUTH REQUIRED	
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	AUTH REQUIRED	
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	AUTH REQUIRED	
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	AUTH REQUIRED	
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	AUTH REQUIRED	
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	AUTH REQUIRED	
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	AUTH REQUIRED	
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	AUTH REQUIRED	
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	AUTH REQUIRED	
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	AUTH REQUIRED	
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	AUTH REQUIRED	
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	AUTH REQUIRED	
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	AUTH REQUIRED	
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	AUTH REQUIRED	
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	AUTH REQUIRED	
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	AUTH REQUIRED	
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	AUTH REQUIRED	
26989	Unlisted procedure, hands or fingers	AUTH REQUIRED	
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	AUTH REQUIRED	
26991	Incision and drainage, pelvis or hip joint area; infected bursa	AUTH REQUIRED	
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	AUTH REQUIRED	
27001	Tenotomy, adductor of hip, open	AUTH REQUIRED	
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	AUTH REQUIRED	
27005	Tenotomy, hip flexor(s), open (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	AUTH REQUIRED	
27025	Fasciotomy, hip or thigh, any type	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	AUTH REQUIRED	
27030	Arthrotomy, hip, with drainage (eg, infection)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	AUTH REQUIRED	
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27040	Biopsy, soft tissue of pelvis and hip area; superficial	AUTH REQUIRED	
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	AUTH REQUIRED	
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	AUTH REQUIRED	
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	AUTH REQUIRED	
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	AUTH REQUIRED	
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	AUTH REQUIRED	
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	AUTH REQUIRED	
27050	Arthrotomy, with biopsy; sacroiliac joint	AUTH REQUIRED	
27052	Arthrotomy, with biopsy; hip joint	AUTH REQUIRED	
27054	Arthrotomy with synovectomy, hip joint	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	AUTH REQUIRED	
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	AUTH REQUIRED	
27060	Excision; ischial bursa	AUTH REQUIRED	
27062	Excision; trochanteric bursa or calcification	AUTH REQUIRED	
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	AUTH REQUIRED	
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	AUTH REQUIRED	
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	AUTH REQUIRED	
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27077	Radical resection of tumor; innominate bone, total	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27080	Coccygectomy, primary	AUTH REQUIRED	
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	AUTH REQUIRED	
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	AUTH REQUIRED	
27090	Removal of hip prosthesis; (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27093	Injection procedure for hip arthrography; without anesthesia	AUTH REQUIRED	
27095	Injection procedure for hip arthrography; with anesthesia	AUTH REQUIRED	
27097	Release or recession, hamstring, proximal	AUTH REQUIRED	
27098	Transfer, adductor to ischium	AUTH REQUIRED	
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	AUTH REQUIRED	
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	AUTH REQUIRED	
27110	Transfer iliopsoas; to greater trochanter of femur	AUTH REQUIRED	
27111	Transfer iliopsoas; to femoral neck	AUTH REQUIRED	
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	AUTH REQUIRED	
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27146	Osteotomy, iliac, acetabular or innominate bone;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27161	Osteotomy, femoral neck (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	AUTH REQUIRED	
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	AUTH REQUIRED	
27202	Open treatment of coccygeal fracture	AUTH REQUIRED	
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	AUTH REQUIRED	
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	AUTH REQUIRED	
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	AUTH REQUIRED	
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	AUTH REQUIRED	
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	AUTH REQUIRED	
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	AUTH REQUIRED	
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	AUTH REQUIRED	
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27246	Closed treatment of greater trochanteric fracture, without manipulation	AUTH REQUIRED	
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	AUTH REQUIRED	
27253	Open treatment of hip dislocation, traumatic, without internal fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	AUTH REQUIRED	
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	AUTH REQUIRED	
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	AUTH REQUIRED	
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	AUTH REQUIRED	
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27275	Manipulation, hip joint, requiring general anesthesia	AUTH REQUIRED	
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	AUTH REQUIRED	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device	AUTH REQUIRED	
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27282	Arthrodesis, symphysis pubis (including obtaining graft)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27284	Arthrodesis, hip joint (including obtaining graft);	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27290	Interpelviabdominal amputation (hindquarter amputation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27295	Disarticulation of hip	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27299	Unlisted procedure, pelvis or hip joint	AUTH REQUIRED	
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	AUTH REQUIRED	
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27305	Fasciotomy, iliotibial (tenotomy), open	AUTH REQUIRED	
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	AUTH REQUIRED	
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	AUTH REQUIRED	
27323	Biopsy, soft tissue of thigh or knee area; superficial	AUTH REQUIRED	
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	AUTH REQUIRED	
27325	Neurectomy, hamstring muscle	AUTH REQUIRED	
27326	Neurectomy, popliteal (gastrocnemius)	AUTH REQUIRED	
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	AUTH REQUIRED	
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	AUTH REQUIRED	
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	AUTH REQUIRED	
27330	Arthrotomy, knee; with synovial biopsy only	AUTH REQUIRED	
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	AUTH REQUIRED	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	AUTH REQUIRED	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	AUTH REQUIRED	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	AUTH REQUIRED	
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	AUTH REQUIRED	
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	AUTH REQUIRED	
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	AUTH REQUIRED	
27340	Excision, prepatellar bursa	AUTH REQUIRED	
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	AUTH REQUIRED	
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	AUTH REQUIRED	
27350	Patellectomy or hemipatellectomy	AUTH REQUIRED	
27355	Excision or curettage of bone cyst or benign tumor of femur;	AUTH REQUIRED	
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	AUTH REQUIRED	
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	AUTH REQUIRED	
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	AUTH REQUIRED	
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	AUTH REQUIRED	
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27365	Radical resection of tumor, femur or knee	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27372	Removal of foreign body, deep, thigh region or knee area	AUTH REQUIRED	
27380	Suture of infrapatellar tendon; primary	AUTH REQUIRED	
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	AUTH REQUIRED	
27385	Suture of quadriceps or hamstring muscle rupture; primary	AUTH REQUIRED	
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	AUTH REQUIRED	
27390	Tenotomy, open, hamstring, knee to hip; single tendon	AUTH REQUIRED	
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	AUTH REQUIRED	
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	AUTH REQUIRED	
27393	Lengthening of hamstring tendon; single tendon	AUTH REQUIRED	
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	AUTH REQUIRED	
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	AUTH REQUIRED	
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	AUTH REQUIRED	
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	AUTH REQUIRED	
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	AUTH REQUIRED	
27403	Arthrotomy with meniscus repair, knee	AUTH REQUIRED	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	AUTH REQUIRED	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	AUTH REQUIRED	
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	AUTH REQUIRED	
27412	Autologous chondrocyte implantation, knee	AUTH REQUIRED	
27415	Osteochondral allograft, knee, open	AUTH REQUIRED	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	AUTH REQUIRED	
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	AUTH REQUIRED	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	AUTH REQUIRED	
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	AUTH REQUIRED	
27424	Reconstruction of dislocating patella; with patellectomy	AUTH REQUIRED	
27425	Lateral retinacular release, open	AUTH REQUIRED	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	AUTH REQUIRED	
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	AUTH REQUIRED	
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27430	Quadricepsplasty (eg, Bennett or Thompson type)	AUTH REQUIRED	
27435	Capsulotomy, posterior capsular release, knee	AUTH REQUIRED	
27437	Arthroplasty, patella; without prosthesis	AUTH REQUIRED	
27438	Arthroplasty, patella; with prosthesis	AUTH REQUIRED	
27440	Arthroplasty, knee, tibial plateau;	AUTH REQUIRED	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	AUTH REQUIRED	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	AUTH REQUIRED	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	AUTH REQUIRED	
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	AUTH REQUIRED	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	AUTH REQUIRED	
27448	Osteotomy, femur, shaft or supracondylar; without fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27450	Osteotomy, femur, shaft or supracondylar; with fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27465	Osteoplasty, femur; shortening (excluding 64876)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27466	Osteoplasty, femur; lengthening	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	AUTH REQUIRED	
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	AUTH REQUIRED	
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	AUTH REQUIRED	
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	AUTH REQUIRED	
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	AUTH REQUIRED	
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	AUTH REQUIRED	
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	AUTH REQUIRED	
27500	Closed treatment of femoral shaft fracture, without manipulation	AUTH REQUIRED	
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	AUTH REQUIRED	
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	AUTH REQUIRED	
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	AUTH REQUIRED	
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	AUTH REQUIRED	
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	AUTH REQUIRED	
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	AUTH REQUIRED	
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	AUTH REQUIRED	
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27520	Closed treatment of patellar fracture, without manipulation	AUTH REQUIRED	
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	AUTH REQUIRED	
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	AUTH REQUIRED	
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	AUTH REQUIRED	
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	AUTH REQUIRED	
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27550	Closed treatment of knee dislocation; without anesthesia	AUTH REQUIRED	
27552	Closed treatment of knee dislocation; requiring anesthesia	AUTH REQUIRED	
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27560	Closed treatment of patellar dislocation; without anesthesia	AUTH REQUIRED	
27562	Closed treatment of patellar dislocation; requiring anesthesia	AUTH REQUIRED	
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	AUTH REQUIRED	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	AUTH REQUIRED	
27580	Arthrodesis, knee, any technique	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27590	Amputation, thigh, through femur, any level;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	AUTH REQUIRED	
27596	Amputation, thigh, through femur, any level; re-amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27598	Disarticulation at knee	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27599	Unlisted procedure, femur or knee	AUTH REQUIRED	
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	AUTH REQUIRED	
27601	Decompression fasciotomy, leg; posterior compartment(s) only	AUTH REQUIRED	
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	AUTH REQUIRED	
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	AUTH REQUIRED	
27604	Incision and drainage, leg or ankle; infected bursa	AUTH REQUIRED	
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	AUTH REQUIRED	
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	AUTH REQUIRED	
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	AUTH REQUIRED	
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	AUTH REQUIRED	
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	AUTH REQUIRED	
27613	Biopsy, soft tissue of leg or ankle area; superficial	AUTH REQUIRED	
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	AUTH REQUIRED	
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	AUTH REQUIRED	
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	AUTH REQUIRED	
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	AUTH REQUIRED	
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	AUTH REQUIRED	
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	AUTH REQUIRED	
27625	Arthrotomy, with synovectomy, ankle;	AUTH REQUIRED	
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	AUTH REQUIRED	
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	AUTH REQUIRED	
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	AUTH REQUIRED	
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	AUTH REQUIRED	
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	AUTH REQUIRED	
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	AUTH REQUIRED	
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	AUTH REQUIRED	
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	AUTH REQUIRED	
27645	Radical resection of tumor; tibia	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27646	Radical resection of tumor; fibula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27647	Radical resection of tumor; talus or calcaneus	AUTH REQUIRED	
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	AUTH REQUIRED	
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	AUTH REQUIRED	
27654	Repair, secondary, Achilles tendon, with or without graft	AUTH REQUIRED	
27656	Repair, fascial defect of leg	AUTH REQUIRED	
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	AUTH REQUIRED	
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	AUTH REQUIRED	
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	AUTH REQUIRED	
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	AUTH REQUIRED	
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	AUTH REQUIRED	
27676	Repair, dislocating peroneal tendons; with fibular osteotomy	AUTH REQUIRED	
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	AUTH REQUIRED	
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	AUTH REQUIRED	
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	AUTH REQUIRED	
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	AUTH REQUIRED	
27687	Gastrocnemius recession (eg, Strayer procedure)	AUTH REQUIRED	
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	AUTH REQUIRED	
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	AUTH REQUIRED	
27695	Repair, primary, disrupted ligament, ankle; collateral	AUTH REQUIRED	
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	AUTH REQUIRED	
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	AUTH REQUIRED	
27700	Arthroplasty, ankle;	AUTH REQUIRED	
27702	Arthroplasty, ankle; with implant (total ankle)	AUTH REQUIRED	
27703	Arthroplasty, ankle; revision, total ankle	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27704	Removal of ankle implant	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27705	Osteotomy; tibia	AUTH REQUIRED	
27707	Osteotomy; fibula	AUTH REQUIRED	
27709	Osteotomy; tibia and fibula	AUTH REQUIRED	
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27715	Osteoplasty, tibia and fibula, lengthening or shortening	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	AUTH REQUIRED	
27722	Repair of nonunion or malunion, tibia; with sliding graft	AUTH REQUIRED	
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27726	Repair of fibula nonunion and/or malunion with internal fixation	AUTH REQUIRED	
27727	Repair of congenital pseudarthrosis, tibia	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	AUTH REQUIRED	
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	AUTH REQUIRED	
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	AUTH REQUIRED	
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	AUTH REQUIRED	
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	AUTH REQUIRED	
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	AUTH REQUIRED	
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	AUTH REQUIRED	
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	AUTH REQUIRED	
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	AUTH REQUIRED	
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	AUTH REQUIRED	
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	AUTH REQUIRED	
27760	Closed treatment of medial malleolus fracture; without manipulation	AUTH REQUIRED	
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	AUTH REQUIRED	
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	AUTH REQUIRED	
27767	Closed treatment of posterior malleolus fracture; without manipulation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27768	Closed treatment of posterior malleolus fracture; with manipulation	AUTH REQUIRED	
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	AUTH REQUIRED	
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	AUTH REQUIRED	
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	AUTH REQUIRED	
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	AUTH REQUIRED	
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	AUTH REQUIRED	
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	AUTH REQUIRED	
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	AUTH REQUIRED	
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	AUTH REQUIRED	
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	AUTH REQUIRED	
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	AUTH REQUIRED	
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	AUTH REQUIRED	
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	AUTH REQUIRED	
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	AUTH REQUIRED	
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	AUTH REQUIRED	
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	AUTH REQUIRED	
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	AUTH REQUIRED	
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	AUTH REQUIRED	
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	AUTH REQUIRED	
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	AUTH REQUIRED	
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	AUTH REQUIRED	
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	AUTH REQUIRED	
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	AUTH REQUIRED	
27840	Closed treatment of ankle dislocation; without anesthesia	AUTH REQUIRED	
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	AUTH REQUIRED	
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	AUTH REQUIRED	
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	AUTH REQUIRED	
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	AUTH REQUIRED	
27870	Arthrodesis, ankle, open	AUTH REQUIRED	
27871	Arthrodesis, tibiofibular joint, proximal or distal	AUTH REQUIRED	
27880	Amputation, leg, through tibia and fibula;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	AUTH REQUIRED	
27886	Amputation, leg, through tibia and fibula; re-amputation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
27889	Ankle disarticulation	AUTH REQUIRED	
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	AUTH REQUIRED	
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	AUTH REQUIRED	
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	AUTH REQUIRED	
27899	Unlisted procedure, leg or ankle	AUTH REQUIRED	
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	AUTH REQUIRED	
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	AUTH REQUIRED	
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	AUTH REQUIRED	
28008	Fasciotomy, foot and/or toe	AUTH REQUIRED	
28010	Tenotomy, percutaneous, toe; single tendon	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
28011	Tenotomy, percutaneous, toe; multiple tendons	AUTH REQUIRED	
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	AUTH REQUIRED	
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	AUTH REQUIRED	
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	AUTH REQUIRED	
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	AUTH REQUIRED	
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	AUTH REQUIRED	
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	AUTH REQUIRED	
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	AUTH REQUIRED	
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	AUTH REQUIRED	
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	AUTH REQUIRED	
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	AUTH REQUIRED	
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	AUTH REQUIRED	
28052	Arthrotomy with biopsy; metatarsophalangeal joint	AUTH REQUIRED	
28054	Arthrotomy with biopsy; interphalangeal joint	AUTH REQUIRED	
28055	Neurectomy, intrinsic musculature of foot	AUTH REQUIRED	
28060	Fasciectomy, plantar fascia; partial (separate procedure)	AUTH REQUIRED	
28062	Fasciectomy, plantar fascia; radical (separate procedure)	AUTH REQUIRED	
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	AUTH REQUIRED	
28072	Synovectomy; metatarsophalangeal joint, each	AUTH REQUIRED	
28080	Excision, interdigital (Morton) neuroma, single, each	AUTH REQUIRED	
28086	Synovectomy, tendon sheath, foot; flexor	AUTH REQUIRED	
28088	Synovectomy, tendon sheath, foot; extensor	AUTH REQUIRED	
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	AUTH REQUIRED	
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	AUTH REQUIRED	
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	AUTH REQUIRED	
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	AUTH REQUIRED	
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	AUTH REQUIRED	
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	AUTH REQUIRED	
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	AUTH REQUIRED	
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	AUTH REQUIRED	
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	AUTH REQUIRED	
28111	Ostectomy, complete excision; first metatarsal head	AUTH REQUIRED	
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	AUTH REQUIRED	
28113	Ostectomy, complete excision; fifth metatarsal head	AUTH REQUIRED	
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	AUTH REQUIRED	
28116	Ostectomy, excision of tarsal coalition	AUTH REQUIRED	
28118	Ostectomy, calcaneus;	AUTH REQUIRED	
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	AUTH REQUIRED	
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	AUTH REQUIRED	
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	AUTH REQUIRED	
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	AUTH REQUIRED	
28126	Resection, partial or complete, phalangeal base, each toe	AUTH REQUIRED	
28130	Talectomy (astragalectomy)	AUTH REQUIRED	
28140	Metatarsectomy	AUTH REQUIRED	
28150	Phalangectomy, toe, each toe	AUTH REQUIRED	
28153	Resection, condyle(s), distal end of phalanx, each toe	AUTH REQUIRED	
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	AUTH REQUIRED	
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	AUTH REQUIRED	
28173	Radical resection of tumor; metatarsal	AUTH REQUIRED	
28175	Radical resection of tumor; phalanx of toe	AUTH REQUIRED	
28190	Removal of foreign body, foot; subcutaneous	AUTH REQUIRED	
28192	Removal of foreign body, foot; deep	AUTH REQUIRED	
28193	Removal of foreign body, foot; complicated	AUTH REQUIRED	
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	AUTH REQUIRED	
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	AUTH REQUIRED	
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	AUTH REQUIRED	
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
28220	Tenolysis, flexor, foot; single tendon	AUTH REQUIRED	
28222	Tenolysis, flexor, foot; multiple tendons	AUTH REQUIRED	
28225	Tenolysis, extensor, foot; single tendon	AUTH REQUIRED	
28226	Tenolysis, extensor, foot; multiple tendons	AUTH REQUIRED	
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	AUTH REQUIRED	
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	AUTH REQUIRED	
28234	Tenotomy, open, extensor, foot or toe, each tendon	AUTH REQUIRED	
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	AUTH REQUIRED	
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	AUTH REQUIRED	
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	AUTH REQUIRED	
28260	Capsulotomy, midfoot; medial release only (separate procedure)	AUTH REQUIRED	
28261	Capsulotomy, midfoot; with tendon lengthening	AUTH REQUIRED	
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	AUTH REQUIRED	
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	AUTH REQUIRED	
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	AUTH REQUIRED	
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	AUTH REQUIRED	
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	AUTH REQUIRED	
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	AUTH REQUIRED	
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	AUTH REQUIRED	
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	AUTH REQUIRED	
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	AUTH REQUIRED	
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	AUTH REQUIRED	
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method	AUTH REQUIRED	
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method	AUTH REQUIRED	
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	AUTH REQUIRED	
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	AUTH REQUIRED	
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	AUTH REQUIRED	
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	AUTH REQUIRED	
28302	Osteotomy; talus	AUTH REQUIRED	
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	AUTH REQUIRED	
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	AUTH REQUIRED	
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	AUTH REQUIRED	
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	AUTH REQUIRED	
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	AUTH REQUIRED	
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	AUTH REQUIRED	
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	AUTH REQUIRED	
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	AUTH REQUIRED	
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	AUTH REQUIRED	
28315	Sesamoidectomy, first toe (separate procedure)	AUTH REQUIRED	
28320	Repair, nonunion or malunion; tarsal bones	AUTH REQUIRED	
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	AUTH REQUIRED	
28340	Reconstruction, toe, macrodactyly; soft tissue resection	AUTH REQUIRED	
28341	Reconstruction, toe, macrodactyly; requiring bone resection	AUTH REQUIRED	
28344	Reconstruction, toe(s); polydactyly	AUTH REQUIRED	
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	AUTH REQUIRED	
28360	Reconstruction, cleft foot	AUTH REQUIRED	
28400	Closed treatment of calcaneal fracture; without manipulation	AUTH REQUIRED	
28405	Closed treatment of calcaneal fracture; with manipulation	AUTH REQUIRED	
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	AUTH REQUIRED	
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	AUTH REQUIRED	
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	AUTH REQUIRED	
28430	Closed treatment of talus fracture; without manipulation	AUTH REQUIRED	
28435	Closed treatment of talus fracture; with manipulation	AUTH REQUIRED	
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	AUTH REQUIRED	
28445	Open treatment of talus fracture, includes internal fixation, when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	AUTH REQUIRED	
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	AUTH REQUIRED	
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	AUTH REQUIRED	
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	AUTH REQUIRED	
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	AUTH REQUIRED	
28470	Closed treatment of metatarsal fracture; without manipulation, each	AUTH REQUIRED	
28475	Closed treatment of metatarsal fracture; with manipulation, each	AUTH REQUIRED	
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	AUTH REQUIRED	
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	AUTH REQUIRED	
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	AUTH REQUIRED	
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	AUTH REQUIRED	
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	AUTH REQUIRED	
28531	Open treatment of sesamoid fracture, with or without internal fixation	AUTH REQUIRED	
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	AUTH REQUIRED	
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	AUTH REQUIRED	
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	AUTH REQUIRED	
28570	Closed treatment of talotarsal joint dislocation; without anesthesia	AUTH REQUIRED	
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	AUTH REQUIRED	
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	AUTH REQUIRED	
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	AUTH REQUIRED	
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	AUTH REQUIRED	
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	AUTH REQUIRED	
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	AUTH REQUIRED	
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	AUTH REQUIRED	
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	AUTH REQUIRED	
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	AUTH REQUIRED	
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	AUTH REQUIRED	
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	AUTH REQUIRED	
28705	Arthrodesis; pantalar	AUTH REQUIRED	
28715	Arthrodesis; triple	AUTH REQUIRED	
28725	Arthrodesis; subtalar	AUTH REQUIRED	
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	AUTH REQUIRED	
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	AUTH REQUIRED	
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	AUTH REQUIRED	
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	AUTH REQUIRED	
28750	Arthrodesis, great toe; metatarsophalangeal joint	AUTH REQUIRED	
28755	Arthrodesis, great toe; interphalangeal joint	AUTH REQUIRED	
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	AUTH REQUIRED	
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
28805	Amputation, foot; transmetatarsal	AUTH REQUIRED	
28810	Amputation, metatarsal, with toe, single	AUTH REQUIRED	
28820	Amputation, toe; metatarsophalangeal joint	AUTH REQUIRED	
28825	Amputation, toe; interphalangeal joint	AUTH REQUIRED	
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	AUTH REQUIRED	
28899	Unlisted procedure, foot or toes	AUTH REQUIRED	
29000	Application of halo type body cast (see 20661-20663 for insertion)	AUTH REQUIRED	
29010	Application of Risser jacket, localizer, body; only	AUTH REQUIRED	
29015	Application of Risser jacket, localizer, body; including head	AUTH REQUIRED	
29035	Application of body cast, shoulder to hips;	AUTH REQUIRED	
29040	Application of body cast, shoulder to hips; including head, Minerva type	AUTH REQUIRED	
29044	Application of body cast, shoulder to hips; including 1 thigh	AUTH REQUIRED	
29046	Application of body cast, shoulder to hips; including both thighs	AUTH REQUIRED	
29055	Application, cast; shoulder spica	AUTH REQUIRED	
29305	Application of hip spica cast; 1 leg	AUTH REQUIRED	
29325	Application of hip spica cast; 1 and one-half spica or both legs	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
29799	Unlisted procedure, casting or strapping	AUTH REQUIRED	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	AUTH REQUIRED	
29804	Arthroscopy, temporomandibular joint, surgical	AUTH REQUIRED	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	AUTH REQUIRED	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	AUTH REQUIRED	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	AUTH REQUIRED	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	AUTH REQUIRED	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	AUTH REQUIRED	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	AUTH REQUIRED	
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	AUTH REQUIRED	
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	AUTH REQUIRED	
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	AUTH REQUIRED	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	AUTH REQUIRED	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	AUTH REQUIRED	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	AUTH REQUIRED	
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	AUTH REQUIRED	
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	AUTH REQUIRED	
29835	Arthroscopy, elbow, surgical; synovectomy, partial	AUTH REQUIRED	
29836	Arthroscopy, elbow, surgical; synovectomy, complete	AUTH REQUIRED	
29837	Arthroscopy, elbow, surgical; debridement, limited	AUTH REQUIRED	
29838	Arthroscopy, elbow, surgical; debridement, extensive	AUTH REQUIRED	
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	AUTH REQUIRED	
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	AUTH REQUIRED	
29844	Arthroscopy, wrist, surgical; synovectomy, partial	AUTH REQUIRED	
29845	Arthroscopy, wrist, surgical; synovectomy, complete	AUTH REQUIRED	
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	AUTH REQUIRED	
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	AUTH REQUIRED	
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	AUTH REQUIRED	
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	AUTH REQUIRED	
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	AUTH REQUIRED	
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	AUTH REQUIRED	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	AUTH REQUIRED	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	AUTH REQUIRED	
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	AUTH REQUIRED	
29863	Arthroscopy, hip, surgical; with synovectomy	AUTH REQUIRED	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	AUTH REQUIRED	
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	AUTH REQUIRED	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	AUTH REQUIRED	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	AUTH REQUIRED	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	AUTH REQUIRED	
29873	Arthroscopy, knee, surgical; with lateral release	AUTH REQUIRED	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	AUTH REQUIRED	
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	AUTH REQUIRED	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	AUTH REQUIRED	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	AUTH REQUIRED	
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	AUTH REQUIRED	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	AUTH REQUIRED	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	AUTH REQUIRED	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	AUTH REQUIRED	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	AUTH REQUIRED	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	AUTH REQUIRED	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	AUTH REQUIRED	
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	AUTH REQUIRED	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	AUTH REQUIRED	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	AUTH REQUIRED	
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	AUTH REQUIRED	
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	AUTH REQUIRED	
29893	Endoscopic plantar fasciotomy	AUTH REQUIRED	
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	AUTH REQUIRED	
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	AUTH REQUIRED	
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	AUTH REQUIRED	
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	AUTH REQUIRED	
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	AUTH REQUIRED	
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	AUTH REQUIRED	
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	AUTH REQUIRED	
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	AUTH REQUIRED	
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	AUTH REQUIRED	
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	AUTH REQUIRED	
29906	Arthroscopy, subtalar joint, surgical; with debridement	AUTH REQUIRED	
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	AUTH REQUIRED	
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	AUTH REQUIRED	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	AUTH REQUIRED	
29916	Arthroscopy, hip, surgical; with labral repair	AUTH REQUIRED	
29999	Unlisted procedure, arthroscopy	AUTH REQUIRED	
30000	Drainage abscess or hematoma, nasal, internal approach	AUTH REQUIRED	
30020	Drainage abscess or hematoma, nasal septum	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
30110	Excision, nasal polyp(s), simple	AUTH REQUIRED	
30115	Excision, nasal polyp(s), extensive	AUTH REQUIRED	
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	AUTH REQUIRED	
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	AUTH REQUIRED	
30120	Excision or surgical planing of skin of nose for rhinophyma	AUTH REQUIRED	
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	AUTH REQUIRED	
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	AUTH REQUIRED	
30130	Excision inferior turbinate, partial or complete, any method	AUTH REQUIRED	
30140	Submucous resection inferior turbinate, partial or complete, any method	AUTH REQUIRED	
30150	Rhinectomy; partial	AUTH REQUIRED	
30160	Rhinectomy; total	AUTH REQUIRED	
30220	Insertion, nasal septal prosthesis (button)	AUTH REQUIRED	
30310	Removal foreign body, intranasal; requiring general anesthesia	AUTH REQUIRED	
30320	Removal foreign body, intranasal; by lateral rhinotomy	AUTH REQUIRED	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	AUTH REQUIRED	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	AUTH REQUIRED	
30420	Rhinoplasty, primary; including major septal repair	AUTH REQUIRED	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	AUTH REQUIRED	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	AUTH REQUIRED	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	AUTH REQUIRED	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	AUTH REQUIRED	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	AUTH REQUIRED	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	AUTH REQUIRED	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	AUTH REQUIRED	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	AUTH REQUIRED	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	AUTH REQUIRED	
30540	Repair choanal atresia; intranasal	AUTH REQUIRED	
30545	Repair choanal atresia; transpalatine	AUTH REQUIRED	
30560	Lysis intranasal synechia	AUTH REQUIRED	
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
30600	Repair fistula; oronasal	AUTH REQUIRED	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	AUTH REQUIRED	
30630	Repair nasal septal perforations	AUTH REQUIRED	
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	AUTH REQUIRED	
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	AUTH REQUIRED	
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	AUTH REQUIRED	
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	AUTH REQUIRED	
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	AUTH REQUIRED	
30915	Ligation arteries; ethmoidal	AUTH REQUIRED	
30920	Ligation arteries; internal maxillary artery, transantral	AUTH REQUIRED	
30930	Fracture nasal inferior turbinate(s), therapeutic	AUTH REQUIRED	
30999	Unlisted procedure, nose	AUTH REQUIRED	
31002	Lavage by cannulation; sphenoid sinus	AUTH REQUIRED	
31020	Sinusotomy, maxillary (antrotomy); intranasal	AUTH REQUIRED	
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	AUTH REQUIRED	
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	AUTH REQUIRED	
31040	Pterygomaxillary fossa surgery, any approach	AUTH REQUIRED	
31050	Sinusotomy, sphenoid, with or without biopsy;	AUTH REQUIRED	
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	AUTH REQUIRED	
31070	Sinusotomy frontal; external, simple (trephine operation)	AUTH REQUIRED	
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	AUTH REQUIRED	
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	AUTH REQUIRED	
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	AUTH REQUIRED	
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	AUTH REQUIRED	
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	AUTH REQUIRED	
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	AUTH REQUIRED	
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	AUTH REQUIRED	
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
31200	Ethmoidectomy; intranasal, anterior	AUTH REQUIRED	
31201	Ethmoidectomy; intranasal, total	AUTH REQUIRED	
31205	Ethmoidectomy; extranasal, total	AUTH REQUIRED	
31225	Maxillectomy; without orbital exenteration	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31230	Maxillectomy; with orbital exenteration (en bloc)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	AUTH REQUIRED	
31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	AUTH REQUIRED	
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	AUTH REQUIRED	
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	AUTH REQUIRED	
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	AUTH REQUIRED	
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	AUTH REQUIRED	
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	AUTH REQUIRED	
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	AUTH REQUIRED	
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	AUTH REQUIRED	
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	AUTH REQUIRED	
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	AUTH REQUIRED	
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	AUTH REQUIRED	
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	AUTH REQUIRED	
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	AUTH REQUIRED	
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	AUTH REQUIRED	
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	AUTH REQUIRED	
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	AUTH REQUIRED	
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	AUTH REQUIRED	
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	AUTH REQUIRED	
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	AUTH REQUIRED	
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	AUTH REQUIRED	
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	AUTH REQUIRED	
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	AUTH REQUIRED	
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	AUTH REQUIRED	
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	AUTH REQUIRED	
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	AUTH REQUIRED	
31299	Unlisted procedure, accessory sinuses	AUTH REQUIRED	
31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	AUTH REQUIRED	
31360	Laryngectomy; total, without radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31365	Laryngectomy; total, with radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31370	Partial laryngectomy (hemilaryngectomy); horizontal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31375	Partial laryngectomy (hemilaryngectomy); laterovertical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31400	Arytenoidectomy or arytenoidopexy, external approach	AUTH REQUIRED	
31420	Epiglottidectomy	AUTH REQUIRED	
31510	Laryngoscopy, indirect; with biopsy	AUTH REQUIRED	
31512	Laryngoscopy, indirect; with removal of lesion	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	AUTH REQUIRED	
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	AUTH REQUIRED	
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	AUTH REQUIRED	
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	AUTH REQUIRED	
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	AUTH REQUIRED	
31530	Laryngoscopy, direct, operative, with foreign body removal;	AUTH REQUIRED	
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	AUTH REQUIRED	
31535	Laryngoscopy, direct, operative, with biopsy;	AUTH REQUIRED	
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	AUTH REQUIRED	
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	AUTH REQUIRED	
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	AUTH REQUIRED	
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	AUTH REQUIRED	
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	AUTH REQUIRED	
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	AUTH REQUIRED	
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	AUTH REQUIRED	
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	AUTH REQUIRED	
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	AUTH REQUIRED	
31560	Laryngoscopy, direct, operative, with arytenoidectomy;	AUTH REQUIRED	
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	AUTH REQUIRED	
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	AUTH REQUIRED	
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	AUTH REQUIRED	
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	AUTH REQUIRED	
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	AUTH REQUIRED	
31576	Laryngoscopy, flexible; with biopsy(ies)	AUTH REQUIRED	
31577	Laryngoscopy, flexible; with removal of foreign body(s)	AUTH REQUIRED	
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	AUTH REQUIRED	
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	AUTH REQUIRED	
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed	AUTH REQUIRED	
31587	Laryngoplasty, cricoid split, without graft placement	AUTH REQUIRED	
31590	Laryngeal reinnervation by neuromuscular pedicle	AUTH REQUIRED	
31591	Laryngoplasty, medialization, unilateral	AUTH REQUIRED	
31592	Cricotracheal resection	AUTH REQUIRED	
31599	Unlisted procedure, larynx	AUTH REQUIRED	
31600	Tracheostomy, planned (separate procedure);	AUTH REQUIRED	
31601	Tracheostomy, planned (separate procedure); younger than 2 years	AUTH REQUIRED	
31603	Tracheostomy, emergency procedure; transtracheal	AUTH REQUIRED	
31605	Tracheostomy, emergency procedure; cricothyroid membrane	AUTH REQUIRED	
31610	Tracheostomy, fenestration procedure with skin flaps	AUTH REQUIRED	
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	AUTH REQUIRED	
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	AUTH REQUIRED	
31613	Tracheostoma revision; simple, without flap rotation	AUTH REQUIRED	
31614	Tracheostoma revision; complex, with flap rotation	AUTH REQUIRED	
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	AUTH REQUIRED	
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	AUTH REQUIRED	
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	AUTH REQUIRED	
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	AUTH REQUIRED	
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	AUTH REQUIRED	
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	AUTH REQUIRED	
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	AUTH REQUIRED	
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	AUTH REQUIRED	
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	AUTH REQUIRED	
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	AUTH REQUIRED	
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	AUTH REQUIRED	
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	AUTH REQUIRED	
31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	AUTH REQUIRED	
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	AUTH REQUIRED	
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	AUTH REQUIRED	
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	AUTH REQUIRED	
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	AUTH REQUIRED	
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	AUTH REQUIRED	
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	AUTH REQUIRED	
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	AUTH REQUIRED	
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	AUTH REQUIRED	
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
31717	Catheterization with bronchial brush biopsy	AUTH REQUIRED	
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	AUTH REQUIRED	
31750	Tracheoplasty; cervical	AUTH REQUIRED	
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	AUTH REQUIRED	
31760	Tracheoplasty; intrathoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31766	Carinal reconstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31770	Bronchoplasty; graft repair	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31775	Bronchoplasty; excision stenosis and anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31780	Excision tracheal stenosis and anastomosis; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31785	Excision of tracheal tumor or carcinoma; cervical	AUTH REQUIRED	
31786	Excision of tracheal tumor or carcinoma; thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31800	Suture of tracheal wound or injury; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31805	Suture of tracheal wound or injury; intrathoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
31820	Surgical closure tracheostomy or fistula; without plastic repair	AUTH REQUIRED	
31825	Surgical closure tracheostomy or fistula; with plastic repair	AUTH REQUIRED	
31830	Revision of tracheostomy scar	AUTH REQUIRED	
31899	Unlisted procedure, trachea, bronchi	AUTH REQUIRED	
32035	Thoracostomy; with rib resection for empyema	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32036	Thoracostomy; with open flap drainage for empyema	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32098	Thoracotomy, with biopsy(ies) of pleura	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32100	Thoracotomy; with exploration	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32120	Thoracotomy; for postoperative complications	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32124	Thoracotomy; with open intrapleural pneumonolysis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32151	Thoracotomy; with removal of intrapulmonary foreign body	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32160	Thoracotomy; with cardiac massage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32200	Pneumonostomy, with open drainage of abscess or cyst	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32215	Pleural scarification for repeat pneumothorax	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32220	Decortication, pulmonary (separate procedure); total	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32225	Decortication, pulmonary (separate procedure); partial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32310	Pleurectomy, parietal (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32320	Decortication and parietal pleurectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32400	Biopsy, pleura, percutaneous needle	AUTH REQUIRED	
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	AUTH REQUIRED	
32440	Removal of lung, pneumonectomy;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32445	Removal of lung, pneumonectomy; extrapleural	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32540	Extrapleural enucleation of empyema (empyemectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32550	Insertion of indwelling tunneled pleural catheter with cuff	AUTH REQUIRED	
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	AUTH REQUIRED	
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	AUTH REQUIRED	
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	AUTH REQUIRED	
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	AUTH REQUIRED	
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	AUTH REQUIRED	
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	AUTH REQUIRED	
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	AUTH REQUIRED	
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	AUTH REQUIRED	
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	AUTH REQUIRED	
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	AUTH REQUIRED	
32609	Thoracoscopy; with biopsy(ies) of pleura	AUTH REQUIRED	
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32651	Thoracoscopy, surgical; with partial pulmonary decortication	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32656	Thoracoscopy, surgical; with parietal pleurectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32664	Thoracoscopy, surgical; with thoracic sympathectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32800	Repair lung hernia through chest wall	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32815	Open closure of major bronchial fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32820	Major reconstruction, chest wall (posttraumatic)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
32851	Lung transplant, single; without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32852	Lung transplant, single; with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
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	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32856	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; bilateral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32900	Resection of ribs, extrapleural, all stages	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32905	Thoracoplasty, Schede type or extrapleural (all stages);	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	AUTH REQUIRED	
32997	Total lung lavage (unilateral)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	AUTH REQUIRED	
32999	Unlisted procedure, lungs and pleura	AUTH REQUIRED	
33016	Pericardiocentesis, including imaging guidance, when performed	AUTH REQUIRED	
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33025	Creation of pericardial window or partial resection for drainage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33050	Resection of pericardial cyst or tumor	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33130	Resection of external cardiac tumor	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	AUTH REQUIRED	
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	AUTH REQUIRED	
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	AUTH REQUIRED	
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	AUTH REQUIRED	
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	AUTH REQUIRED	
33212	Insertion of pacemaker pulse generator only; with existing single lead	AUTH REQUIRED	
33213	Insertion of pacemaker pulse generator only; with existing dual leads	AUTH REQUIRED	
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	AUTH REQUIRED	
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	AUTH REQUIRED	
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	AUTH REQUIRED	
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	AUTH REQUIRED	
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	AUTH REQUIRED	
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	AUTH REQUIRED	
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	AUTH REQUIRED	
33222	Relocation of skin pocket for pacemaker	AUTH REQUIRED	
33223	Relocation of skin pocket for implantable defibrillator	AUTH REQUIRED	
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	AUTH REQUIRED	
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	AUTH REQUIRED	
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	AUTH REQUIRED	
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	AUTH REQUIRED	
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	AUTH REQUIRED	
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	AUTH REQUIRED	
33233	Removal of permanent pacemaker pulse generator only	AUTH REQUIRED	
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	AUTH REQUIRED	
33235	Removal of transvenous pacemaker electrode(s); dual lead system	AUTH REQUIRED	
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33238	Removal of permanent transvenous electrode(s) by thoracotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	AUTH REQUIRED	
33241	Removal of implantable defibrillator pulse generator only	AUTH REQUIRED	
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	AUTH REQUIRED	
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	AUTH REQUIRED	
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	AUTH REQUIRED	
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	AUTH REQUIRED	
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	AUTH REQUIRED	
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	AUTH REQUIRED	
33271	Insertion of subcutaneous implantable defibrillator electrode	AUTH REQUIRED	
33272	Removal of subcutaneous implantable defibrillator electrode	AUTH REQUIRED	
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	AUTH REQUIRED	
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	AUTH REQUIRED	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	AUTH REQUIRED	
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	AUTH REQUIRED	
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	AUTH REQUIRED	
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	AUTH REQUIRED	
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	AUTH REQUIRED	
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	AUTH REQUIRED	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	AUTH REQUIRED	
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	AUTH REQUIRED	
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	AUTH REQUIRED	
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	AUTH REQUIRED	
33300	Repair of cardiac wound; without bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33305	Repair of cardiac wound; with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33321	Suture repair of aorta or great vessels; with shunt bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33404	Construction of apical-aortic conduit	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33417	Aortoplasty (gusset) for supravalvular stenosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	AUTH REQUIRED	
33420	Valvotomy, mitral valve; closed heart	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33430	Replacement, mitral valve, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33463	Valvuloplasty, tricuspid valve; without ring insertion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33464	Valvuloplasty, tricuspid valve; with ring insertion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33475	Replacement, pulmonary valve	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33510	Coronary artery bypass, vein only; single coronary venous graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33542	Myocardial resection (eg, ventricular aneurysmectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33675	Closure of multiple ventricular septal defects;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33681	Closure of single ventricular septal defect, with or without patch;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33690	Banding of pulmonary artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33726	Repair of pulmonary venous stenosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33764	Shunt; central, with prosthetic graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33786	Total repair, truncus arteriosus (Rastelli type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33788	Reimplantation of an anomalous pulmonary artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33802	Division of aberrant vessel (vascular ring);	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33803	Division of aberrant vessel (vascular ring); with reanastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33814	Obliteration of aortopulmonary septal defect, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33820	Repair of patent ductus arteriosus; by ligation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33822	Repair of patent ductus arteriosus; by division, younger than 18 years	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33824	Repair of patent ductus arteriosus; by division, 18 years and older	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	AUTH REQUIRED	
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33875	Descending thoracic aorta graft, with or without bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	AUTH REQUIRED	
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	AUTH REQUIRED	
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	AUTH REQUIRED	
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	AUTH REQUIRED	
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)	AUTH REQUIRED	
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33922	Transection of pulmonary artery with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33928	Removal and replacement of total replacement heart system (artificial heart)	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
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	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33940	Donor cardiectomy (including cold preservation)	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33945	Heart transplant, with or without recipient cardiectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33967	Insertion of intra-aortic balloon assist device, percutaneous	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33968	Removal of intra-aortic balloon assist device, percutaneous	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33976	Insertion of ventricular assist device; extracorporeal, biventricular	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33977	Removal of ventricular assist device; extracorporeal, single ventricle	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33978	Removal of ventricular assist device; extracorporeal, biventricular	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
33999	Unlisted procedure, cardiac surgery	AUTH REQUIRED	
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	AUTH REQUIRED	
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	AUTH REQUIRED	
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	AUTH REQUIRED	
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	AUTH REQUIRED	
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	AUTH REQUIRED	
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	AUTH REQUIRED	
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	AUTH REQUIRED	
34501	Valvuloplasty, femoral vein	AUTH REQUIRED	
34502	Reconstruction of vena cava, any method	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34510	Venous valve transposition, any vein donor	AUTH REQUIRED	
34520	Cross-over vein graft to venous system	AUTH REQUIRED	
34530	Saphenopopliteal vein anastomosis	AUTH REQUIRED	
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	AUTH REQUIRED	
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	AUTH REQUIRED	
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35180	Repair, congenital arteriovenous fistula; head and neck	AUTH REQUIRED	
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35184	Repair, congenital arteriovenous fistula; extremities	AUTH REQUIRED	
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	AUTH REQUIRED	
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	AUTH REQUIRED	
35201	Repair blood vessel, direct; neck	AUTH REQUIRED	
35206	Repair blood vessel, direct; upper extremity	AUTH REQUIRED	
35207	Repair blood vessel, direct; hand, finger	AUTH REQUIRED	
35211	Repair blood vessel, direct; intrathoracic, with bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35216	Repair blood vessel, direct; intrathoracic, without bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35221	Repair blood vessel, direct; intra-abdominal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35226	Repair blood vessel, direct; lower extremity	AUTH REQUIRED	
35231	Repair blood vessel with vein graft; neck	AUTH REQUIRED	
35236	Repair blood vessel with vein graft; upper extremity	AUTH REQUIRED	
35241	Repair blood vessel with vein graft; intrathoracic, with bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35246	Repair blood vessel with vein graft; intrathoracic, without bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35251	Repair blood vessel with vein graft; intra-abdominal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
35256	Repair blood vessel with vein graft; lower extremity	AUTH REQUIRED	
35261	Repair blood vessel with graft other than vein; neck	AUTH REQUIRED	
35266	Repair blood vessel with graft other than vein; upper extremity	AUTH REQUIRED	
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35281	Repair blood vessel with graft other than vein; intra-abdominal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35286	Repair blood vessel with graft other than vein; lower extremity	AUTH REQUIRED	
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	AUTH REQUIRED	
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35351	Thromboendarterectomy, including patch graft, if performed; iliac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
35400	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35508	Bypass graft, with vein; carotid-vertebral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35509	Bypass graft, with vein; carotid-contralateral carotid	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35510	Bypass graft, with vein; carotid-brachial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35511	Bypass graft, with vein; subclavian-subclavian	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35512	Bypass graft, with vein; subclavian-brachial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35515	Bypass graft, with vein; subclavian-vertebral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35516	Bypass graft, with vein; subclavian-axillary	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35518	Bypass graft, with vein; axillary-axillary	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35521	Bypass graft, with vein; axillary-femoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35522	Bypass graft, with vein; axillary-brachial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35523	Bypass graft, with vein; brachial-ulnar or -radial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35525	Bypass graft, with vein; brachial-brachial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35533	Bypass graft, with vein; axillary-femoral-femoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35535	Bypass graft, with vein; hepatorenal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35536	Bypass graft, with vein; splenorenal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35537	Bypass graft, with vein; aortoiliac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
35538	Bypass graft, with vein; aortobi-iliac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35539	Bypass graft, with vein; aortofemoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35540	Bypass graft, with vein; aortobifemoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35556	Bypass graft, with vein; femoral-popliteal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35558	Bypass graft, with vein; femoral-femoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35560	Bypass graft, with vein; aortorenal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35563	Bypass graft, with vein; ilioiliac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35565	Bypass graft, with vein; iliofemoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
35583	In-situ vein bypass; femoral-popliteal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35587	In-situ vein bypass; popliteal-tibial, peroneal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35606	Bypass graft, with other than vein; carotid-subclavian	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35612	Bypass graft, with other than vein; subclavian-subclavian	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35616	Bypass graft, with other than vein; subclavian-axillary	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35621	Bypass graft, with other than vein; axillary-femoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35632	Bypass graft, with other than vein; ilio-celiac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35633	Bypass graft, with other than vein; ilio-mesenteric	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35634	Bypass graft, with other than vein; iliorenal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35637	Bypass graft, with other than vein; aortoiliac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35638	Bypass graft, with other than vein; aortobi-iliac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35642	Bypass graft, with other than vein; carotid-vertebral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35645	Bypass graft, with other than vein; subclavian-vertebral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35646	Bypass graft, with other than vein; aortobifemoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35647	Bypass graft, with other than vein; aortofemoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35650	Bypass graft, with other than vein; axillary-axillary	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35654	Bypass graft, with other than vein; axillary-femoral-femoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35656	Bypass graft, with other than vein; femoral-popliteal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35661	Bypass graft, with other than vein; femoral-femoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35663	Bypass graft, with other than vein; ilioiliac	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35665	Bypass graft, with other than vein; iliofemoral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35691	Transposition and/or reimplantation; vertebral to carotid artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35693	Transposition and/or reimplantation; vertebral to subclavian artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35694	Transposition and/or reimplantation; subclavian to carotid artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35695	Transposition and/or reimplantation; carotid to subclavian artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	AUTH REQUIRED	
35870	Repair of graft-enteric fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	AUTH REQUIRED	
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	AUTH REQUIRED	
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	AUTH REQUIRED	
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	AUTH REQUIRED	
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium)	AUTH REQUIRED	
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
35901	Excision of infected graft; neck	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35903	Excision of infected graft; extremity	AUTH REQUIRED	
35905	Excision of infected graft; thorax	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
35907	Excision of infected graft; abdomen	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	AUTH REQUIRED	
36010	Introduction of catheter, superior or inferior vena cava	AUTH REQUIRED	
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	AUTH REQUIRED	
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	AUTH REQUIRED	
36013	Introduction of catheter, right heart or main pulmonary artery	AUTH REQUIRED	
36014	Selective catheter placement, left or right pulmonary artery	AUTH REQUIRED	
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	AUTH REQUIRED	
36100	Introduction of needle or intracatheter, carotid or vertebral artery	AUTH REQUIRED	
36140	Introduction of needle or intracatheter, upper or lower extremity artery	AUTH REQUIRED	
36160	Introduction of needle or intracatheter, aortic, translumbar	AUTH REQUIRED	
36200	Introduction of catheter, aorta	AUTH REQUIRED	
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	AUTH REQUIRED	
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	AUTH REQUIRED	
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	AUTH REQUIRED	
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	AUTH REQUIRED	
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	AUTH REQUIRED	
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	AUTH REQUIRED	
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	AUTH REQUIRED	
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	AUTH REQUIRED	
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	AUTH REQUIRED	
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	AUTH REQUIRED	
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	AUTH REQUIRED	
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	AUTH REQUIRED	
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	AUTH REQUIRED	
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	AUTH REQUIRED	
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	AUTH REQUIRED	
36261	Revision of implanted intra-arterial infusion pump	AUTH REQUIRED	
36262	Removal of implanted intra-arterial infusion pump	AUTH REQUIRED	
36299	Unlisted procedure, vascular injection	AUTH REQUIRED	
36460	Transfusion, intrauterine, fetal	AUTH REQUIRED	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	AUTH REQUIRED	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	AUTH REQUIRED	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	AUTH REQUIRED	
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	AUTH REQUIRED	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	AUTH REQUIRED	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	AUTH REQUIRED	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	AUTH REQUIRED	
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	AUTH REQUIRED	
36481	Percutaneous portal vein catheterization by any method	AUTH REQUIRED	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
36511	Therapeutic apheresis; for white blood cells	AUTH REQUIRED	
36512	Therapeutic apheresis; for red blood cells	AUTH REQUIRED	
36514	Therapeutic apheresis; for plasma pheresis	AUTH REQUIRED	
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	AUTH REQUIRED	
36522	Photopheresis, extracorporeal	AUTH REQUIRED	
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	AUTH REQUIRED	
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	AUTH REQUIRED	
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	AUTH REQUIRED	
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	AUTH REQUIRED	
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	AUTH REQUIRED	
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	AUTH REQUIRED	
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	AUTH REQUIRED	
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	AUTH REQUIRED	
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	AUTH REQUIRED	
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age	AUTH REQUIRED	
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	AUTH REQUIRED	
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	AUTH REQUIRED	
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	AUTH REQUIRED	
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	AUTH REQUIRED	
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	AUTH REQUIRED	
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	AUTH REQUIRED	
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	AUTH REQUIRED	
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	AUTH REQUIRED	
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	AUTH REQUIRED	
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	AUTH REQUIRED	
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	AUTH REQUIRED	
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	AUTH REQUIRED	
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	AUTH REQUIRED	
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	AUTH REQUIRED	
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	AUTH REQUIRED	
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	AUTH REQUIRED	
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	AUTH REQUIRED	
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	AUTH REQUIRED	
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	AUTH REQUIRED	
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	AUTH REQUIRED	
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	AUTH REQUIRED	
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	AUTH REQUIRED	
36820	Arteriovenous anastomosis, open; by forearm vein transposition	AUTH REQUIRED	
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	AUTH REQUIRED	
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	AUTH REQUIRED	
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	AUTH REQUIRED	
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	AUTH REQUIRED	
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	AUTH REQUIRED	
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	AUTH REQUIRED	
36835	Insertion of Thomas shunt (separate procedure)	AUTH REQUIRED	
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	AUTH REQUIRED	
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	AUTH REQUIRED	
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	AUTH REQUIRED	
36860	External cannula declotting (separate procedure); without balloon catheter	AUTH REQUIRED	
36861	External cannula declotting (separate procedure); with balloon catheter	AUTH REQUIRED	
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	AUTH REQUIRED	
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	AUTH REQUIRED	
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	AUTH REQUIRED	
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	AUTH REQUIRED	
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	AUTH REQUIRED	
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	AUTH REQUIRED	
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37140	Venous anastomosis, open; portocaval	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
37145	Venous anastomosis, open; renoportal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37160	Venous anastomosis, open; caval-mesenteric	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37180	Venous anastomosis, open; splenorenal, proximal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)	AUTH REQUIRED	
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	AUTH REQUIRED	
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	AUTH REQUIRED	
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	AUTH REQUIRED	
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	AUTH REQUIRED	
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	AUTH REQUIRED	
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	AUTH REQUIRED	
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	AUTH REQUIRED	
37200	Transcatheter biopsy	AUTH REQUIRED	
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	AUTH REQUIRED	
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	AUTH REQUIRED	
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	AUTH REQUIRED	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	AUTH REQUIRED	
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	AUTH REQUIRED	
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	AUTH REQUIRED	
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	AUTH REQUIRED	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED	
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	AUTH REQUIRED	
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	AUTH REQUIRED	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED	
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	AUTH REQUIRED	
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED	
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	AUTH REQUIRED	
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	AUTH REQUIRED	
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	AUTH REQUIRED	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	AUTH REQUIRED	
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	AUTH REQUIRED	
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	AUTH REQUIRED	
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	AUTH REQUIRED	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	AUTH REQUIRED	
37501	Unlisted vascular endoscopy procedure	AUTH REQUIRED	
37565	Ligation, internal jugular vein	AUTH REQUIRED	
37600	Ligation; external carotid artery	AUTH REQUIRED	
37605	Ligation; internal or common carotid artery	AUTH REQUIRED	
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	AUTH REQUIRED	
37607	Ligation or banding of angioaccess arteriovenous fistula	AUTH REQUIRED	
37609	Ligation or biopsy, temporal artery	AUTH REQUIRED	
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	AUTH REQUIRED	
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37619	Ligation of inferior vena cava	AUTH REQUIRED	
37650	Ligation of femoral vein	AUTH REQUIRED	
37660	Ligation of common iliac vein	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	AUTH REQUIRED	
37718	Ligation, division, and stripping, short saphenous vein	AUTH REQUIRED	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	AUTH REQUIRED	
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	AUTH REQUIRED	
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	AUTH REQUIRED	
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	AUTH REQUIRED	
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	AUTH REQUIRED	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	AUTH REQUIRED	
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	AUTH REQUIRED	
37788	Penile revascularization, artery, with or without vein graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
37790	Penile venous occlusive procedure	AUTH REQUIRED	
37799	Unlisted procedure, vascular surgery	AUTH REQUIRED	
38100	Splenectomy; total (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38101	Splenectomy; partial (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38120	Laparoscopy, surgical, splenectomy	AUTH REQUIRED	
38129	Unlisted laparoscopy procedure, spleen	AUTH REQUIRED	
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	AUTH REQUIRED	
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	AUTH REQUIRED	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	AUTH REQUIRED	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	AUTH REQUIRED	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	AUTH REQUIRED	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	AUTH REQUIRED	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	AUTH REQUIRED	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	AUTH REQUIRED	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	AUTH REQUIRED	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	AUTH REQUIRED	
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	AUTH REQUIRED	
38230	Bone marrow harvesting for transplantation; allogeneic	AUTH REQUIRED	
38232	Bone marrow harvesting for transplantation; autologous	AUTH REQUIRED	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	AUTH REQUIRED	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
38242	Allogeneic lymphocyte infusions	AUTH REQUIRED	
38243	Hematopoietic progenitor cell (HPC); HPC boost	AUTH REQUIRED	
38300	Drainage of lymph node abscess or lymphadenitis; simple	AUTH REQUIRED	
38305	Drainage of lymph node abscess or lymphadenitis; extensive	AUTH REQUIRED	
38308	Lymphangiotomy or other operations on lymphatic channels	AUTH REQUIRED	
38380	Suture and/or ligation of thoracic duct; cervical approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38381	Suture and/or ligation of thoracic duct; thoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38382	Suture and/or ligation of thoracic duct; abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38500	Biopsy or excision of lymph node(s); open, superficial	AUTH REQUIRED	
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	AUTH REQUIRED	
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	AUTH REQUIRED	
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	AUTH REQUIRED	
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	AUTH REQUIRED	
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	AUTH REQUIRED	
38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)	AUTH REQUIRED	
38542	Dissection, deep jugular node(s)	AUTH REQUIRED	
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	AUTH REQUIRED	
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	AUTH REQUIRED	
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	AUTH REQUIRED	
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	AUTH REQUIRED	
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	AUTH REQUIRED	
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	AUTH REQUIRED	
38589	Unlisted laparoscopy procedure, lymphatic system	AUTH REQUIRED	
38700	Suprahyoid lymphadenectomy	AUTH REQUIRED	
38720	Cervical lymphadenectomy (complete)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
38724	Cervical lymphadenectomy (modified radical neck dissection)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38740	Axillary lymphadenectomy; superficial	AUTH REQUIRED	
38745	Axillary lymphadenectomy; complete	AUTH REQUIRED	
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)	AUTH REQUIRED	
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
38794	Cannulation, thoracic duct	AUTH REQUIRED	
38999	Unlisted procedure, hemic or lymphatic system	AUTH REQUIRED	
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39200	Resection of mediastinal cyst	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39220	Resection of mediastinal tumor	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	AUTH REQUIRED	
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	AUTH REQUIRED	
39499	Unlisted procedure, mediastinum	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39501	Repair, laceration of diaphragm, any approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
39560	Resection, diaphragm; with simple repair (eg, primary suture)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
39599	Unlisted procedure, diaphragm	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
40500	Vermilionectomy (lip shave), with mucosal advancement	AUTH REQUIRED	
40510	Excision of lip; transverse wedge excision with primary closure	AUTH REQUIRED	
40520	Excision of lip; V-excision with primary direct linear closure	AUTH REQUIRED	
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	AUTH REQUIRED	
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	AUTH REQUIRED	
40530	Resection of lip, more than one-fourth, without reconstruction	AUTH REQUIRED	
40650	Repair lip, full thickness; vermilion only	AUTH REQUIRED	
40652	Repair lip, full thickness; up to half vertical height	AUTH REQUIRED	
40654	Repair lip, full thickness; over one-half vertical height, or complex	AUTH REQUIRED	
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	AUTH REQUIRED	
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	AUTH REQUIRED	
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	AUTH REQUIRED	
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	AUTH REQUIRED	
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	AUTH REQUIRED	
40799	Unlisted procedure, lips	AUTH REQUIRED	
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	AUTH REQUIRED	
40805	Removal of embedded foreign body, vestibule of mouth; complicated	AUTH REQUIRED	
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	AUTH REQUIRED	
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	AUTH REQUIRED	
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	AUTH REQUIRED	
40818	Excision of mucosa of vestibule of mouth as donor graft	AUTH REQUIRED	
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	AUTH REQUIRED	
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	AUTH REQUIRED	
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	AUTH REQUIRED	
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	AUTH REQUIRED	
40840	Vestibuloplasty; anterior	AUTH REQUIRED	
40842	Vestibuloplasty; posterior, unilateral	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
40843	Vestibuloplasty; posterior, bilateral	AUTH REQUIRED	
40844	Vestibuloplasty; entire arch	AUTH REQUIRED	
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	AUTH REQUIRED	
40899	Unlisted procedure, vestibule of mouth	AUTH REQUIRED	
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	AUTH REQUIRED	
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	AUTH REQUIRED	
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	AUTH REQUIRED	
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	AUTH REQUIRED	
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	AUTH REQUIRED	
41010	Incision of lingual frenum (frenotomy)	AUTH REQUIRED	
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	AUTH REQUIRED	
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	AUTH REQUIRED	
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	AUTH REQUIRED	
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	AUTH REQUIRED	
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	AUTH REQUIRED	
41110	Excision of lesion of tongue without closure	AUTH REQUIRED	
41112	Excision of lesion of tongue with closure; anterior two-thirds	AUTH REQUIRED	
41113	Excision of lesion of tongue with closure; posterior one-third	AUTH REQUIRED	
41114	Excision of lesion of tongue with closure; with local tongue flap	AUTH REQUIRED	
41115	Excision of lingual frenum (frenectomy)	AUTH REQUIRED	
41116	Excision, lesion of floor of mouth	AUTH REQUIRED	
41120	Glossectomy; less than one-half tongue	AUTH REQUIRED	
41130	Glossectomy; hemiglossectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
41135	Glossectomy; partial, with unilateral radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	AUTH REQUIRED	
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	AUTH REQUIRED	
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	AUTH REQUIRED	
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	AUTH REQUIRED	
41512	Tongue base suspension, permanent suture technique	AUTH REQUIRED	
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	AUTH REQUIRED	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	AUTH REQUIRED	
41599	Unlisted procedure, tongue, floor of mouth	AUTH REQUIRED	
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	AUTH REQUIRED	
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	AUTH REQUIRED	
41806	Removal of embedded foreign body from dentoalveolar structures; bone	AUTH REQUIRED	
41820	Gingivectomy, excision gingiva, each quadrant	AUTH REQUIRED	
41821	Operculectomy, excision pericoronal tissues	AUTH REQUIRED	
41822	Excision of fibrous tuberosities, dentoalveolar structures	AUTH REQUIRED	
41823	Excision of osseous tuberosities, dentoalveolar structures	AUTH REQUIRED	
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	AUTH REQUIRED	
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	AUTH REQUIRED	
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	AUTH REQUIRED	
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	AUTH REQUIRED	
41850	Destruction of lesion (except excision), dentoalveolar structures	AUTH REQUIRED	
41870	Periodontal mucosal grafting	AUTH REQUIRED	
41872	Gingivoplasty, each quadrant (specify)	AUTH REQUIRED	
41874	Alveoloplasty, each quadrant (specify)	AUTH REQUIRED	
41899	Unlisted procedure, dentoalveolar structures	AUTH REQUIRED	
42106	Excision, lesion of palate, uvula; with simple primary closure	AUTH REQUIRED	
42107	Excision, lesion of palate, uvula; with local flap closure	AUTH REQUIRED	
42120	Resection of palate or extensive resection of lesion	AUTH REQUIRED	
42140	Uvulectomy, excision of uvula	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	AUTH REQUIRED	
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	AUTH REQUIRED	
42180	Repair, laceration of palate; up to 2 cm	AUTH REQUIRED	
42182	Repair, laceration of palate; over 2 cm or complex	AUTH REQUIRED	
42200	Palatoplasty for cleft palate, soft and/or hard palate only	AUTH REQUIRED	
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	AUTH REQUIRED	
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	AUTH REQUIRED	
42215	Palatoplasty for cleft palate; major revision	AUTH REQUIRED	
42220	Palatoplasty for cleft palate; secondary lengthening procedure	AUTH REQUIRED	
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	AUTH REQUIRED	
42226	Lengthening of palate, and pharyngeal flap	AUTH REQUIRED	
42227	Lengthening of palate, with island flap	AUTH REQUIRED	
42235	Repair of anterior palate, including vomer flap	AUTH REQUIRED	
42260	Repair of nasolabial fistula	AUTH REQUIRED	
42281	Insertion of pin-retained palatal prosthesis	AUTH REQUIRED	
42299	Unlisted procedure, palate, uvula	AUTH REQUIRED	
42300	Drainage of abscess; parotid, simple	AUTH REQUIRED	
42305	Drainage of abscess; parotid, complicated	AUTH REQUIRED	
42320	Drainage of abscess; submaxillary, external	AUTH REQUIRED	
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	AUTH REQUIRED	
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	AUTH REQUIRED	
42340	Sialolithotomy; parotid, extraoral or complicated intraoral	AUTH REQUIRED	
42405	Biopsy of salivary gland; incisional	AUTH REQUIRED	
42408	Excision of sublingual salivary cyst (ranula)	AUTH REQUIRED	
42409	Marsupialization of sublingual salivary cyst (ranula)	AUTH REQUIRED	
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	AUTH REQUIRED	
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	AUTH REQUIRED	
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	AUTH REQUIRED	
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	AUTH REQUIRED	
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
42440	Excision of submandibular (submaxillary) gland	AUTH REQUIRED	
42450	Excision of sublingual gland	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	AUTH REQUIRED	
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	AUTH REQUIRED	
42507	Parotid duct diversion, bilateral (Wilke type procedure);	AUTH REQUIRED	
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	AUTH REQUIRED	
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	AUTH REQUIRED	
42600	Closure salivary fistula	AUTH REQUIRED	
42665	Ligation salivary duct, intraoral	AUTH REQUIRED	
42699	Unlisted procedure, salivary glands or ducts	AUTH REQUIRED	
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	AUTH REQUIRED	
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	AUTH REQUIRED	
42804	Biopsy; nasopharynx, visible lesion, simple	AUTH REQUIRED	
42806	Biopsy; nasopharynx, survey for unknown primary lesion	AUTH REQUIRED	
42808	Excision or destruction of lesion of pharynx, any method	AUTH REQUIRED	
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	AUTH REQUIRED	
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	AUTH REQUIRED	
42820	Tonsillectomy and adenoidectomy; younger than age 12	AUTH REQUIRED	
42821	Tonsillectomy and adenoidectomy; age 12 or over	AUTH REQUIRED	
42825	Tonsillectomy, primary or secondary; younger than age 12	AUTH REQUIRED	
42826	Tonsillectomy, primary or secondary; age 12 or over	AUTH REQUIRED	
42830	Adenoidectomy, primary; younger than age 12	AUTH REQUIRED	
42831	Adenoidectomy, primary; age 12 or over	AUTH REQUIRED	
42835	Adenoidectomy, secondary; younger than age 12	AUTH REQUIRED	
42836	Adenoidectomy, secondary; age 12 or over	AUTH REQUIRED	
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	AUTH REQUIRED	
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	AUTH REQUIRED	
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
42860	Excision of tonsil tags	AUTH REQUIRED	
42870	Excision or destruction lingual tonsil, any method (separate procedure)	AUTH REQUIRED	
42890	Limited pharyngectomy	AUTH REQUIRED	
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
42900	Suture pharynx for wound or injury	AUTH REQUIRED	
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	AUTH REQUIRED	
42953	Pharyngoesophageal repair	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	AUTH REQUIRED	
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	AUTH REQUIRED	
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	AUTH REQUIRED	
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	AUTH REQUIRED	
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	AUTH REQUIRED	
42999	Unlisted procedure, pharynx, adenoids, or tonsils	AUTH REQUIRED	
43020	Esophagotomy, cervical approach, with removal of foreign body	AUTH REQUIRED	
43030	Cricopharyngeal myotomy	AUTH REQUIRED	
43045	Esophagotomy, thoracic approach, with removal of foreign body	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43100	Excision of lesion, esophagus, with primary repair; cervical approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	AUTH REQUIRED	
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	AUTH REQUIRED	
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	AUTH REQUIRED	
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	AUTH REQUIRED	
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	AUTH REQUIRED	
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	AUTH REQUIRED	
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	AUTH REQUIRED	
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	AUTH REQUIRED	
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	AUTH REQUIRED	
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	AUTH REQUIRED	
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	AUTH REQUIRED	
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	AUTH REQUIRED	
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	AUTH REQUIRED	
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	AUTH REQUIRED	
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	AUTH REQUIRED	
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	AUTH REQUIRED	
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	AUTH REQUIRED	
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	AUTH REQUIRED	
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	AUTH REQUIRED	
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	AUTH REQUIRED	
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	AUTH REQUIRED	
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	AUTH REQUIRED	
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	AUTH REQUIRED	
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	AUTH REQUIRED	
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	AUTH REQUIRED	
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	AUTH REQUIRED	
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	AUTH REQUIRED	
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	AUTH REQUIRED	
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	AUTH REQUIRED	
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	AUTH REQUIRED	
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	AUTH REQUIRED	
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	AUTH REQUIRED	
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	AUTH REQUIRED	
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	AUTH REQUIRED	
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	AUTH REQUIRED	
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	AUTH REQUIRED	
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	AUTH REQUIRED	
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	AUTH REQUIRED	
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	AUTH REQUIRED	
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	AUTH REQUIRED	
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	AUTH REQUIRED	
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	AUTH REQUIRED	
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	AUTH REQUIRED	
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	AUTH REQUIRED	
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	AUTH REQUIRED	
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	AUTH REQUIRED	
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	AUTH REQUIRED	
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	AUTH REQUIRED	
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	AUTH REQUIRED	
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	AUTH REQUIRED	
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	AUTH REQUIRED	
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	AUTH REQUIRED	
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	AUTH REQUIRED	
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	AUTH REQUIRED	
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	AUTH REQUIRED	
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	AUTH REQUIRED	
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	AUTH REQUIRED	
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	AUTH REQUIRED	
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	AUTH REQUIRED	
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	AUTH REQUIRED	
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	AUTH REQUIRED	
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	AUTH REQUIRED	
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	AUTH REQUIRED	
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	AUTH REQUIRED	
43285	Removal of esophageal sphincter augmentation device	AUTH REQUIRED	
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43289	Unlisted laparoscopy procedure, esophagus	AUTH REQUIRED	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	AUTH REQUIRED	
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	AUTH REQUIRED	
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43327	Esophagogastric fundoplasty partial or complete; laparotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43330	Esophagomyotomy (Heller type); abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43331	Esophagomyotomy (Heller type); thoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43400	Ligation, direct, esophageal varices	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43410	Suture of esophageal wound or injury; cervical approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43420	Closure of esophagostomy or fistula; cervical approach	AUTH REQUIRED	
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	AUTH REQUIRED	
43453	Dilation of esophagus, over guide wire	AUTH REQUIRED	
43460	Esophagogastric tamponade, with balloon (Sengstaken type)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43496	Free jejunum transfer with microvascular anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	AUTH REQUIRED	
43499	Unlisted procedure, esophagus	AUTH REQUIRED	
43500	Gastrotomy; with exploration or foreign body removal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43501	Gastrotomy; with suture repair of bleeding ulcer	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	AUTH REQUIRED	
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43605	Biopsy of stomach, by laparotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43610	Excision, local; ulcer or benign tumor of stomach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43611	Excision, local; malignant tumor of stomach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43620	Gastrectomy, total; with esophagoenterostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43621	Gastrectomy, total; with Roux-en-Y reconstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43622	Gastrectomy, total; with formation of intestinal pouch, any type	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43631	Gastrectomy, partial, distal; with gastroduodenostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43632	Gastrectomy, partial, distal; with gastrojejunostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	AUTH REQUIRED	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	AUTH REQUIRED	
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	AUTH REQUIRED	
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	AUTH REQUIRED	
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	AUTH REQUIRED	
43659	Unlisted laparoscopy procedure, stomach	AUTH REQUIRED	
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	AUTH REQUIRED	
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	AUTH REQUIRED	
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	AUTH REQUIRED	
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	AUTH REQUIRED	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	AUTH REQUIRED	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	AUTH REQUIRED	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	AUTH REQUIRED	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	AUTH REQUIRED	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43800	Pyloroplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
43810	Gastroduodenostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43820	Gastrojejunostomy; without vagotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43825	Gastrojejunostomy; with vagotomy, any type	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	AUTH REQUIRED	
43831	Gastrostomy, open; neonatal, for feeding	AUTH REQUIRED	
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	AUTH REQUIRED	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43870	Closure of gastrostomy, surgical	AUTH REQUIRED	
43880	Closure of gastrocolic fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	AUTH REQUIRED	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	AUTH REQUIRED	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	AUTH REQUIRED	
43999	Unlisted procedure, stomach	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	AUTH REQUIRED	
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44120	Enterectomy, resection of small intestine; single resection and anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44125	Enterectomy, resection of small intestine; with enterostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
44135	Intestinal allotransplantation; from cadaver donor	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
44136	Intestinal allotransplantation; from living donor	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
44137	Removal of transplanted intestinal allograft, complete	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44140	Colectomy, partial; with anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44141	Colectomy, partial; with skin level cecostomy or colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44147	Colectomy, partial; abdominal and transanal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	AUTH REQUIRED	
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44238	Unlisted laparoscopy procedure, intestine (except rectum)	AUTH REQUIRED	
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44310	Ileostomy or jejunostomy, non-tube	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	AUTH REQUIRED	
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44316	Continent ileostomy (Kock procedure) (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44320	Colostomy or skin level cecostomy;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	AUTH REQUIRED	
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	AUTH REQUIRED	
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	AUTH REQUIRED	
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	AUTH REQUIRED	
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	AUTH REQUIRED	
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	AUTH REQUIRED	
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	AUTH REQUIRED	
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	AUTH REQUIRED	
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	AUTH REQUIRED	
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	AUTH REQUIRED	
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	AUTH REQUIRED	
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	AUTH REQUIRED	
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	AUTH REQUIRED	
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	AUTH REQUIRED	
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	AUTH REQUIRED	
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	AUTH REQUIRED	
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
44382	Ileoscopy, through stoma; with biopsy, single or multiple	AUTH REQUIRED	
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	AUTH REQUIRED	
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	AUTH REQUIRED	
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	AUTH REQUIRED	
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44620	Closure of enterostomy, large or small intestine;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44640	Closure of intestinal cutaneous fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44650	Closure of enteroenteric or enterocolic fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44660	Closure of enterovesical fistula; without intestinal or bladder resection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44680	Intestinal plication (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
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	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44799	Unlisted procedure, small intestine	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44820	Excision of lesion of mesentery (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44850	Suture of mesentery (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44900	Incision and drainage of appendiceal abscess, open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44950	Appendectomy;	AUTH REQUIRED	
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
44970	Laparoscopy, surgical, appendectomy	AUTH REQUIRED	
44979	Unlisted laparoscopy procedure, appendix	AUTH REQUIRED	
45000	Transrectal drainage of pelvic abscess	AUTH REQUIRED	
45005	Incision and drainage of submucosal abscess, rectum	AUTH REQUIRED	
45020	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess	AUTH REQUIRED	
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	AUTH REQUIRED	
45108	Anorectal myomectomy	AUTH REQUIRED	
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45111	Proctectomy; partial resection of rectum, transabdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45123	Proctectomy, partial, without anastomosis, perineal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45130	Excision of rectal procidentia, with anastomosis; perineal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45136	Excision of ileoanal reservoir with ileostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45150	Division of stricture of rectum	AUTH REQUIRED	
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	AUTH REQUIRED	
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	AUTH REQUIRED	
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	AUTH REQUIRED	
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	AUTH REQUIRED	
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	AUTH REQUIRED	
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	AUTH REQUIRED	
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	AUTH REQUIRED	
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	AUTH REQUIRED	
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	AUTH REQUIRED	
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	AUTH REQUIRED	
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	AUTH REQUIRED	
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	AUTH REQUIRED	
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	AUTH REQUIRED	
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	AUTH REQUIRED	
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	AUTH REQUIRED	
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	AUTH REQUIRED	
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	AUTH REQUIRED	
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	AUTH REQUIRED	
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	AUTH REQUIRED	
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	AUTH REQUIRED	
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	AUTH REQUIRED	
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	AUTH REQUIRED	
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	AUTH REQUIRED	
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	AUTH REQUIRED	
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	AUTH REQUIRED	
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45399	Unlisted procedure, colon	AUTH REQUIRED	
45400	Laparoscopy, surgical; proctopexy (for prolapse)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45499	Unlisted laparoscopy procedure, rectum	AUTH REQUIRED	
45500	Proctoplasty; for stenosis	AUTH REQUIRED	
45505	Proctoplasty; for prolapse of mucous membrane	AUTH REQUIRED	
45540	Proctopexy (eg, for prolapse); abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45541	Proctopexy (eg, for prolapse); perineal approach	AUTH REQUIRED	
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45560	Repair of rectocele (separate procedure)	AUTH REQUIRED	
45562	Exploration, repair, and presacral drainage for rectal injury;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45800	Closure of rectovesical fistula;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45805	Closure of rectovesical fistula; with colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45820	Closure of rectourethral fistula;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
45825	Closure of rectourethral fistula; with colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	AUTH REQUIRED	
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	AUTH REQUIRED	
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	AUTH REQUIRED	
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	AUTH REQUIRED	
45999	Unlisted procedure, rectum	AUTH REQUIRED	
46020	Placement of seton	AUTH REQUIRED	
46030	Removal of anal seton, other marker	AUTH REQUIRED	
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	AUTH REQUIRED	
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	AUTH REQUIRED	
46050	Incision and drainage, perianal abscess, superficial	AUTH REQUIRED	
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	AUTH REQUIRED	
46070	Incision, anal septum (infant)	AUTH REQUIRED	
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	AUTH REQUIRED	
46200	Fissurectomy, including sphincterotomy, when performed	AUTH REQUIRED	
46220	Excision of single external papilla or tag, anus	AUTH REQUIRED	
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	AUTH REQUIRED	
46230	Excision of multiple external papillae or tags, anus	AUTH REQUIRED	
46250	Hemorrhoidectomy, external, 2 or more columns/groups	AUTH REQUIRED	
46255	Hemorrhoidectomy, internal and external, single column/group;	AUTH REQUIRED	
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	AUTH REQUIRED	
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	AUTH REQUIRED	
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	AUTH REQUIRED	
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	AUTH REQUIRED	
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	AUTH REQUIRED	
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	AUTH REQUIRED	
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	AUTH REQUIRED	
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	AUTH REQUIRED	
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	AUTH REQUIRED	
46288	Closure of anal fistula with rectal advancement flap	AUTH REQUIRED	
46500	Injection of sclerosing solution, hemorrhoids	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
46505	Chemodenervation of internal anal sphincter	AUTH REQUIRED	
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	AUTH REQUIRED	
46606	Anoscopy; with biopsy, single or multiple	AUTH REQUIRED	
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	AUTH REQUIRED	
46608	Anoscopy; with removal of foreign body	AUTH REQUIRED	
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	AUTH REQUIRED	
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	AUTH REQUIRED	
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	AUTH REQUIRED	
46700	Anoplasty, plastic operation for stricture; adult	AUTH REQUIRED	
46705	Anoplasty, plastic operation for stricture; infant	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46706	Repair of anal fistula with fibrin glue	AUTH REQUIRED	
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	AUTH REQUIRED	
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	AUTH REQUIRED	
46754	Removal of Thiersch wire or suture, anal canal	AUTH REQUIRED	
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	AUTH REQUIRED	
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	AUTH REQUIRED	
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	AUTH REQUIRED	
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	AUTH REQUIRED	
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	AUTH REQUIRED	
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	AUTH REQUIRED	
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	AUTH REQUIRED	
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	AUTH REQUIRED	
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	AUTH REQUIRED	
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	AUTH REQUIRED	
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	AUTH REQUIRED	
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	AUTH REQUIRED	
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	AUTH REQUIRED	
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	AUTH REQUIRED	
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	AUTH REQUIRED	
46999	Unlisted procedure, anus	AUTH REQUIRED	
47000	Biopsy of liver, needle; percutaneous	AUTH REQUIRED	
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47100	Biopsy of liver, wedge	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
47120	Hepatectomy, resection of liver; partial lobectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47122	Hepatectomy, resection of liver; trisegmentectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47125	Hepatectomy, resection of liver; total left lobectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47130	Hepatectomy, resection of liver; total right lobectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47133	Donor hepatectomy (including cold preservation), from cadaver donor	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
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 common bile duct for implantation; without trisegment or lobe split	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
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 common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
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 common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47300	Marsupialization of cyst or abscess of liver	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47350	Management of liver hemorrhage; simple suture of liver wound or injury	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	AUTH REQUIRED	
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	AUTH REQUIRED	
47379	Unlisted laparoscopic procedure, liver	AUTH REQUIRED	
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	AUTH REQUIRED	
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	AUTH REQUIRED	
47399	Unlisted procedure, liver	AUTH REQUIRED	
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	AUTH REQUIRED	
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	AUTH REQUIRED	
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	AUTH REQUIRED	
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	AUTH REQUIRED	
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	AUTH REQUIRED	
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	AUTH REQUIRED	
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	AUTH REQUIRED	
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	AUTH REQUIRED	
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	AUTH REQUIRED	
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	AUTH REQUIRED	
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	AUTH REQUIRED	
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	AUTH REQUIRED	
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)	AUTH REQUIRED	
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	AUTH REQUIRED	
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	AUTH REQUIRED	
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	AUTH REQUIRED	
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	AUTH REQUIRED	
47562	Laparoscopy, surgical; cholecystectomy	AUTH REQUIRED	
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	AUTH REQUIRED	
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	AUTH REQUIRED	
47570	Laparoscopy, surgical; cholecystoenterostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47579	Unlisted laparoscopy procedure, biliary tract	AUTH REQUIRED	
47600	Cholecystectomy;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47605	Cholecystectomy; with cholangiography	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47610	Cholecystectomy with exploration of common duct;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47701	Portoenterostomy (eg, Kasai procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47715	Excision of choledochal cyst	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
47720	Cholecystoenterostomy; direct	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47721	Cholecystoenterostomy; with gastroenterostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47740	Cholecystoenterostomy; Roux-en-Y	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47801	Placement of choledochal stent	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
47999	Unlisted procedure, biliary tract	AUTH REQUIRED	
48000	Placement of drains, peripancreatic, for acute pancreatitis;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48020	Removal of pancreatic calculus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48102	Biopsy of pancreas, percutaneous needle	AUTH REQUIRED	
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48120	Excision of lesion of pancreas (eg, cyst, adenoma)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48148	Excision of ampulla of Vater	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48155	Pancreatectomy, total	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	AUTH REQUIRED	
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48500	Marsupialization of pancreatic cyst	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48510	External drainage, pseudocyst of pancreas, open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48545	Pancreatorrhaphy for injury	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	AUTH REQUIRED	Paid for by recipient's plan.
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 arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48554	Transplantation of pancreatic allograft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
48556	Removal of transplanted pancreatic allograft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
48999	Unlisted procedure, pancreas	AUTH REQUIRED	
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49002	Reopening of recent laparotomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49040	Drainage of subdiaphragmatic or subphrenic abscess, open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49060	Drainage of retroperitoneal abscess, open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	AUTH REQUIRED	
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	AUTH REQUIRED	
49084	Peritoneal lavage, including imaging guidance, when performed	AUTH REQUIRED	
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	AUTH REQUIRED	
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	AUTH REQUIRED	
49215	Excision of presacral or sacrococcygeal tumor	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	AUTH REQUIRED	
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	AUTH REQUIRED	
49321	Laparoscopy, surgical; with biopsy (single or multiple)	AUTH REQUIRED	
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	AUTH REQUIRED	
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	AUTH REQUIRED	
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	AUTH REQUIRED	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	AUTH REQUIRED	
49402	Removal of peritoneal foreign body from peritoneal cavity	AUTH REQUIRED	
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	AUTH REQUIRED	
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	AUTH REQUIRED	
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	AUTH REQUIRED	
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	AUTH REQUIRED	
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	AUTH REQUIRED	
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	AUTH REQUIRED	
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	AUTH REQUIRED	
49422	Removal of tunneled intraperitoneal catheter	AUTH REQUIRED	
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	AUTH REQUIRED	
49425	Insertion of peritoneal-venous shunt	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49426	Revision of peritoneal-venous shunt	AUTH REQUIRED	
49428	Ligation of peritoneal-venous shunt	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49429	Removal of peritoneal-venous shunt	AUTH REQUIRED	
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	AUTH REQUIRED	
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	AUTH REQUIRED	
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	AUTH REQUIRED	
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	AUTH REQUIRED	
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	AUTH REQUIRED	
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	AUTH REQUIRED	
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	AUTH REQUIRED	
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report	AUTH REQUIRED	
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	AUTH REQUIRED	
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	AUTH REQUIRED	
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	AUTH REQUIRED	
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	AUTH REQUIRED	
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	AUTH REQUIRED	
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	AUTH REQUIRED	
49505	Repair initial inguinal hernia, age 5 years or older; reducible	AUTH REQUIRED	
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	AUTH REQUIRED	
49520	Repair recurrent inguinal hernia, any age; reducible	AUTH REQUIRED	
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	AUTH REQUIRED	
49525	Repair inguinal hernia, sliding, any age	AUTH REQUIRED	
49540	Repair lumbar hernia	AUTH REQUIRED	
49550	Repair initial femoral hernia, any age; reducible	AUTH REQUIRED	
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	AUTH REQUIRED	
49555	Repair recurrent femoral hernia; reducible	AUTH REQUIRED	
49557	Repair recurrent femoral hernia; incarcerated or strangulated	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	AUTH REQUIRED	
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	AUTH REQUIRED	
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	AUTH REQUIRED	
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	AUTH REQUIRED	
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	AUTH REQUIRED	
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49600	Repair of small omphalocele, with primary closure	AUTH REQUIRED	
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49610	Repair of omphalocele (Gross type operation); first stage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49611	Repair of omphalocele (Gross type operation); second stage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	AUTH REQUIRED	
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	AUTH REQUIRED	
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49650	Laparoscopy, surgical; repair initial inguinal hernia	AUTH REQUIRED	
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	AUTH REQUIRED	
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	AUTH REQUIRED	
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49906	Free omental flap with microvascular anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49999	Unlisted procedure, abdomen, peritoneum and omentum	AUTH REQUIRED	
50010	Renal exploration, not necessitating other specific procedures	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50020	Drainage of perirenal or renal abscess, open	AUTH REQUIRED	
50040	Nephrostomy, nephrotomy with drainage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50045	Nephrotomy, with exploration	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50060	Nephrolithotomy; removal of calculus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
50065	Nephrolithotomy; secondary surgical operation for calculus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50070	Nephrolithotomy; complicated by congenital kidney abnormality	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)	AUTH REQUIRED	
50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)	AUTH REQUIRED	
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50120	Pyelotomy; with exploration	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50125	Pyelotomy; with drainage, pyelostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50200	Renal biopsy; percutaneous, by trocar or needle	AUTH REQUIRED	
50205	Renal biopsy; by surgical exposure of kidney	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50240	Nephrectomy, partial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50280	Excision or unroofing of cyst(s) of kidney	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
50290	Excision of perinephric cyst	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
50320	Donor nephrectomy (including cold preservation); open, from living donor	AUTH REQUIRED	Paid for by recipient's plan. --- Procedure is on Medicare's Inpatient Only List
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 vein(s), and renal artery(s), ligating branches, as necessary	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
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 necessary	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50340	Recipient nephrectomy (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50370	Removal of transplanted renal allograft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50380	Renal autotransplantation, reimplantation of kidney	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	AUTH REQUIRED	
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	AUTH REQUIRED	
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	AUTH REQUIRED	
50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	AUTH REQUIRED	
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	AUTH REQUIRED	
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	AUTH REQUIRED	
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	AUTH REQUIRED	
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	AUTH REQUIRED	
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	AUTH REQUIRED	
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	AUTH REQUIRED	
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	AUTH REQUIRED	
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	AUTH REQUIRED	
50500	Nephrorrhaphy, suture of kidney wound or injury	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50520	Closure of nephrocutaneous or pyelocutaneous fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50541	Laparoscopy, surgical; ablation of renal cysts	AUTH REQUIRED	
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	AUTH REQUIRED	
50543	Laparoscopy, surgical; partial nephrectomy	AUTH REQUIRED	
50544	Laparoscopy, surgical; pyeloplasty	AUTH REQUIRED	
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50549	Unlisted laparoscopy procedure, renal	AUTH REQUIRED	
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	AUTH REQUIRED	
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	AUTH REQUIRED	
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	AUTH REQUIRED	
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	AUTH REQUIRED	
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	AUTH REQUIRED	
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	AUTH REQUIRED	
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	AUTH REQUIRED	
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	AUTH REQUIRED	
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	AUTH REQUIRED	
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	AUTH REQUIRED	
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	AUTH REQUIRED	
50590	Lithotripsy, extracorporeal shock wave	AUTH REQUIRED	
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	AUTH REQUIRED	
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	AUTH REQUIRED	
50600	Ureterotomy with exploration or drainage (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50605	Ureterotomy for insertion of indwelling stent, all types	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
50610	Ureterolithotomy; upper one-third of ureter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50620	Ureterolithotomy; middle one-third of ureter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50630	Ureterolithotomy; lower one-third of ureter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50650	Ureterectomy, with bladder cuff (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	AUTH REQUIRED	
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	AUTH REQUIRED	
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	AUTH REQUIRED	
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	AUTH REQUIRED	
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50722	Ureterolysis for ovarian vein syndrome	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	AUTH REQUIRED	
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50760	Ureteroureterostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
50783	Ureteroneocystostomy; with extensive ureteral tailoring	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50815	Ureterocolon conduit, including intestine anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50845	Cutaneous appendico-vesicostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50860	Ureterostomy, transplantation of ureter to skin	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50900	Ureterorrhaphy, suture of ureter (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50920	Closure of ureterocutaneous fistula	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50930	Closure of ureterovisceral fistula (including visceral repair)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50940	Deligation of ureter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
50945	Laparoscopy, surgical; ureterolithotomy	AUTH REQUIRED	
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	AUTH REQUIRED	
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	AUTH REQUIRED	
50949	Unlisted laparoscopy procedure, ureter	AUTH REQUIRED	
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	AUTH REQUIRED	
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	AUTH REQUIRED	
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	AUTH REQUIRED	
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	AUTH REQUIRED	
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	AUTH REQUIRED	
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	AUTH REQUIRED	
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	AUTH REQUIRED	
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	AUTH REQUIRED	
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	AUTH REQUIRED	
51020	Cystotomy or cystostomy, with fulguration and/or insertion of radioactive material	AUTH REQUIRED	
51040	Cystostomy, cystotomy with drainage	AUTH REQUIRED	
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	AUTH REQUIRED	
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	AUTH REQUIRED	
51060	Transvesical ureterolithotomy	AUTH REQUIRED	
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	AUTH REQUIRED	
51080	Drainage of perivesical or prevesical space abscess	AUTH REQUIRED	
51102	Aspiration of bladder; with insertion of suprapubic catheter	AUTH REQUIRED	
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	AUTH REQUIRED	
51520	Cystotomy; for simple excision of vesical neck (separate procedure)	AUTH REQUIRED	
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51530	Cystotomy; for excision of bladder tumor	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51535	Cystotomy for excision, incision, or repair of ureterocele	AUTH REQUIRED	
51550	Cystectomy, partial; simple	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
51570	Cystectomy, complete; (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	AUTH REQUIRED	
51726	Complex cystometrogram (ie, calibrated electronic equipment);	AUTH REQUIRED	
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	AUTH REQUIRED	
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	AUTH REQUIRED	
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	AUTH REQUIRED	
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	AUTH REQUIRED	
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	AUTH REQUIRED	
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	AUTH REQUIRED	
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	AUTH REQUIRED	
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51880	Closure of cystostomy (separate procedure)	AUTH REQUIRED	
51900	Closure of vesicovaginal fistula, abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51920	Closure of vesicouterine fistula;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51925	Closure of vesicouterine fistula; with hysterectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51940	Closure, exstrophy of bladder	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51960	Enterocystoplasty, including intestinal anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51980	Cutaneous vesicostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	AUTH REQUIRED	
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	AUTH REQUIRED	
51999	Unlisted laparoscopy procedure, bladder	AUTH REQUIRED	
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	AUTH REQUIRED	
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	AUTH REQUIRED	
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	AUTH REQUIRED	
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	AUTH REQUIRED	
52204	Cystourethroscopy, with biopsy(s)	AUTH REQUIRED	
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	AUTH REQUIRED	
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	AUTH REQUIRED	
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	AUTH REQUIRED	
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	AUTH REQUIRED	
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	AUTH REQUIRED	
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	AUTH REQUIRED	
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	AUTH REQUIRED	
52270	Cystourethroscopy, with internal urethrotomy; female	AUTH REQUIRED	
52275	Cystourethroscopy, with internal urethrotomy; male	AUTH REQUIRED	
52276	Cystourethroscopy with direct vision internal urethrotomy	AUTH REQUIRED	
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	AUTH REQUIRED	
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	AUTH REQUIRED	
52282	Cystourethroscopy, with insertion of permanent urethral stent	AUTH REQUIRED	
52283	Cystourethroscopy, with steroid injection into stricture	AUTH REQUIRED	
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	AUTH REQUIRED	
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	AUTH REQUIRED	
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	AUTH REQUIRED	
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	AUTH REQUIRED	
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	AUTH REQUIRED	
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	AUTH REQUIRED	
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	AUTH REQUIRED	
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	AUTH REQUIRED	
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	AUTH REQUIRED	
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	AUTH REQUIRED	
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	AUTH REQUIRED	
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	AUTH REQUIRED	
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	AUTH REQUIRED	
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	AUTH REQUIRED	
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	AUTH REQUIRED	
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	AUTH REQUIRED	
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	AUTH REQUIRED	
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	AUTH REQUIRED	
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	AUTH REQUIRED	
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	AUTH REQUIRED	
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	AUTH REQUIRED	
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	AUTH REQUIRED	
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	AUTH REQUIRED	
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	AUTH REQUIRED	
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	AUTH REQUIRED	
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	AUTH REQUIRED	
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	AUTH REQUIRED	
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	AUTH REQUIRED	
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	AUTH REQUIRED	
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	AUTH REQUIRED	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	AUTH REQUIRED	
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	AUTH REQUIRED	
52450	Transurethral incision of prostate	AUTH REQUIRED	
52500	Transurethral resection of bladder neck (separate procedure)	AUTH REQUIRED	
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	AUTH REQUIRED	
52640	Transurethral resection; of postoperative bladder neck contracture	AUTH REQUIRED	
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	AUTH REQUIRED	
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	AUTH REQUIRED	
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	AUTH REQUIRED	
52700	Transurethral drainage of prostatic abscess	AUTH REQUIRED	
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	AUTH REQUIRED	
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	AUTH REQUIRED	
53020	Meatotomy, cutting of meatus (separate procedure); except infant	AUTH REQUIRED	
53025	Meatotomy, cutting of meatus (separate procedure); infant	AUTH REQUIRED	
53040	Drainage of deep periurethral abscess	AUTH REQUIRED	
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	AUTH REQUIRED	
53085	Drainage of perineal urinary extravasation; complicated	AUTH REQUIRED	
53200	Biopsy of urethra	AUTH REQUIRED	
53210	Urethrectomy, total, including cystostomy; female	AUTH REQUIRED	
53215	Urethrectomy, total, including cystostomy; male	AUTH REQUIRED	
53220	Excision or fulguration of carcinoma of urethra	AUTH REQUIRED	
53230	Excision of urethral diverticulum (separate procedure); female	AUTH REQUIRED	
53235	Excision of urethral diverticulum (separate procedure); male	AUTH REQUIRED	
53240	Marsupialization of urethral diverticulum, male or female	AUTH REQUIRED	
53250	Excision of bulbourethral gland (Cowper's gland)	AUTH REQUIRED	
53260	Excision or fulguration; urethral polyp(s), distal urethra	AUTH REQUIRED	
53265	Excision or fulguration; urethral caruncle	AUTH REQUIRED	
53270	Excision or fulguration; Skene's glands	AUTH REQUIRED	
53275	Excision or fulguration; urethral prolapse	AUTH REQUIRED	
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)	AUTH REQUIRED	
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	AUTH REQUIRED	
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	AUTH REQUIRED	
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	AUTH REQUIRED	
53430	Urethroplasty, reconstruction of female urethra	AUTH REQUIRED	
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	AUTH REQUIRED	
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	AUTH REQUIRED	
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	AUTH REQUIRED	
53444	Insertion of tandem cuff (dual cuff)	AUTH REQUIRED	
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	AUTH REQUIRED	
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	AUTH REQUIRED	
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	AUTH REQUIRED	
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	AUTH REQUIRED	
53450	Urethromeatoplasty, with mucosal advancement	AUTH REQUIRED	
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	AUTH REQUIRED	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	AUTH REQUIRED	
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	AUTH REQUIRED	
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	AUTH REQUIRED	
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	AUTH REQUIRED	
53502	Urethrorrhaphy, suture of urethral wound or injury, female	AUTH REQUIRED	
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	AUTH REQUIRED	
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	AUTH REQUIRED	
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	AUTH REQUIRED	
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	AUTH REQUIRED	
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	AUTH REQUIRED	
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	AUTH REQUIRED	
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	AUTH REQUIRED	
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	AUTH REQUIRED	
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	AUTH REQUIRED	
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	AUTH REQUIRED	
53899	Unlisted procedure, urinary system	AUTH REQUIRED	
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	AUTH REQUIRED	
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	AUTH REQUIRED	
54015	Incision and drainage of penis, deep	AUTH REQUIRED	
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	AUTH REQUIRED	
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	AUTH REQUIRED	
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	AUTH REQUIRED	
54100	Biopsy of penis; (separate procedure)	AUTH REQUIRED	
54105	Biopsy of penis; deep structures	AUTH REQUIRED	
54110	Excision of penile plaque (Peyronie disease);	AUTH REQUIRED	
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	AUTH REQUIRED	
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	AUTH REQUIRED	
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	AUTH REQUIRED	
54120	Amputation of penis; partial	AUTH REQUIRED	
54125	Amputation of penis; complete	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	AUTH REQUIRED	
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	AUTH REQUIRED	
54162	Lysis or excision of penile post-circumcision adhesions	AUTH REQUIRED	
54163	Repair incomplete circumcision	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
54164	Frenulotomy of penis	AUTH REQUIRED	
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	AUTH REQUIRED	
54220	Irrigation of corpora cavernosa for priapism	AUTH REQUIRED	
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	AUTH REQUIRED	
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	AUTH REQUIRED	
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	AUTH REQUIRED	
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	AUTH REQUIRED	
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	AUTH REQUIRED	
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	AUTH REQUIRED	
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	AUTH REQUIRED	
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)	AUTH REQUIRED	
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	AUTH REQUIRED	
54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	AUTH REQUIRED	
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	AUTH REQUIRED	
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	AUTH REQUIRED	
54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	AUTH REQUIRED	
54344	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	AUTH REQUIRED	
54348	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)	AUTH REQUIRED	
54352	Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	AUTH REQUIRED	
54360	Plastic operation on penis to correct angulation	AUTH REQUIRED	
54380	Plastic operation on penis for epispadias distal to external sphincter;	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	AUTH REQUIRED	
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	AUTH REQUIRED	
54401	Insertion of penile prosthesis; inflatable (self-contained)	AUTH REQUIRED	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	AUTH REQUIRED	
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	AUTH REQUIRED	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	AUTH REQUIRED	
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	AUTH REQUIRED	
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	AUTH REQUIRED	
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	AUTH REQUIRED	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	AUTH REQUIRED	
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	AUTH REQUIRED	
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	AUTH REQUIRED	
54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	AUTH REQUIRED	
54437	Repair of traumatic corporeal tear(s)	AUTH REQUIRED	
54440	Plastic operation of penis for injury	AUTH REQUIRED	
54500	Biopsy of testis, needle (separate procedure)	AUTH REQUIRED	
54505	Biopsy of testis, incisional (separate procedure)	AUTH REQUIRED	
54512	Excision of extraparenchymal lesion of testis	AUTH REQUIRED	
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	AUTH REQUIRED	
54522	Orchiectomy, partial	AUTH REQUIRED	
54530	Orchiectomy, radical, for tumor; inguinal approach	AUTH REQUIRED	
54535	Orchiectomy, radical, for tumor; with abdominal exploration	AUTH REQUIRED	
54550	Exploration for undescended testis (inguinal or scrotal area)	AUTH REQUIRED	
54560	Exploration for undescended testis with abdominal exploration	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	AUTH REQUIRED	
54620	Fixation of contralateral testis (separate procedure)	AUTH REQUIRED	
54640	Orchiopexy, inguinal or scrotal approach	AUTH REQUIRED	
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	AUTH REQUIRED	
54660	Insertion of testicular prosthesis (separate procedure)	AUTH REQUIRED	
54670	Suture or repair of testicular injury	AUTH REQUIRED	
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	AUTH REQUIRED	
54690	Laparoscopy, surgical; orchiectomy	AUTH REQUIRED	
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	AUTH REQUIRED	
54699	Unlisted laparoscopy procedure, testis	AUTH REQUIRED	
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	AUTH REQUIRED	
54800	Biopsy of epididymis, needle	AUTH REQUIRED	
54830	Excision of local lesion of epididymis	AUTH REQUIRED	
54840	Excision of spermatocele, with or without epididymectomy	AUTH REQUIRED	
54860	Epididymectomy; unilateral	AUTH REQUIRED	
54861	Epididymectomy; bilateral	AUTH REQUIRED	
54865	Exploration of epididymis, with or without biopsy	AUTH REQUIRED	
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	AUTH REQUIRED	
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	AUTH REQUIRED	
55040	Excision of hydrocele; unilateral	AUTH REQUIRED	
55041	Excision of hydrocele; bilateral	AUTH REQUIRED	
55060	Repair of tunica vaginalis hydrocele (Bottle type)	AUTH REQUIRED	
55100	Drainage of scrotal wall abscess	AUTH REQUIRED	
55110	Scrotal exploration	AUTH REQUIRED	
55120	Removal of foreign body in scrotum	AUTH REQUIRED	
55150	Resection of scrotum	AUTH REQUIRED	
55175	Scrotoplasty; simple	AUTH REQUIRED	
55180	Scrotoplasty; complicated	AUTH REQUIRED	
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	AUTH REQUIRED	
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	AUTH REQUIRED	
55400	Vasovasostomy, vasovasorrhaphy	AUTH REQUIRED	
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	AUTH REQUIRED	
55520	Excision of lesion of spermatic cord (separate procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	AUTH REQUIRED	
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	AUTH REQUIRED	
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	AUTH REQUIRED	
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	AUTH REQUIRED	
55559	Unlisted laparoscopy procedure, spermatic cord	AUTH REQUIRED	
55600	Vesiculotomy;	AUTH REQUIRED	
55605	Vesiculotomy; complicated	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55650	Vesiculectomy, any approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55680	Excision of Mullerian duct cyst	AUTH REQUIRED	
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	AUTH REQUIRED	
55705	Biopsy, prostate; incisional, any approach	AUTH REQUIRED	
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	AUTH REQUIRED	
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	AUTH REQUIRED	
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	AUTH REQUIRED	
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55810	Prostatectomy, perineal radical;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	AUTH REQUIRED	
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	AUTH REQUIRED	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	AUTH REQUIRED	
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	AUTH REQUIRED	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	AUTH REQUIRED	
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	AUTH REQUIRED	
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	AUTH REQUIRED	
55899	Unlisted procedure, male genital system	AUTH REQUIRED	
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	AUTH REQUIRED	
55970	Intersex surgery; male to female	AUTH REQUIRED	
55980	Intersex surgery; female to male	AUTH REQUIRED	
56440	Marsupialization of Bartholin's gland cyst	AUTH REQUIRED	
56441	Lysis of labial adhesions	AUTH REQUIRED	
56442	Hymenotomy, simple incision	AUTH REQUIRED	
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	AUTH REQUIRED	
56620	Vulvectomy simple; partial	AUTH REQUIRED	
56625	Vulvectomy simple; complete	AUTH REQUIRED	
56630	Vulvectomy, radical, partial;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
56633	Vulvectomy, radical, complete;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
56700	Partial hymenectomy or revision of hymenal ring	AUTH REQUIRED	
56740	Excision of Bartholin's gland or cyst	AUTH REQUIRED	
56800	Plastic repair of introitus	AUTH REQUIRED	
56805	Clitoroplasty for intersex state	AUTH REQUIRED	
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	AUTH REQUIRED	
57000	Colpotomy; with exploration	AUTH REQUIRED	
57010	Colpotomy; with drainage of pelvic abscess	AUTH REQUIRED	
57020	Colpocentesis (separate procedure)	AUTH REQUIRED	
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	AUTH REQUIRED	
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	AUTH REQUIRED	
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	AUTH REQUIRED	
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	AUTH REQUIRED	
57106	Vaginectomy, partial removal of vaginal wall;	AUTH REQUIRED	
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	AUTH REQUIRED	
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	AUTH REQUIRED	
57110	Vaginectomy, complete removal of vaginal wall;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57120	Colpocleisis (Le Fort type)	AUTH REQUIRED	
57130	Excision of vaginal septum	AUTH REQUIRED	
57135	Excision of vaginal cyst or tumor	AUTH REQUIRED	
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	AUTH REQUIRED	
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	AUTH REQUIRED	
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	AUTH REQUIRED	
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	AUTH REQUIRED	
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	AUTH REQUIRED	
57230	Plastic repair of urethrocele	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	AUTH REQUIRED	
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	AUTH REQUIRED	
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	AUTH REQUIRED	
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	AUTH REQUIRED	
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	AUTH REQUIRED	
57268	Repair of enterocele, vaginal approach (separate procedure)	AUTH REQUIRED	
57270	Repair of enterocele, abdominal approach (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57280	Colpopexy, abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	AUTH REQUIRED	
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	AUTH REQUIRED	
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	AUTH REQUIRED	
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	AUTH REQUIRED	
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	AUTH REQUIRED	
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	AUTH REQUIRED	
57289	Pereyra procedure, including anterior colporrhaphy	AUTH REQUIRED	
57291	Construction of artificial vagina; without graft	AUTH REQUIRED	
57292	Construction of artificial vagina; with graft	AUTH REQUIRED	
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	AUTH REQUIRED	
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57300	Closure of rectovaginal fistula; vaginal or transanal approach	AUTH REQUIRED	
57305	Closure of rectovaginal fistula; abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57310	Closure of urethrovaginal fistula;	AUTH REQUIRED	
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57320	Closure of vesicovaginal fistula; vaginal approach	AUTH REQUIRED	
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
57335	Vaginoplasty for intersex state	AUTH REQUIRED	
57400	Dilation of vagina under anesthesia (other than local)	AUTH REQUIRED	
57410	Pelvic examination under anesthesia (other than local)	AUTH REQUIRED	
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	AUTH REQUIRED	
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	AUTH REQUIRED	
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	AUTH REQUIRED	
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	AUTH REQUIRED	
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	AUTH REQUIRED	
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	AUTH REQUIRED	
57513	Cautery of cervix; laser ablation	AUTH REQUIRED	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	AUTH REQUIRED	
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	AUTH REQUIRED	
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	AUTH REQUIRED	
57531	Radical trachelectomy, 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)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57540	Excision of cervical stump, abdominal approach;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
57550	Excision of cervical stump, vaginal approach;	AUTH REQUIRED	
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	AUTH REQUIRED	
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	AUTH REQUIRED	
57558	Dilation and curettage of cervical stump	AUTH REQUIRED	
57700	Cerclage of uterine cervix, nonobstetrical	AUTH REQUIRED	
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	AUTH REQUIRED	
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	AUTH REQUIRED	
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	AUTH REQUIRED	
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
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)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
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)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
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)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58240	Pelvic exenteration 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 resection of rectum and colon and colostomy, or any combination thereof	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58260	Vaginal hysterectomy, for uterus 250 g or less;	AUTH REQUIRED	
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	AUTH REQUIRED	
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	AUTH REQUIRED	
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	AUTH REQUIRED	
58275	Vaginal hysterectomy, with total or partial vaginectomy;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58285	Vaginal hysterectomy, radical (Schauta type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58290	Vaginal hysterectomy, for uterus greater than 250 g;	AUTH REQUIRED	
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	AUTH REQUIRED	
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	AUTH REQUIRED	
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	AUTH REQUIRED	
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	AUTH REQUIRED	
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	AUTH REQUIRED	
58346	Insertion of Heyman capsules for clinical brachytherapy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
58350	Chromotubation of oviduct, including materials	AUTH REQUIRED	
58353	Endometrial ablation, thermal, without hysteroscopic guidance	AUTH REQUIRED	
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	AUTH REQUIRED	
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	AUTH REQUIRED	
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	AUTH REQUIRED	
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	AUTH REQUIRED	
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	AUTH REQUIRED	
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	AUTH REQUIRED	
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	AUTH REQUIRED	
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	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	AUTH REQUIRED	
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	AUTH REQUIRED	
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	AUTH REQUIRED	
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	AUTH REQUIRED	
58555	Hysteroscopy, diagnostic (separate procedure)	AUTH REQUIRED	
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	AUTH REQUIRED	
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	AUTH REQUIRED	
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	AUTH REQUIRED	
58561	Hysteroscopy, surgical; with removal of leiomyomata	AUTH REQUIRED	
58562	Hysteroscopy, surgical; with removal of impacted foreign body	AUTH REQUIRED	
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	AUTH REQUIRED	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	AUTH REQUIRED	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	AUTH REQUIRED	
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	AUTH REQUIRED	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	AUTH REQUIRED	
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58578	Unlisted laparoscopy procedure, uterus	AUTH REQUIRED	
58579	Unlisted hysteroscopy procedure, uterus	AUTH REQUIRED	
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	AUTH REQUIRED	
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	AUTH REQUIRED	
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	AUTH REQUIRED	
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	AUTH REQUIRED	
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	AUTH REQUIRED	
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	AUTH REQUIRED	
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	AUTH REQUIRED	
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	AUTH REQUIRED	
58672	Laparoscopy, surgical; with fimbrioplasty	AUTH REQUIRED	
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	AUTH REQUIRED	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	AUTH REQUIRED	
58679	Unlisted laparoscopy procedure, oviduct, ovary	AUTH REQUIRED	
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58740	Lysis of adhesions (salpingolysis, ovariolysis)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58750	Tubotubal anastomosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58752	Tubouterine implantation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58760	Fimbrioplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58770	Salpingostomy (salpingoneostomy)	AUTH REQUIRED	
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	AUTH REQUIRED	
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	AUTH REQUIRED	
58820	Drainage of ovarian abscess; vaginal approach, open	AUTH REQUIRED	
58822	Drainage of ovarian abscess; abdominal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58825	Transposition, ovary(s)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	AUTH REQUIRED	
58920	Wedge resection or bisection of ovary, unilateral or bilateral	AUTH REQUIRED	
58925	Ovarian cystectomy, unilateral or bilateral	AUTH REQUIRED	
58940	Oophorectomy, partial or total, unilateral or bilateral;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed, with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
58970	Follicle puncture for oocyte retrieval, any method	AUTH REQUIRED	
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	AUTH REQUIRED	
58999	Unlisted procedure, female genital system (nonobstetrical)	AUTH REQUIRED	
59070	Transabdominal amnioinfusion, including ultrasound guidance	AUTH REQUIRED	
59072	Fetal umbilical cord occlusion, including ultrasound guidance	AUTH REQUIRED	
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	AUTH REQUIRED	
59076	Fetal shunt placement, including ultrasound guidance	AUTH REQUIRED	
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	AUTH REQUIRED	
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	AUTH REQUIRED	
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	AUTH REQUIRED	
59160	Curettage, postpartum	AUTH REQUIRED	
59300	Episiotomy or vaginal repair, by other than attending	AUTH REQUIRED	
59320	Cerclage of cervix, during pregnancy; vaginal	AUTH REQUIRED	
59325	Cerclage of cervix, during pregnancy; abdominal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59350	Hysterorrhaphy of ruptured uterus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	AUTH REQUIRED	
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	AUTH REQUIRED	
59412	External cephalic version, with or without tocolysis	AUTH REQUIRED	
59414	Delivery of placenta (separate procedure)	AUTH REQUIRED	
59425	Antepartum care only; 4-6 visits	AUTH REQUIRED	
59426	Antepartum care only; 7 or more visits	AUTH REQUIRED	
59430	Postpartum care only (separate procedure)	AUTH REQUIRED	
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	AUTH REQUIRED	
59514	Cesarean delivery only;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59515	Cesarean delivery only; including postpartum care	AUTH REQUIRED	
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	AUTH REQUIRED	
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	AUTH REQUIRED	
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	AUTH REQUIRED	
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	AUTH REQUIRED	
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	AUTH REQUIRED	
59812	Treatment of incomplete abortion, any trimester, completed surgically	AUTH REQUIRED	
59820	Treatment of missed abortion, completed surgically; first trimester	AUTH REQUIRED	
59821	Treatment of missed abortion, completed surgically; second trimester	AUTH REQUIRED	
59830	Treatment of septic abortion, completed surgically	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59840	Induced abortion, by dilation and curettage	AUTH REQUIRED	
59841	Induced abortion, by dilation and evacuation	AUTH REQUIRED	
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
59866	Multifetal pregnancy reduction(s) (MPR)	AUTH REQUIRED	
59870	Uterine evacuation and curettage for hydatidiform mole	AUTH REQUIRED	
59871	Removal of cerclage suture under anesthesia (other than local)	AUTH REQUIRED	
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	AUTH REQUIRED	
59898	Unlisted laparoscopy procedure, maternity care and delivery	AUTH REQUIRED	
59899	Unlisted procedure, maternity care and delivery	AUTH REQUIRED	
60000	Incision and drainage of thyroglossal duct cyst, infected	AUTH REQUIRED	
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	AUTH REQUIRED	
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	AUTH REQUIRED	
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	AUTH REQUIRED	
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	AUTH REQUIRED	
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	AUTH REQUIRED	
60240	Thyroidectomy, total or complete	AUTH REQUIRED	
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	AUTH REQUIRED	
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	AUTH REQUIRED	
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60271	Thyroidectomy, including substernal thyroid; cervical approach	AUTH REQUIRED	
60280	Excision of thyroglossal duct cyst or sinus;	AUTH REQUIRED	
60281	Excision of thyroglossal duct cyst or sinus; recurrent	AUTH REQUIRED	
60500	Parathyroidectomy or exploration of parathyroid(s);	AUTH REQUIRED	
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	AUTH REQUIRED	
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60600	Excision of carotid body tumor; without excision of carotid artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60605	Excision of carotid body tumor; with excision of carotid artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
60659	Unlisted laparoscopy procedure, endocrine system	AUTH REQUIRED	
60699	Unlisted procedure, endocrine system	AUTH REQUIRED	
61105	Twist drill hole for subdural or ventricular puncture	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	AUTH REQUIRED	
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61304	Craniectomy or craniotomy, exploratory; supratentorial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61330	Decompression of orbit only, transcranial approach	AUTH REQUIRED	
61333	Exploration of orbit (transcranial approach); with removal of lesion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61345	Other cranial decompression, posterior fossa	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61500	Craniectomy; with excision of tumor or other bone lesion of skull	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61501	Craniectomy; for osteomyelitis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61550	Craniectomy for craniosynostosis; single cranial suture	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61552	Craniectomy for craniosynostosis; multiple cranial sutures	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61557	Craniotomy for craniosynostosis; bifrontal bone flap	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
61570	Craniectomy or craniotomy; with excision of foreign body from brain	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	AUTH REQUIRED	
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	AUTH REQUIRED	
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	AUTH REQUIRED	
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	AUTH REQUIRED	
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	AUTH REQUIRED	
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61690	Surgery of intracranial arteriovenous malformation; dural, simple	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
61692	Surgery of intracranial arteriovenous malformation; dural, complex	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	AUTH REQUIRED	
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	AUTH REQUIRED	
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	AUTH REQUIRED	
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	AUTH REQUIRED	
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	AUTH REQUIRED	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	AUTH REQUIRED	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	AUTH REQUIRED	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	AUTH REQUIRED	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	AUTH REQUIRED	
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61880	Revision or removal of intracranial neurostimulator electrodes	AUTH REQUIRED	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	AUTH REQUIRED	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	AUTH REQUIRED	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	AUTH REQUIRED	
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	AUTH REQUIRED	
62000	Elevation of depressed skull fracture; simple, extradural	AUTH REQUIRED	
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62120	Repair of encephalocele, skull vault, including cranioplasty	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62121	Craniotomy for repair of encephalocele, skull base	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62140	Cranioplasty for skull defect; up to 5 cm diameter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62141	Cranioplasty for skull defect; larger than 5 cm diameter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62142	Removal of bone flap or prosthetic plate of skull	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62143	Replacement of bone flap or prosthetic plate of skull	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62145	Cranioplasty for skull defect with reparative brain surgery	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62180	Ventriculocisternostomy (Torkildsen type operation)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62194	Replacement or irrigation, subarachnoid/subdural catheter	AUTH REQUIRED	
62200	Ventriculocisternostomy, third ventricle;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62225	Replacement or irrigation, ventricular catheter	AUTH REQUIRED	
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	AUTH REQUIRED	
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	AUTH REQUIRED	
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	AUTH REQUIRED	
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	AUTH REQUIRED	
62268	Percutaneous aspiration, spinal cord cyst or syrinx	AUTH REQUIRED	
62269	Biopsy of spinal cord, percutaneous needle	AUTH REQUIRED	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	AUTH REQUIRED	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	AUTH REQUIRED	
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	AUTH REQUIRED	
62290	Injection procedure for discography, each level; lumbar	AUTH REQUIRED	
62291	Injection procedure for discography, each level; cervical or thoracic	AUTH REQUIRED	
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	AUTH REQUIRED	
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	AUTH REQUIRED	
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	AUTH REQUIRED	
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	AUTH REQUIRED	
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	AUTH REQUIRED	
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	AUTH REQUIRED	
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	AUTH REQUIRED	
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	AUTH REQUIRED	
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	AUTH REQUIRED	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	AUTH REQUIRED	
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	AUTH REQUIRED	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	AUTH REQUIRED	
62355	Removal of previously implanted intrathecal or epidural catheter	AUTH REQUIRED	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	AUTH REQUIRED	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	AUTH REQUIRED	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	AUTH REQUIRED	
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	AUTH REQUIRED	
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	AUTH REQUIRED	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	AUTH REQUIRED	
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	AUTH REQUIRED	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	AUTH REQUIRED	
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	AUTH REQUIRED	
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	AUTH REQUIRED	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	AUTH REQUIRED	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	AUTH REQUIRED	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	AUTH REQUIRED	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	AUTH REQUIRED	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	AUTH REQUIRED	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	AUTH REQUIRED	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	AUTH REQUIRED	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	AUTH REQUIRED	
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	AUTH REQUIRED	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	AUTH REQUIRED	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	AUTH REQUIRED	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	AUTH REQUIRED	
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	AUTH REQUIRED	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	AUTH REQUIRED	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	AUTH REQUIRED	
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63185	Laminectomy with rhizotomy; 1 or 2 segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63190	Laminectomy with rhizotomy; more than 2 segments	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63191	Laminectomy with section of spinal accessory nerve	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63200	Laminectomy, with release of tethered spinal cord, lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	AUTH REQUIRED	
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	AUTH REQUIRED	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	AUTH REQUIRED	
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	AUTH REQUIRED	
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	AUTH REQUIRED	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	AUTH REQUIRED	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	AUTH REQUIRED	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	AUTH REQUIRED	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	AUTH REQUIRED	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	AUTH REQUIRED	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	AUTH REQUIRED	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	AUTH REQUIRED	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	AUTH REQUIRED	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	AUTH REQUIRED	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	AUTH REQUIRED	
63700	Repair of meningocele; less than 5 cm diameter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63702	Repair of meningocele; larger than 5 cm diameter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63704	Repair of myelomeningocele; less than 5 cm diameter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
63706	Repair of myelomeningocele; larger than 5 cm diameter	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63710	Dural graft, spinal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	AUTH REQUIRED	
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	AUTH REQUIRED	
63746	Removal of entire lumbosubarachnoid shunt system without replacement	AUTH REQUIRED	
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	AUTH REQUIRED	
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	AUTH REQUIRED	
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	AUTH REQUIRED	
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	AUTH REQUIRED	
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	AUTH REQUIRED	
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	AUTH REQUIRED	
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	AUTH REQUIRED	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	AUTH REQUIRED	
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	AUTH REQUIRED	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	AUTH REQUIRED	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	AUTH REQUIRED	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	AUTH REQUIRED	
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	AUTH REQUIRED	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	AUTH REQUIRED	
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	AUTH REQUIRED	
64580	Open implantation of neurostimulator electrode array; neuromuscular	AUTH REQUIRED	
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	AUTH REQUIRED	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	AUTH REQUIRED	
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	AUTH REQUIRED	
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	AUTH REQUIRED	
64585	Revision or removal of peripheral neurostimulator electrode array	AUTH REQUIRED	
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	AUTH REQUIRED	
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	AUTH REQUIRED	
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	AUTH REQUIRED	
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	AUTH REQUIRED	
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	AUTH REQUIRED	
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	AUTH REQUIRED	
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	AUTH REQUIRED	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	AUTH REQUIRED	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	AUTH REQUIRED	
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	AUTH REQUIRED	
64630	Destruction by neurolytic agent; pudendal nerve	AUTH REQUIRED	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	AUTH REQUIRED	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	AUTH REQUIRED	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	AUTH REQUIRED	
64640	Destruction by neurolytic agent; other peripheral nerve or branch	AUTH REQUIRED	
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	AUTH REQUIRED	
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	AUTH REQUIRED	
64702	Neuroplasty; digital, 1 or both, same digit	AUTH REQUIRED	
64704	Neuroplasty; nerve of hand or foot	AUTH REQUIRED	
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	AUTH REQUIRED	
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	AUTH REQUIRED	
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	AUTH REQUIRED	
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	AUTH REQUIRED	
64716	Neuroplasty and/or transposition; cranial nerve (specify)	AUTH REQUIRED	
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	AUTH REQUIRED	
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	AUTH REQUIRED	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	AUTH REQUIRED	
64722	Decompression; unspecified nerve(s) (specify)	AUTH REQUIRED	
64726	Decompression; plantar digital nerve	AUTH REQUIRED	
64732	Transection or avulsion of; supraorbital nerve	AUTH REQUIRED	
64734	Transection or avulsion of; infraorbital nerve	AUTH REQUIRED	
64736	Transection or avulsion of; mental nerve	AUTH REQUIRED	
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	AUTH REQUIRED	
64740	Transection or avulsion of; lingual nerve	AUTH REQUIRED	
64742	Transection or avulsion of; facial nerve, differential or complete	AUTH REQUIRED	
64744	Transection or avulsion of; greater occipital nerve	AUTH REQUIRED	
64746	Transection or avulsion of; phrenic nerve	AUTH REQUIRED	
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	AUTH REQUIRED	
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
64771	Transection or avulsion of other cranial nerve, extradural	AUTH REQUIRED	
64772	Transection or avulsion of other spinal nerve, extradural	AUTH REQUIRED	
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	AUTH REQUIRED	
64776	Excision of neuroma; digital nerve, 1 or both, same digit	AUTH REQUIRED	
64782	Excision of neuroma; hand or foot, except digital nerve	AUTH REQUIRED	
64784	Excision of neuroma; major peripheral nerve, except sciatic	AUTH REQUIRED	
64786	Excision of neuroma; sciatic nerve	AUTH REQUIRED	
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	AUTH REQUIRED	
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	AUTH REQUIRED	
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	AUTH REQUIRED	
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	AUTH REQUIRED	
64795	Biopsy of nerve	AUTH REQUIRED	
64802	Sympathectomy, cervical	AUTH REQUIRED	
64804	Sympathectomy, cervicothoracic	AUTH REQUIRED	
64809	Sympathectomy, thoracolumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
64818	Sympathectomy, lumbar	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
64820	Sympathectomy; digital arteries, each digit	AUTH REQUIRED	
64821	Sympathectomy; radial artery	AUTH REQUIRED	
64822	Sympathectomy; ulnar artery	AUTH REQUIRED	
64823	Sympathectomy; superficial palmar arch	AUTH REQUIRED	
64831	Suture of digital nerve, hand or foot; 1 nerve	AUTH REQUIRED	
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	AUTH REQUIRED	
64834	Suture of 1 nerve; hand or foot, common sensory nerve	AUTH REQUIRED	
64835	Suture of 1 nerve; median motor thenar	AUTH REQUIRED	
64836	Suture of 1 nerve; ulnar motor	AUTH REQUIRED	
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	AUTH REQUIRED	
64840	Suture of posterior tibial nerve	AUTH REQUIRED	
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	AUTH REQUIRED	
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	AUTH REQUIRED	
64858	Suture of sciatic nerve	AUTH REQUIRED	
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	AUTH REQUIRED	
64861	Suture of; brachial plexus	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
64862	Suture of; lumbar plexus	AUTH REQUIRED	
64864	Suture of facial nerve; extracranial	AUTH REQUIRED	
64865	Suture of facial nerve; infratemporal, with or without grafting	AUTH REQUIRED	
64866	Anastomosis; facial-spinal accessory	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
64868	Anastomosis; facial-hypoglossal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	AUTH REQUIRED	
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	AUTH REQUIRED	
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	AUTH REQUIRED	
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	AUTH REQUIRED	
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	AUTH REQUIRED	
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	AUTH REQUIRED	
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	AUTH REQUIRED	
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	AUTH REQUIRED	
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	AUTH REQUIRED	
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	AUTH REQUIRED	
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	AUTH REQUIRED	
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
64905	Nerve pedicle transfer; first stage	AUTH REQUIRED	
64907	Nerve pedicle transfer; second stage	AUTH REQUIRED	
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	AUTH REQUIRED	
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	AUTH REQUIRED	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	AUTH REQUIRED	
64999	Unlisted procedure, nervous system	AUTH REQUIRED	
65091	Evisceration of ocular contents; without implant	AUTH REQUIRED	
65093	Evisceration of ocular contents; with implant	AUTH REQUIRED	
65101	Enucleation of eye; without implant	AUTH REQUIRED	
65103	Enucleation of eye; with implant, muscles not attached to implant	AUTH REQUIRED	
65105	Enucleation of eye; with implant, muscles attached to implant	AUTH REQUIRED	
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	AUTH REQUIRED	
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	AUTH REQUIRED	
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	AUTH REQUIRED	
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	AUTH REQUIRED	
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	AUTH REQUIRED	
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	AUTH REQUIRED	
65150	Reinsertion of ocular implant; with or without conjunctival graft	AUTH REQUIRED	
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	AUTH REQUIRED	
65175	Removal of ocular implant	AUTH REQUIRED	
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	AUTH REQUIRED	
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	AUTH REQUIRED	
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	AUTH REQUIRED	
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	AUTH REQUIRED	
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	AUTH REQUIRED	
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	AUTH REQUIRED	
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	AUTH REQUIRED	
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	AUTH REQUIRED	
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	AUTH REQUIRED	
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	AUTH REQUIRED	
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	AUTH REQUIRED	
65410	Biopsy of cornea	AUTH REQUIRED	
65420	Excision or transposition of pterygium; without graft	AUTH REQUIRED	
65426	Excision or transposition of pterygium; with graft	AUTH REQUIRED	
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	AUTH REQUIRED	
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	AUTH REQUIRED	
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
65710	Keratoplasty (corneal transplant); anterior lamellar	AUTH REQUIRED	
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	AUTH REQUIRED	
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	AUTH REQUIRED	
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	AUTH REQUIRED	
65756	Keratoplasty (corneal transplant); endothelial	AUTH REQUIRED	
65760	Keratomileusis	AUTH REQUIRED	
65765	Keratophakia	AUTH REQUIRED	
65767	Epikeratoplasty	AUTH REQUIRED	
65770	Keratoprosthesis	AUTH REQUIRED	
65771	Radial keratotomy	AUTH REQUIRED	
65772	Corneal relaxing incision for correction of surgically induced astigmatism	AUTH REQUIRED	
65775	Corneal wedge resection for correction of surgically induced astigmatism	AUTH REQUIRED	
65778	Placement of amniotic membrane on the ocular surface; without sutures	AUTH REQUIRED	
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	AUTH REQUIRED	
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	AUTH REQUIRED	
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	AUTH REQUIRED	
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	AUTH REQUIRED	
65785	Implantation of intrastromal corneal ring segments	AUTH REQUIRED	
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	AUTH REQUIRED	
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	AUTH REQUIRED	
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	AUTH REQUIRED	
65820	Goniotomy	AUTH REQUIRED	
65850	Trabeculotomy ab externo	AUTH REQUIRED	
65855	Trabeculoplasty by laser surgery	AUTH REQUIRED	
65860	Severing adhesions of anterior segment, laser technique (separate procedure)	AUTH REQUIRED	
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	AUTH REQUIRED	
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	AUTH REQUIRED	
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	AUTH REQUIRED	
65900	Removal of epithelial downgrowth, anterior chamber of eye	AUTH REQUIRED	
65920	Removal of implanted material, anterior segment of eye	AUTH REQUIRED	
65930	Removal of blood clot, anterior segment of eye	AUTH REQUIRED	
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	AUTH REQUIRED	
66030	Injection, anterior chamber of eye (separate procedure); medication	AUTH REQUIRED	
66130	Excision of lesion, sclera	AUTH REQUIRED	
66150	Fistulization of sclera for glaucoma; trephination with iridectomy	AUTH REQUIRED	
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	AUTH REQUIRED	
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	AUTH REQUIRED	
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	AUTH REQUIRED	
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	AUTH REQUIRED	
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	AUTH REQUIRED	
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	AUTH REQUIRED	
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	AUTH REQUIRED	
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	AUTH REQUIRED	
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	AUTH REQUIRED	
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	AUTH REQUIRED	
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	AUTH REQUIRED	
66225	Repair of scleral staphyloma; with graft	AUTH REQUIRED	
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	AUTH REQUIRED	
66500	Iridotomy by stab incision (separate procedure); except transfixion	AUTH REQUIRED	
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	AUTH REQUIRED	
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	AUTH REQUIRED	
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	AUTH REQUIRED	
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	AUTH REQUIRED	
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	AUTH REQUIRED	
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
66680	Repair of iris, ciliary body (as for iridodialysis)	AUTH REQUIRED	
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	AUTH REQUIRED	
66700	Ciliary body destruction; diathermy	AUTH REQUIRED	
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	AUTH REQUIRED	
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens	AUTH REQUIRED	
66720	Ciliary body destruction; cryotherapy	AUTH REQUIRED	
66740	Ciliary body destruction; cyclodialysis	AUTH REQUIRED	
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	AUTH REQUIRED	
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	AUTH REQUIRED	
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	AUTH REQUIRED	
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	AUTH REQUIRED	
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	AUTH REQUIRED	
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	AUTH REQUIRED	
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	AUTH REQUIRED	
66840	Removal of lens material; aspiration technique, 1 or more stages	AUTH REQUIRED	
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	AUTH REQUIRED	
66852	Removal of lens material; pars plana approach, with or without vitrectomy	AUTH REQUIRED	
66920	Removal of lens material; intracapsular	AUTH REQUIRED	
66930	Removal of lens material; intracapsular, for dislocated lens	AUTH REQUIRED	
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	AUTH REQUIRED	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	AUTH REQUIRED	
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	AUTH REQUIRED	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	AUTH REQUIRED	
66986	Exchange of intraocular lens	AUTH REQUIRED	
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	AUTH REQUIRED	
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	AUTH REQUIRED	
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	AUTH REQUIRED	
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	AUTH REQUIRED	
66999	Unlisted procedure, anterior segment of eye	AUTH REQUIRED	
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	AUTH REQUIRED	
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	AUTH REQUIRED	
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	AUTH REQUIRED	
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	AUTH REQUIRED	
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	AUTH REQUIRED	
67030	Discission of vitreous strands (without removal), pars plana approach	AUTH REQUIRED	
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	AUTH REQUIRED	
67036	Vitrectomy, mechanical, pars plana approach;	AUTH REQUIRED	
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	AUTH REQUIRED	
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	AUTH REQUIRED	
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	AUTH REQUIRED	
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	AUTH REQUIRED	
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	AUTH REQUIRED	
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	AUTH REQUIRED	
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	AUTH REQUIRED	
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	AUTH REQUIRED	
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	AUTH REQUIRED	
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	AUTH REQUIRED	
67115	Release of encircling material (posterior segment)	AUTH REQUIRED	
67120	Removal of implanted material, posterior segment; extraocular	AUTH REQUIRED	
67121	Removal of implanted material, posterior segment; intraocular	AUTH REQUIRED	
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy	AUTH REQUIRED	
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation	AUTH REQUIRED	
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	AUTH REQUIRED	
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	AUTH REQUIRED	
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	AUTH REQUIRED	
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	AUTH REQUIRED	
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	AUTH REQUIRED	
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	AUTH REQUIRED	
67229	Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy	AUTH REQUIRED	
67250	Scleral reinforcement (separate procedure); without graft	AUTH REQUIRED	
67255	Scleral reinforcement (separate procedure); with graft	AUTH REQUIRED	
67299	Unlisted procedure, posterior segment	AUTH REQUIRED	
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	AUTH REQUIRED	
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	AUTH REQUIRED	
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	AUTH REQUIRED	
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	AUTH REQUIRED	
67318	Strabismus surgery, any procedure, superior oblique muscle	AUTH REQUIRED	
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	AUTH REQUIRED	
67345	Chemodenervation of extraocular muscle	AUTH REQUIRED	
67346	Biopsy of extraocular muscle	AUTH REQUIRED	
67399	Unlisted procedure, extraocular muscle	AUTH REQUIRED	
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	AUTH REQUIRED	
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	AUTH REQUIRED	
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	AUTH REQUIRED	
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	AUTH REQUIRED	
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	AUTH REQUIRED	
67415	Fine needle aspiration of orbital contents	AUTH REQUIRED	
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	AUTH REQUIRED	
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	AUTH REQUIRED	
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	AUTH REQUIRED	
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	AUTH REQUIRED	
67550	Orbital implant (implant outside muscle cone); insertion	AUTH REQUIRED	
67560	Orbital implant (implant outside muscle cone); removal or revision	AUTH REQUIRED	
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	AUTH REQUIRED	
67599	Unlisted procedure, orbit	AUTH REQUIRED	
67700	Blepharotomy, drainage of abscess, eyelid	AUTH REQUIRED	
67710	Severing of tarsorrhaphy	AUTH REQUIRED	
67715	Canthotomy (separate procedure)	AUTH REQUIRED	
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	AUTH REQUIRED	
67830	Correction of trichiasis; incision of lid margin	AUTH REQUIRED	
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	AUTH REQUIRED	
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	AUTH REQUIRED	
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	AUTH REQUIRED	
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	AUTH REQUIRED	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	AUTH REQUIRED	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	AUTH REQUIRED	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	AUTH REQUIRED	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	AUTH REQUIRED	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	AUTH REQUIRED	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	AUTH REQUIRED	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	AUTH REQUIRED	
67909	Reduction of overcorrection of ptosis	AUTH REQUIRED	
67911	Correction of lid retraction	AUTH REQUIRED	
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
67914	Repair of ectropion; suture	AUTH REQUIRED	
67915	Repair of ectropion; thermocauterization	AUTH REQUIRED	
67916	Repair of ectropion; excision tarsal wedge	AUTH REQUIRED	
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	AUTH REQUIRED	
67921	Repair of entropion; suture	AUTH REQUIRED	
67922	Repair of entropion; thermocauterization	AUTH REQUIRED	
67923	Repair of entropion; excision tarsal wedge	AUTH REQUIRED	
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	AUTH REQUIRED	
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	AUTH REQUIRED	
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	AUTH REQUIRED	
67938	Removal of embedded foreign body, eyelid	AUTH REQUIRED	
67950	Canthoplasty (reconstruction of canthus)	AUTH REQUIRED	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	AUTH REQUIRED	
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	AUTH REQUIRED	
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	AUTH REQUIRED	
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	AUTH REQUIRED	
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	AUTH REQUIRED	
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	AUTH REQUIRED	
67999	Unlisted procedure, eyelids	AUTH REQUIRED	
68110	Excision of lesion, conjunctiva; up to 1 cm	AUTH REQUIRED	
68115	Excision of lesion, conjunctiva; over 1 cm	AUTH REQUIRED	
68130	Excision of lesion, conjunctiva; with adjacent sclera	AUTH REQUIRED	
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	AUTH REQUIRED	
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	AUTH REQUIRED	
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	AUTH REQUIRED	
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	AUTH REQUIRED	
68330	Repair of symblepharon; conjunctivoplasty, without graft	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	AUTH REQUIRED	
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	AUTH REQUIRED	
68360	Conjunctival flap; bridge or partial (separate procedure)	AUTH REQUIRED	
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	AUTH REQUIRED	
68371	Harvesting conjunctival allograft, living donor	AUTH REQUIRED	
68399	Unlisted procedure, conjunctiva	AUTH REQUIRED	
68400	Incision, drainage of lacrimal gland	AUTH REQUIRED	
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	AUTH REQUIRED	
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	AUTH REQUIRED	
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	AUTH REQUIRED	
68510	Biopsy of lacrimal gland	AUTH REQUIRED	
68520	Excision of lacrimal sac (dacryocystectomy)	AUTH REQUIRED	
68525	Biopsy of lacrimal sac	AUTH REQUIRED	
68530	Removal of foreign body or dacryolith, lacrimal passages	AUTH REQUIRED	
68540	Excision of lacrimal gland tumor; frontal approach	AUTH REQUIRED	
68550	Excision of lacrimal gland tumor; involving osteotomy	AUTH REQUIRED	
68700	Plastic repair of canaliculi	AUTH REQUIRED	
68705	Correction of everted punctum, cautery	AUTH REQUIRED	
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	AUTH REQUIRED	
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	AUTH REQUIRED	
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	AUTH REQUIRED	
68770	Closure of lacrimal fistula (separate procedure)	AUTH REQUIRED	
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	AUTH REQUIRED	
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	AUTH REQUIRED	
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	AUTH REQUIRED	
68899	Unlisted procedure, lacrimal system	AUTH REQUIRED	
69020	Drainage external auditory canal, abscess	AUTH REQUIRED	
69090	Ear piercing	AUTH REQUIRED	
69110	Excision external ear; partial, simple repair	AUTH REQUIRED	
69120	Excision external ear; complete amputation	AUTH REQUIRED	
69140	Excision exostosis(es), external auditory canal	AUTH REQUIRED	
69145	Excision soft tissue lesion, external auditory canal	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
69150	Radical excision external auditory canal lesion; without neck dissection	AUTH REQUIRED	
69155	Radical excision external auditory canal lesion; with neck dissection	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
69205	Removal foreign body from external auditory canal; with general anesthesia	AUTH REQUIRED	
69300	Otoplasty, protruding ear, with or without size reduction	AUTH REQUIRED	
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	AUTH REQUIRED	
69320	Reconstruction external auditory canal for congenital atresia, single stage	AUTH REQUIRED	
69399	Unlisted procedure, external ear	AUTH REQUIRED	
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	AUTH REQUIRED	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	AUTH REQUIRED	
69440	Middle ear exploration through postauricular or ear canal incision	AUTH REQUIRED	
69450	Tympanolysis, transcanal	AUTH REQUIRED	
69501	Transmastoid antrotomy (simple mastoidectomy)	AUTH REQUIRED	
69502	Mastoidectomy; complete	AUTH REQUIRED	
69505	Mastoidectomy; modified radical	AUTH REQUIRED	
69511	Mastoidectomy; radical	AUTH REQUIRED	
69530	Petrous apicectomy including radical mastoidectomy	AUTH REQUIRED	
69535	Resection temporal bone, external approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
69550	Excision aural glomus tumor; transcanal	AUTH REQUIRED	
69552	Excision aural glomus tumor; transmastoid	AUTH REQUIRED	
69554	Excision aural glomus tumor; extended (extratemporal)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
69601	Revision mastoidectomy; resulting in complete mastoidectomy	AUTH REQUIRED	
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	AUTH REQUIRED	
69603	Revision mastoidectomy; resulting in radical mastoidectomy	AUTH REQUIRED	
69604	Revision mastoidectomy; resulting in tympanoplasty	AUTH REQUIRED	
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	AUTH REQUIRED	
69620	Myringoplasty (surgery confined to drumhead and donor area)	AUTH REQUIRED	
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	AUTH REQUIRED	
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	AUTH REQUIRED	
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	AUTH REQUIRED	
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	AUTH REQUIRED	
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	AUTH REQUIRED	
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	AUTH REQUIRED	
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	AUTH REQUIRED	
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	AUTH REQUIRED	
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	AUTH REQUIRED	
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	AUTH REQUIRED	
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	AUTH REQUIRED	
69650	Stapes mobilization	AUTH REQUIRED	
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	AUTH REQUIRED	
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	AUTH REQUIRED	
69662	Revision of stapedectomy or stapedotomy	AUTH REQUIRED	
69666	Repair oval window fistula	AUTH REQUIRED	
69667	Repair round window fistula	AUTH REQUIRED	
69670	Mastoid obliteration (separate procedure)	AUTH REQUIRED	
69676	Tympanic neurectomy	AUTH REQUIRED	
69700	Closure postauricular fistula, mastoid (separate procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	AUTH REQUIRED	
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	AUTH REQUIRED	
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	AUTH REQUIRED	
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	AUTH REQUIRED	
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	AUTH REQUIRED	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED	
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	AUTH REQUIRED	
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED	
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	AUTH REQUIRED	
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	AUTH REQUIRED	
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	AUTH REQUIRED	
69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED	
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED	
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED	
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED	
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	AUTH REQUIRED	
69799	Unlisted procedure, middle ear	AUTH REQUIRED	
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	AUTH REQUIRED	
69805	Endolymphatic sac operation; without shunt	AUTH REQUIRED	
69806	Endolymphatic sac operation; with shunt	AUTH REQUIRED	
69905	Labyrinthectomy; transcanal	AUTH REQUIRED	
69910	Labyrinthectomy; with mastoidectomy	AUTH REQUIRED	
69915	Vestibular nerve section, translabyrinthine approach	AUTH REQUIRED	
69930	Cochlear device implantation, with or without mastoidectomy	AUTH REQUIRED	
69949	Unlisted procedure, inner ear	AUTH REQUIRED	
69950	Vestibular nerve section, transcranial approach	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
69955	Total facial nerve decompression and/or repair (may include graft)	AUTH REQUIRED	
69960	Decompression internal auditory canal	AUTH REQUIRED	
69970	Removal of tumor, temporal bone	AUTH REQUIRED	
69979	Unlisted procedure, temporal bone, middle fossa approach	AUTH REQUIRED	
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	AUTH REQUIRED	
70030	Radiologic examination, eye, for detection of foreign body	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70100	Radiologic examination, mandible; partial, less than 4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70110	Radiologic examination, mandible; complete, minimum of 4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70120	Radiologic examination, mastoids; less than 3 views per side	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70134	Radiologic examination, internal auditory meati, complete	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70140	Radiologic examination, facial bones; less than 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70150	Radiologic examination, facial bones; complete, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70190	Radiologic examination; optic foramina	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70200	Radiologic examination; orbits, complete, minimum of 4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
70210	Radiologic examination, sinuses, paranasal, less than 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70240	Radiologic examination, sella turcica	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70250	Radiological examination, skull; less than 4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70260	Radiologic examination, skull; complete, minimum of 4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70300	Radiologic examination, teeth; single view	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70310	Radiologic examination, teeth; partial examination, less than full mouth	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70320	Radiologic examination, teeth; complete, full mouth	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	AUTH REQUIRED	
70350	Cephalogram, orthodontic	AUTH REQUIRED	
70355	Orthopantogram (eg, panoramic x-ray)	AUTH REQUIRED	
70360	Radiologic examination; neck, soft tissue	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70380	Radiologic examination, salivary gland for calculus	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70450	Computed tomography, head or brain; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70460	Computed tomography, head or brain; with contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70486	Computed tomography, maxillofacial area; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70487	Computed tomography, maxillofacial area; with contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70490	Computed tomography, soft tissue neck; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70491	Computed tomography, soft tissue neck; with contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	AUTH REQUIRED	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	AUTH REQUIRED	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	AUTH REQUIRED	
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	AUTH REQUIRED	
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	AUTH REQUIRED	
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	AUTH REQUIRED	
70544	Magnetic resonance angiography, head; without contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70545	Magnetic resonance angiography, head; with contrast material(s)	AUTH REQUIRED	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	AUTH REQUIRED	
70547	Magnetic resonance angiography, neck; without contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70548	Magnetic resonance angiography, neck; with contrast material(s)	AUTH REQUIRED	
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	AUTH REQUIRED	
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	AUTH REQUIRED	
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	AUTH REQUIRED	
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	AUTH REQUIRED	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	AUTH REQUIRED	
71045	Radiologic examination, chest; single view	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71046	Radiologic examination, chest; 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
71047	Radiologic examination, chest; 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71048	Radiologic examination, chest; 4 or more views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71100	Radiologic examination, ribs, unilateral; 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71110	Radiologic examination, ribs, bilateral; 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71120	Radiologic examination; sternum, minimum of 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71250	Computed tomography, thorax, diagnostic; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	AUTH REQUIRED	
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	AUTH REQUIRED	
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	AUTH REQUIRED	
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	AUTH REQUIRED	
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	AUTH REQUIRED	
72020	Radiologic examination, spine, single view, specify level	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72040	Radiologic examination, spine, cervical; 2 or 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72050	Radiologic examination, spine, cervical; 4 or 5 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72052	Radiologic examination, spine, cervical; 6 or more views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
72070	Radiologic examination, spine; thoracic, 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72072	Radiologic examination, spine; thoracic, 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72074	Radiologic examination, spine; thoracic, minimum of 4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72125	Computed tomography, cervical spine; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72126	Computed tomography, cervical spine; with contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72128	Computed tomography, thoracic spine; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72129	Computed tomography, thoracic spine; with contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72131	Computed tomography, lumbar spine; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72132	Computed tomography, lumbar spine; with contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	AUTH REQUIRED	
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	AUTH REQUIRED	
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	AUTH REQUIRED	
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	AUTH REQUIRED	
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	AUTH REQUIRED	
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	AUTH REQUIRED	
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	AUTH REQUIRED	
72170	Radiologic examination, pelvis; 1 or 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72190	Radiologic examination, pelvis; complete, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	AUTH REQUIRED	
72192	Computed tomography, pelvis; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72193	Computed tomography, pelvis; with contrast material(s)	AUTH REQUIRED	
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	AUTH REQUIRED	
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	AUTH REQUIRED	
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	AUTH REQUIRED	
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	AUTH REQUIRED	
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	AUTH REQUIRED	
72200	Radiologic examination, sacroiliac joints; less than 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72202	Radiologic examination, sacroiliac joints; 3 or more views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73000	Radiologic examination; clavicle, complete	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
73010	Radiologic examination; scapula, complete	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73020	Radiologic examination, shoulder; 1 view	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73030	Radiologic examination, shoulder; complete, minimum of 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73060	Radiologic examination; humerus, minimum of 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73070	Radiologic examination, elbow; 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73080	Radiologic examination, elbow; complete, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73090	Radiologic examination; forearm, 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73100	Radiologic examination, wrist; 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73110	Radiologic examination, wrist; complete, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73120	Radiologic examination, hand; 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73130	Radiologic examination, hand; minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73140	Radiologic examination, finger(s), minimum of 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73200	Computed tomography, upper extremity; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73201	Computed tomography, upper extremity; with contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	AUTH REQUIRED	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	AUTH REQUIRED	
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	AUTH REQUIRED	
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	AUTH REQUIRED	
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	AUTH REQUIRED	
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	AUTH REQUIRED	
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	AUTH REQUIRED	
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73551	Radiologic examination, femur; 1 view	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73552	Radiologic examination, femur; minimum 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73560	Radiologic examination, knee; 1 or 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73562	Radiologic examination, knee; 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73564	Radiologic examination, knee; complete, 4 or more views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73565	Radiologic examination, knee; both knees, standing, anteroposterior	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73590	Radiologic examination; tibia and fibula, 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
73600	Radiologic examination, ankle; 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73610	Radiologic examination, ankle; complete, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73620	Radiologic examination, foot; 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73630	Radiologic examination, foot; complete, minimum of 3 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73650	Radiologic examination; calcaneus, minimum of 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73660	Radiologic examination; toe(s), minimum of 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73700	Computed tomography, lower extremity; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73701	Computed tomography, lower extremity; with contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	AUTH REQUIRED	
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	AUTH REQUIRED	
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	AUTH REQUIRED	
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	AUTH REQUIRED	
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	AUTH REQUIRED	
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	AUTH REQUIRED	
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	AUTH REQUIRED	
74018	Radiologic examination, abdomen; 1 view	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74019	Radiologic examination, abdomen; 2 views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74021	Radiologic examination, abdomen; 3 or more views	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74022	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
74150	Computed tomography, abdomen; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74160	Computed tomography, abdomen; with contrast material(s)	AUTH REQUIRED	
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	AUTH REQUIRED	
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	AUTH REQUIRED	Payable in Regulated Space without authorization.
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	AUTH REQUIRED	
74176	Computed tomography, abdomen and pelvis; without contrast material	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	AUTH REQUIRED	
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	AUTH REQUIRED	
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	AUTH REQUIRED	
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	AUTH REQUIRED	
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	AUTH REQUIRED	
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74248	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74250	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74251	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered	AUTH REQUIRED	Payable in Regulated Space without authorization.
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	AUTH REQUIRED	
74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	AUTH REQUIRED	Payable in Regulated Space without authorization.
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	AUTH REQUIRED	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
74740	Hysterosalpingography, radiological supervision and interpretation	AUTH REQUIRED	
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	AUTH REQUIRED	
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	AUTH REQUIRED	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	AUTH REQUIRED	Payable in Regulated Space without authorization.
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	AUTH REQUIRED	Payable in Regulated Space without authorization.
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	AUTH REQUIRED	Payable in Regulated Space without authorization.
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	AUTH REQUIRED	Payable in Regulated Space without authorization.
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	AUTH REQUIRED	Payable in Regulated Space without authorization.
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	AUTH REQUIRED	Payable in Regulated Space without authorization.
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	AUTH REQUIRED	Payable in Regulated Space without authorization.
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	AUTH REQUIRED	
75705	Angiography, spinal, selective, radiological supervision and interpretation	AUTH REQUIRED	Payable in Regulated Space without authorization.
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	AUTH REQUIRED	Payable in Regulated Space without authorization.
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	AUTH REQUIRED	Payable in Regulated Space without authorization.
75810	Splenoportography, radiological supervision and interpretation	AUTH REQUIRED	Payable in Regulated Space without authorization.
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	AUTH REQUIRED	Payable in Regulated Space without authorization.
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	AUTH REQUIRED	Payable in Regulated Space without authorization.
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
76010	Radiologic examination from nose to rectum for foreign body, single view, child	AUTH REQUIRED	
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	AUTH REQUIRED	
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76390	Magnetic resonance spectroscopy	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76391	Magnetic resonance (eg, vibration) elastography	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	AUTH REQUIRED	
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	AUTH REQUIRED	
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	AUTH REQUIRED	
76499	Unlisted diagnostic radiographic procedure	AUTH REQUIRED	
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76700	Ultrasound, abdominal, real time with image documentation; complete	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76819	Fetal biophysical profile; without non-stress testing	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	AUTH REQUIRED	Payable in Regulated Space without authorization.

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
76830	Ultrasound, transvaginal	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76870	Ultrasound, scrotum and contents	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	AUTH REQUIRED	
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	AUTH REQUIRED	
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	AUTH REQUIRED	
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	AUTH REQUIRED	Payable in Regulated Space without authorization.
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76981	Ultrasound, elastography; parenchyma (eg, organ)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	AUTH REQUIRED	
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	AUTH REQUIRED	Payable in Regulated Space without authorization.

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	AUTH REQUIRED	
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	AUTH REQUIRED	
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	AUTH REQUIRED	
77061	Diagnostic digital breast tomosynthesis; unilateral	AUTH MAY BE REQUIRED/ POS DEPENDENT	MAY USE G0279 INSTEAD
77062	Diagnostic digital breast tomosynthesis; bilateral	AUTH MAY BE REQUIRED/ POS DEPENDENT	MAY USE G0279 INSTEAD
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
77072	Bone age studies	AUTH REQUIRED	
77074	Radiologic examination, osseous survey; limited (eg, for metastases)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
77076	Radiologic examination, osseous survey, infant	AUTH REQUIRED	
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	AUTH REQUIRED	Payable in Regulated Space without authorization.
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
77280	Therapeutic radiology simulation-aided field setting; simple	AUTH REQUIRED	Payable in Regulated Space without authorization.
77285	Therapeutic radiology simulation-aided field setting; intermediate	AUTH REQUIRED	Payable in Regulated Space without authorization.
77290	Therapeutic radiology simulation-aided field setting; complex	AUTH REQUIRED	Payable in Regulated Space without authorization.
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77295	3-dimensional radiotherapy plan, including dose-volume histograms	AUTH REQUIRED	Payable in Regulated Space without authorization.
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	AUTH REQUIRED	
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	AUTH REQUIRED	Payable in Regulated Space without authorization.

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	AUTH REQUIRED	Payable in Regulated Space without authorization.
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	AUTH REQUIRED	Payable in Regulated Space without authorization.
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	AUTH REQUIRED	Payable in Regulated Space without authorization.
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	AUTH REQUIRED	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	AUTH REQUIRED	
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	AUTH REQUIRED	
77407	Radiation treatment delivery, => 1 MeV; intermediate	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	AUTH REQUIRED	
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	AUTH REQUIRED	
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	AUTH REQUIRED	Payable in Regulated Space without authorization.
77469	Intraoperative radiation treatment management	AUTH REQUIRED	Payable in Regulated Space without authorization.
77499	Unlisted procedure, therapeutic radiology treatment management	AUTH REQUIRED	
77522	Proton treatment delivery; simple, with compensation	AUTH REQUIRED	Payable in Regulated Space without authorization.
77523	Proton treatment delivery; intermediate	AUTH REQUIRED	Payable in Regulated Space without authorization.
77525	Proton treatment delivery; complex	AUTH REQUIRED	Payable in Regulated Space without authorization.

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	AUTH REQUIRED	Payable in Regulated Space without authorization.
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	AUTH REQUIRED	Payable in Regulated Space without authorization.
77620	Hyperthermia generated by intracavitary probe(s)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	AUTH REQUIRED	Payable in Regulated Space without authorization.
77761	Intracavitary radiation source application; simple	AUTH REQUIRED	Payable in Regulated Space without authorization.
77762	Intracavitary radiation source application; intermediate	AUTH REQUIRED	Payable in Regulated Space without authorization.
77763	Intracavitary radiation source application; complex	AUTH REQUIRED	Payable in Regulated Space without authorization.
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	AUTH REQUIRED	Payable in Regulated Space without authorization.
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	AUTH REQUIRED	Payable in Regulated Space without authorization.
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	AUTH REQUIRED	Payable in Regulated Space without authorization.
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	AUTH REQUIRED	Payable in Regulated Space without authorization.
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	AUTH REQUIRED	Payable in Regulated Space without authorization.
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	AUTH REQUIRED	Payable in Regulated Space without authorization.
77799	Unlisted procedure, clinical brachytherapy	AUTH REQUIRED	
78013	Thyroid imaging (including vascular flow, when performed);	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	AUTH REQUIRED	Payable in Regulated Space without authorization.
78018	Thyroid carcinoma metastases imaging; whole body	AUTH REQUIRED	
78070	Parathyroid planar imaging (including subtraction, when performed);	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	AUTH REQUIRED	Payable in Regulated Space without authorization.
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	AUTH REQUIRED	Payable in Regulated Space without authorization.
78075	Adrenal imaging, cortex and/or medulla	AUTH REQUIRED	Payable in Regulated Space without authorization.
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	AUTH REQUIRED	
78104	Bone marrow imaging; whole body	AUTH REQUIRED	Payable in Regulated Space without authorization.
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	AUTH REQUIRED	Payable in Regulated Space without authorization.
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	AUTH REQUIRED	Payable in Regulated Space without authorization.
78195	Lymphatics and lymph nodes imaging	AUTH REQUIRED	Payable in Regulated Space without authorization.
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	AUTH REQUIRED	
78215	Liver and spleen imaging; static only	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
78226	Hepatobiliary system imaging, including gallbladder when present;	AUTH REQUIRED	Payable in Regulated Space without authorization.
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	AUTH REQUIRED	
78262	Gastroesophageal reflux study	AUTH REQUIRED	Payable in Regulated Space without authorization.
78264	Gastric emptying imaging study (eg, solid, liquid, or both);	AUTH REQUIRED	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	AUTH REQUIRED	
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	AUTH REQUIRED	
78278	Acute gastrointestinal blood loss imaging	AUTH REQUIRED	Payable in Regulated Space without authorization.
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	AUTH REQUIRED	
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	AUTH REQUIRED	Payable in Regulated Space without authorization.
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	AUTH REQUIRED	
78305	Bone and/or joint imaging; multiple areas	AUTH REQUIRED	Payable in Regulated Space without authorization.
78306	Bone and/or joint imaging; whole body	AUTH REQUIRED	
78315	Bone and/or joint imaging; 3 phase study	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	AUTH REQUIRED	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	AUTH REQUIRED	
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	AUTH REQUIRED	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	AUTH REQUIRED	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	AUTH REQUIRED	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	AUTH REQUIRED	
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	AUTH REQUIRED	Payable in Regulated Space without authorization.
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	AUTH REQUIRED	Payable in Regulated Space without authorization.
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	AUTH REQUIRED	Payable in Regulated Space without authorization.
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	AUTH REQUIRED	Payable in Regulated Space without authorization.
78456	Acute venous thrombosis imaging, peptide	AUTH REQUIRED	Payable in Regulated Space without authorization.

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	AUTH REQUIRED	
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	AUTH REQUIRED	Payable in Regulated Space without authorization.
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	AUTH REQUIRED	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	AUTH REQUIRED	
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	AUTH REQUIRED	
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	AUTH REQUIRED	
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	AUTH REQUIRED	Payable in Regulated Space without authorization.
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	AUTH REQUIRED	
78606	Brain imaging, minimum 4 static views; with vascular flow	AUTH REQUIRED	Payable in Regulated Space without authorization.
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	AUTH REQUIRED	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	AUTH MAY BE REQUIRED/ POS DEPENDENT	Payable in Regulated Space without authorization.
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	AUTH REQUIRED	Payable in Regulated Space without authorization.
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	AUTH REQUIRED	Payable in Regulated Space without authorization.
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	AUTH REQUIRED	Payable in Regulated Space without authorization.
78650	Cerebrospinal fluid leakage detection and localization	AUTH REQUIRED	Payable in Regulated Space without authorization.
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	AUTH REQUIRED	
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	AUTH REQUIRED	Payable in Regulated Space without authorization.
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	AUTH REQUIRED	
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	AUTH REQUIRED	
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	AUTH REQUIRED	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	AUTH REQUIRED	
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	AUTH REQUIRED	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	AUTH REQUIRED	Payable in Regulated Space without authorization.
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	AUTH REQUIRED	Payable in Regulated Space without authorization.
78813	Positron emission tomography (PET) imaging; whole body	AUTH REQUIRED	Payable in Regulated Space without authorization.
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	AUTH REQUIRED	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	AUTH REQUIRED	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	AUTH REQUIRED	
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	AUTH REQUIRED	Payable in Regulated Space without authorization.
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	AUTH REQUIRED	Payable in Regulated Space without authorization.

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	AUTH REQUIRED	Payable in Regulated Space without authorization.
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	AUTH REQUIRED	
79005	Radiopharmaceutical therapy, by oral administration	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
79999	Radiopharmaceutical therapy, unlisted procedure	AUTH REQUIRED	
80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)	AUTH REQUIRED	
80320	Alcohols	AUTH REQUIRED	
80321	Alcohol biomarkers; 1 or 2	AUTH REQUIRED	
80322	Alcohol biomarkers; 3 or more	AUTH REQUIRED	
80323	Alkaloids, not otherwise specified	AUTH REQUIRED	
80324	Amphetamines; 1 or 2	AUTH REQUIRED	
80325	Amphetamines; 3 or 4	AUTH REQUIRED	
80326	Amphetamines; 5 or more	AUTH REQUIRED	
80327	Anabolic steroids; 1 or 2	AUTH REQUIRED	
80328	Anabolic steroids; 3 or more	AUTH REQUIRED	
80329	Analgesics, non-opioid; 1 or 2	AUTH REQUIRED	
80330	Analgesics, non-opioid; 3-5	AUTH REQUIRED	
80331	Analgesics, non-opioid; 6 or more	AUTH REQUIRED	
80332	Antidepressants, serotonergic class; 1 or 2	AUTH REQUIRED	
80333	Antidepressants, serotonergic class; 3-5	AUTH REQUIRED	
80334	Antidepressants, serotonergic class; 6 or more	AUTH REQUIRED	
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	AUTH REQUIRED	
80336	Antidepressants, tricyclic and other cyclicals; 3-5	AUTH REQUIRED	
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	AUTH REQUIRED	
80338	Antidepressants, not otherwise specified	AUTH REQUIRED	
80339	Antiepileptics, not otherwise specified; 1-3	AUTH REQUIRED	
80340	Antiepileptics, not otherwise specified; 4-6	AUTH REQUIRED	
80341	Antiepileptics, not otherwise specified; 7 or more	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
80342	Antipsychotics, not otherwise specified; 1-3	AUTH REQUIRED	
80343	Antipsychotics, not otherwise specified; 4-6	AUTH REQUIRED	
80344	Antipsychotics, not otherwise specified; 7 or more	AUTH REQUIRED	
80345	Barbiturates	AUTH REQUIRED	
80346	Benzodiazepines; 1-12	AUTH REQUIRED	
80347	Benzodiazepines; 13 or more	AUTH REQUIRED	
80348	Buprenorphine	AUTH REQUIRED	
80349	Cannabinoids, natural	AUTH REQUIRED	
80350	Cannabinoids, synthetic; 1-3	AUTH REQUIRED	
80351	Cannabinoids, synthetic; 4-6	AUTH REQUIRED	
80352	Cannabinoids, synthetic; 7 or more	AUTH REQUIRED	
80353	Cocaine	AUTH REQUIRED	
80354	Fentanyl	AUTH REQUIRED	
80355	Gabapentin, non-blood	AUTH REQUIRED	
80356	Heroin metabolite	AUTH REQUIRED	
80357	Ketamine and norketamine	AUTH REQUIRED	
80358	Methadone	AUTH REQUIRED	
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	AUTH REQUIRED	
80360	Methylphenidate	AUTH REQUIRED	
80361	Opiates, 1 or more	AUTH REQUIRED	
80362	Opioids and opiate analogs; 1 or 2	AUTH REQUIRED	
80363	Opioids and opiate analogs; 3 or 4	AUTH REQUIRED	
80364	Opioids and opiate analogs; 5 or more	AUTH REQUIRED	
80365	Oxycodone	AUTH REQUIRED	
80366	Pregabalin	AUTH REQUIRED	
80367	Propoxyphene	AUTH REQUIRED	
80368	Sedative hypnotics (non-benzodiazepines)	AUTH REQUIRED	
80369	Skeletal muscle relaxants; 1 or 2	AUTH REQUIRED	
80370	Skeletal muscle relaxants; 3 or more	AUTH REQUIRED	
80371	Stimulants, synthetic	AUTH REQUIRED	
80372	Tapentadol	AUTH REQUIRED	
80373	Tramadol	AUTH REQUIRED	
80374	Stereoisomer (enantiomer) analysis, single drug class	AUTH REQUIRED	
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	AUTH REQUIRED	
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	AUTH REQUIRED	
80412	Corticotropic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6)	AUTH REQUIRED	
80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)	AUTH REQUIRED	
80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	AUTH REQUIRED	
81099	Unlisted urinalysis procedure	AUTH REQUIRED	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	AUTH REQUIRED	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	AUTH REQUIRED	
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	AUTH REQUIRED	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	AUTH REQUIRED	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	AUTH REQUIRED	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	AUTH REQUIRED	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	AUTH REQUIRED	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	AUTH REQUIRED	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	AUTH REQUIRED	
81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	AUTH REQUIRED	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	AUTH REQUIRED	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	AUTH REQUIRED	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	AUTH REQUIRED	
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	AUTH REQUIRED	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	AUTH REQUIRED	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	AUTH REQUIRED	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	AUTH REQUIRED	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	AUTH REQUIRED	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	AUTH REQUIRED	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	AUTH REQUIRED	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	AUTH REQUIRED	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	AUTH REQUIRED	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	AUTH REQUIRED	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	AUTH REQUIRED	
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	AUTH REQUIRED	
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	AUTH REQUIRED	
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	AUTH REQUIRED	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	AUTH REQUIRED	
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	AUTH REQUIRED	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	AUTH REQUIRED	
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	AUTH REQUIRED	
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	AUTH REQUIRED	
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	AUTH REQUIRED	
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	AUTH REQUIRED	
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	AUTH REQUIRED	
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	AUTH REQUIRED	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	AUTH REQUIRED	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	AUTH REQUIRED	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	AUTH REQUIRED	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	AUTH REQUIRED	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	AUTH REQUIRED	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	AUTH REQUIRED	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	AUTH REQUIRED	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	AUTH REQUIRED	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	AUTH REQUIRED	
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	AUTH REQUIRED	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	AUTH REQUIRED	
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	AUTH REQUIRED	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	AUTH REQUIRED	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	AUTH REQUIRED	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	AUTH REQUIRED	
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	AUTH REQUIRED	
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	AUTH REQUIRED	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	AUTH REQUIRED	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	AUTH REQUIRED	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	AUTH REQUIRED	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	AUTH REQUIRED	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	AUTH REQUIRED	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	AUTH REQUIRED	
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	AUTH REQUIRED	
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	AUTH REQUIRED	
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	AUTH REQUIRED	
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	AUTH REQUIRED	
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	AUTH REQUIRED	
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	AUTH REQUIRED	
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	AUTH REQUIRED	
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)	AUTH REQUIRED	
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	AUTH REQUIRED	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	AUTH REQUIRED	
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	AUTH REQUIRED	
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	AUTH REQUIRED	
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	AUTH REQUIRED	
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	AUTH REQUIRED	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	AUTH REQUIRED	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	AUTH REQUIRED	
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	AUTH REQUIRED	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	AUTH REQUIRED	
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	AUTH REQUIRED	
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	AUTH REQUIRED	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	AUTH REQUIRED	
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	AUTH REQUIRED	
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	AUTH REQUIRED	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	AUTH REQUIRED	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	AUTH REQUIRED	
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	AUTH REQUIRED	
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	AUTH REQUIRED	
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	AUTH REQUIRED	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	AUTH REQUIRED	
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	AUTH REQUIRED	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	AUTH REQUIRED	
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	AUTH REQUIRED	
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	AUTH REQUIRED	
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	AUTH REQUIRED	
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	AUTH REQUIRED	
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	AUTH REQUIRED	
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	AUTH REQUIRED	
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	AUTH REQUIRED	
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	AUTH REQUIRED	
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	AUTH REQUIRED	
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	AUTH REQUIRED	
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	AUTH REQUIRED	
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	AUTH REQUIRED	
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	AUTH REQUIRED	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	AUTH REQUIRED	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	AUTH REQUIRED	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	AUTH REQUIRED	
81479	Unlisted molecular pathology procedure	AUTH REQUIRED	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	AUTH REQUIRED	
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	AUTH REQUIRED	
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	AUTH REQUIRED	
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	AUTH REQUIRED	
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	AUTH REQUIRED	
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	AUTH REQUIRED	
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported	AUTH REQUIRED	
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	AUTH REQUIRED	
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	AUTH REQUIRED	
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	AUTH REQUIRED	
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	AUTH REQUIRED	
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	AUTH REQUIRED	
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	AUTH REQUIRED	
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	AUTH REQUIRED	
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	AUTH REQUIRED	
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	AUTH REQUIRED	
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	AUTH REQUIRED	
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	AUTH REQUIRED	
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	AUTH REQUIRED	
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	AUTH REQUIRED	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	AUTH REQUIRED	
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	AUTH REQUIRED	
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	AUTH REQUIRED	
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	AUTH REQUIRED	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	AUTH REQUIRED	
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	AUTH REQUIRED	
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	AUTH REQUIRED	
81599	Unlisted multianalyte assay with algorithmic analysis	AUTH REQUIRED	
83992	Phencyclidine (PCP)	AUTH REQUIRED	
84999	Unlisted chemistry procedure	AUTH REQUIRED	
85999	Unlisted hematology and coagulation procedure	AUTH REQUIRED	
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	AUTH REQUIRED	
86486	Skin test; unlisted antigen, each	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	AUTH REQUIRED	
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	AUTH REQUIRED	
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	AUTH REQUIRED	
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	AUTH REQUIRED	
86849	Unlisted immunology procedure	AUTH REQUIRED	
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	AUTH REQUIRED	
86911	Blood typing, for paternity testing, per individual; each additional antigen system	AUTH REQUIRED	
86999	Unlisted transfusion medicine procedure	AUTH REQUIRED	
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	AUTH REQUIRED	
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	AUTH REQUIRED	
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	AUTH REQUIRED	
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	AUTH REQUIRED	
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	AUTH REQUIRED	
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	AUTH REQUIRED	
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	AUTH REQUIRED	
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	AUTH REQUIRED	
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	AUTH REQUIRED	
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)	AUTH REQUIRED	
87999	Unlisted microbiology procedure	AUTH REQUIRED	
88000	Necropsy (autopsy), gross examination only; without CNS	AUTH REQUIRED	
88005	Necropsy (autopsy), gross examination only; with brain	AUTH REQUIRED	
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	AUTH REQUIRED	
88012	Necropsy (autopsy), gross examination only; infant with brain	AUTH REQUIRED	
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	AUTH REQUIRED	
88016	Necropsy (autopsy), gross examination only; macerated stillborn	AUTH REQUIRED	
88020	Necropsy (autopsy), gross and microscopic; without CNS	AUTH REQUIRED	
88025	Necropsy (autopsy), gross and microscopic; with brain	AUTH REQUIRED	
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	AUTH REQUIRED	
88028	Necropsy (autopsy), gross and microscopic; infant with brain	AUTH REQUIRED	
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	AUTH REQUIRED	
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	AUTH REQUIRED	
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	AUTH REQUIRED	
88040	Necropsy (autopsy); forensic examination	AUTH REQUIRED	
88045	Necropsy (autopsy); coroner's call	AUTH REQUIRED	
88099	Unlisted necropsy (autopsy) procedure	AUTH REQUIRED	
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	AUTH REQUIRED	
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	AUTH REQUIRED	
88199	Unlisted cytopathology procedure	AUTH REQUIRED	
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	AUTH REQUIRED	
88299	Unlisted cytogenetic study	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	AUTH REQUIRED	
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	AUTH REQUIRED	
88348	Electron microscopy, diagnostic	AUTH REQUIRED	
88356	Morphometric analysis; nerve	AUTH REQUIRED	
88362	Nerve teasing preparations	AUTH REQUIRED	
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	AUTH REQUIRED	
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	AUTH REQUIRED	
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	AUTH REQUIRED	
88399	Unlisted surgical pathology procedure	AUTH REQUIRED	
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	AUTH REQUIRED	
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	AUTH REQUIRED	
89240	Unlisted miscellaneous pathology test	AUTH REQUIRED	
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	AUTH REQUIRED	
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
89253	Assisted embryo hatching, microtechniques (any method)	AUTH REQUIRED	
89254	Oocyte identification from follicular fluid	AUTH REQUIRED	
89255	Preparation of embryo for transfer (any method)	AUTH REQUIRED	
89257	Sperm identification from aspiration (other than seminal fluid)	AUTH REQUIRED	
89258	Cryopreservation; embryo(s)	AUTH REQUIRED	
89259	Cryopreservation; sperm	AUTH REQUIRED	
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	AUTH REQUIRED	
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	AUTH REQUIRED	
89264	Sperm identification from testis tissue, fresh or cryopreserved	AUTH REQUIRED	
89268	Insemination of oocytes	AUTH REQUIRED	
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	AUTH REQUIRED	
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	AUTH REQUIRED	
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	AUTH REQUIRED	
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	AUTH REQUIRED	
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	AUTH REQUIRED	
89335	Cryopreservation, reproductive tissue, testicular	AUTH REQUIRED	
89337	Cryopreservation, mature oocyte(s)	AUTH REQUIRED	
89342	Storage (per year); embryo(s)	AUTH REQUIRED	
89343	Storage (per year); sperm/semen	AUTH REQUIRED	
89344	Storage (per year); reproductive tissue, testicular/ovarian	AUTH REQUIRED	
89346	Storage (per year); oocyte(s)	AUTH REQUIRED	
89352	Thawing of cryopreserved; embryo(s)	AUTH REQUIRED	
89353	Thawing of cryopreserved; sperm/semen, each aliquot	AUTH REQUIRED	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	AUTH REQUIRED	
89356	Thawing of cryopreserved; oocytes, each aliquot	AUTH REQUIRED	
89398	Unlisted reproductive medicine laboratory procedure	AUTH REQUIRED	
90281	Immune globulin (Ig), human, for intramuscular use	AUTH REQUIRED	
90283	Immune globulin (IgIV), human, for intravenous use	AUTH REQUIRED	
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	AUTH REQUIRED	
90375	Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use	AUTH REQUIRED	
90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use	AUTH REQUIRED	
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
90396	Varicella-zoster immune globulin, human, for intramuscular use	AUTH REQUIRED	
90399	Unlisted immune globulin	AUTH REQUIRED	
90477	Adenovirus vaccine, type 7, live, for oral use	AUTH REQUIRED	
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	AUTH REQUIRED	
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	AUTH REQUIRED	
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	AUTH REQUIRED	
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	AUTH REQUIRED	
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	AUTH REQUIRED	
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	AUTH REQUIRED	
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	AUTH REQUIRED	
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	AUTH REQUIRED	
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	AUTH REQUIRED	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	AUTH REQUIRED	
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	AUTH REQUIRED	
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	AUTH REQUIRED	
90749	Unlisted vaccine/toxoid	AUTH REQUIRED	
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	AUTH REQUIRED	
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	AUTH REQUIRED	
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	AUTH REQUIRED	
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	AUTH REQUIRED	
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	AUTH REQUIRED	
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	AUTH REQUIRED	
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	AUTH REQUIRED	
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	AUTH REQUIRED	
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	AUTH REQUIRED	
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	AUTH REQUIRED	
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	AUTH REQUIRED	
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	AUTH REQUIRED	
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	AUTH REQUIRED	
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	AUTH REQUIRED	
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	AUTH REQUIRED	
91020	Gastric motility (manometric) studies	AUTH REQUIRED	
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	AUTH REQUIRED	
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	AUTH REQUIRED	
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	AUTH REQUIRED	
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	AUTH REQUIRED	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	AUTH REQUIRED	
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	AUTH REQUIRED	
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	AUTH REQUIRED	
91122	Anorectal manometry	AUTH REQUIRED	
91132	Electrogastrography, diagnostic, transcutaneous;	AUTH REQUIRED	
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	AUTH REQUIRED	
91299	Unlisted diagnostic gastroenterology procedure	AUTH REQUIRED	
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
92015	Determination of refractive state	AUTH REQUIRED	
92072	Fitting of contact lens for management of keratoconus, initial fitting	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	AUTH REQUIRED	
92250	Fundus photography with interpretation and report	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	AUTH REQUIRED	
92340	Fitting of spectacles, except for aphakia; monofocal	AUTH REQUIRED	
92341	Fitting of spectacles, except for aphakia; bifocal	AUTH REQUIRED	
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	AUTH REQUIRED	
92370	Repair and refitting spectacles; except for aphakia	AUTH REQUIRED	
92499	Unlisted ophthalmological service or procedure	AUTH REQUIRED	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92524	Behavioral and qualitative analysis of voice and resonance	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92526	Treatment of swallowing dysfunction and/or oral function for feeding	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92551	Screening test, pure tone, air only	AUTH REQUIRED	
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	AUTH REQUIRED	
92594	Electroacoustic evaluation for hearing aid; monaural	AUTH REQUIRED	
92595	Electroacoustic evaluation for hearing aid; binaural	AUTH REQUIRED	
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92609	Therapeutic services for the use of speech-generating device, including programming and modification	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	AUTH REQUIRED	
92630	Auditory rehabilitation; prelingual hearing loss	AUTH REQUIRED	
92633	Auditory rehabilitation; postlingual hearing loss	AUTH REQUIRED	
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	AUTH REQUIRED	
92700	Unlisted otorhinolaryngological service or procedure	AUTH REQUIRED	
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	AUTH REQUIRED	
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	AUTH REQUIRED	
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	AUTH REQUIRED	
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	AUTH REQUIRED	
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	AUTH REQUIRED	
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	AUTH REQUIRED	
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	AUTH REQUIRED	
92970	Cardioassist-method of circulatory assist; internal	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
92971	Cardioassist-method of circulatory assist; external	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
92986	Percutaneous balloon valvuloplasty; aortic valve	AUTH REQUIRED	
92987	Percutaneous balloon valvuloplasty; mitral valve	AUTH REQUIRED	
92990	Percutaneous balloon valvuloplasty; pulmonary valve	AUTH REQUIRED	
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	AUTH REQUIRED	
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	AUTH REQUIRED	
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	AUTH REQUIRED	
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	AUTH REQUIRED	
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	AUTH REQUIRED	
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	AUTH REQUIRED	
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	AUTH REQUIRED	
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	AUTH REQUIRED	
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	AUTH REQUIRED	
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	AUTH REQUIRED	
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	AUTH REQUIRED	
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	AUTH REQUIRED	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	AUTH REQUIRED	
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	AUTH REQUIRED	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	AUTH REQUIRED	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	AUTH REQUIRED	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	AUTH REQUIRED	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	AUTH REQUIRED	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	AUTH REQUIRED	
93505	Endomyocardial biopsy	AUTH REQUIRED	
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	AUTH REQUIRED	
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	AUTH REQUIRED	
93582	Percutaneous transcatheter closure of patent ductus arteriosus	AUTH REQUIRED	
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	AUTH REQUIRED	
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	AUTH REQUIRED	
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	AUTH REQUIRED	
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	AUTH REQUIRED	
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	AUTH REQUIRED	
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	AUTH REQUIRED	
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	AUTH REQUIRED	
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	AUTH REQUIRED	
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	AUTH REQUIRED	
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	AUTH REQUIRED	
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	AUTH REQUIRED	
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	AUTH REQUIRED	
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	AUTH REQUIRED	
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	AUTH REQUIRED	
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	AUTH REQUIRED	
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	AUTH REQUIRED	
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	AUTH REQUIRED	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed	AUTH REQUIRED	
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	AUTH REQUIRED	
93740	Temperature gradient studies	AUTH REQUIRED	
93799	Unlisted cardiovascular service or procedure	AUTH REQUIRED	
93886	Transcranial Doppler study of the intracranial arteries; complete study	AUTH REQUIRED	
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	AUTH REQUIRED	
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	AUTH REQUIRED	
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	AUTH REQUIRED	
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	AUTH REQUIRED	
93998	Unlisted noninvasive vascular diagnostic study	AUTH REQUIRED	
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	AUTH REQUIRED	
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional	AUTH REQUIRED	
94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)	AUTH REQUIRED	
94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only	AUTH REQUIRED	
94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
94799	Unlisted pulmonary service or procedure	AUTH REQUIRED	
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	AUTH REQUIRED	
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	AUTH REQUIRED	
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	AUTH REQUIRED	
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	AUTH REQUIRED	
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	AUTH REQUIRED	
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	AUTH REQUIRED	
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	AUTH REQUIRED	
95199	Unlisted allergy/clinical immunologic service or procedure	AUTH REQUIRED	
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	AUTH REQUIRED	
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	AUTH REQUIRED	
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	AUTH REQUIRED	
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	AUTH REQUIRED	
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	AUTH REQUIRED	
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	AUTH REQUIRED	
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	AUTH REQUIRED	
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	AUTH REQUIRED	
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	AUTH REQUIRED	
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	AUTH REQUIRED	
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	AUTH REQUIRED	
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	AUTH REQUIRED	
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	AUTH REQUIRED	
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	AUTH REQUIRED	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	AUTH REQUIRED	
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	AUTH REQUIRED	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	AUTH REQUIRED	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	AUTH REQUIRED	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	AUTH REQUIRED	
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	AUTH REQUIRED	
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	AUTH REQUIRED	
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	AUTH REQUIRED	
95816	Electroencephalogram (EEG); including recording awake and drowsy	AUTH REQUIRED	
95819	Electroencephalogram (EEG); including recording awake and asleep	AUTH REQUIRED	
95822	Electroencephalogram (EEG); recording in coma or sleep only	AUTH REQUIRED	
95829	Electrocorticogram at surgery (separate procedure)	AUTH REQUIRED	
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	AUTH REQUIRED	
95912	Nerve conduction studies; 11-12 studies	AUTH REQUIRED	
95913	Nerve conduction studies; 13 or more studies	AUTH REQUIRED	
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	AUTH REQUIRED	
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	AUTH REQUIRED	
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	AUTH REQUIRED	
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	AUTH REQUIRED	
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	AUTH REQUIRED	
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	AUTH REQUIRED	
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	AUTH REQUIRED	
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	AUTH REQUIRED	
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	AUTH REQUIRED	
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	AUTH REQUIRED	
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	AUTH REQUIRED	
95999	Unlisted neurological or neuromuscular diagnostic procedure	AUTH REQUIRED	
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	AUTH REQUIRED	
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	AUTH REQUIRED	
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	AUTH REQUIRED	
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	AUTH REQUIRED	
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	AUTH REQUIRED	
96549	Unlisted chemotherapy procedure	AUTH REQUIRED	
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	AUTH REQUIRED	
96999	Unlisted special dermatological service or procedure	AUTH REQUIRED	
97012	Application of a modality to 1 or more areas; traction, mechanical	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97016	Application of a modality to 1 or more areas; vasopneumatic devices	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97018	Application of a modality to 1 or more areas; paraffin bath	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97022	Application of a modality to 1 or more areas; whirlpool	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97026	Application of a modality to 1 or more areas; infrared	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97028	Application of a modality to 1 or more areas; ultraviolet	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97039	Unlisted modality (specify type and time if constant attendance)	AUTH REQUIRED	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97139	Unlisted therapeutic procedure (specify)	AUTH REQUIRED	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97150	Therapeutic procedure(s), group (2 or more individuals)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	AUTH REQUIRED	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97545	Work hardening/conditioning; initial 2 hours	AUTH REQUIRED	
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	AUTH REQUIRED	
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	AUTH REQUIRED	
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	AUTH REQUIRED	
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	AUTH REQUIRED	
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97799	Unlisted physical medicine/rehabilitation service or procedure	AUTH REQUIRED	
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH
99082	Unusual travel (eg, transportation and escort of patient)	AUTH REQUIRED	
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	AUTH REQUIRED	
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99199	Unlisted special service, procedure or report	AUTH REQUIRED	
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	AUTH REQUIRED	
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	AUTH REQUIRED	
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	AUTH REQUIRED	
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	AUTH REQUIRED	
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	AUTH REQUIRED	
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	AUTH REQUIRED	
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	AUTH REQUIRED	
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	AUTH REQUIRED	
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	AUTH REQUIRED	
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	AUTH REQUIRED	
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99429	Unlisted preventive medicine service	AUTH REQUIRED	
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	AUTH REQUIRED	
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	AUTH REQUIRED	
99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	AUTH REQUIRED	
99496	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, High level of medical decision making during the service period, Face-to-face visit, within 7 calendar days of discharge	AUTH REQUIRED	
99499	Unlisted evaluation and management service	AUTH REQUIRED	
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	AUTH REQUIRED	
99501	Home visit for postnatal assessment and follow-up care	AUTH REQUIRED	
99502	Home visit for newborn care and assessment	AUTH REQUIRED	
99600	Unlisted home visit service or procedure	AUTH REQUIRED	
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	AUTH REQUIRED	
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	AUTH REQUIRED	
A0021	Ambulance service, outside state per mile, transport (Medicaid only)	NOT COVERED BY MEDICARE	
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	NOT COVERED BY MEDICARE	
A0100	Nonemergency transportation; taxi	NOT COVERED BY MEDICARE	
A0110	Nonemergency transportation and bus, intra- or interstate carrier	NOT COVERED BY MEDICARE	
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	NOT COVERED BY MEDICARE	
A0130	Nonemergency transportation: wheelchair van	NOT COVERED BY MEDICARE	
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate	NOT COVERED BY MEDICARE	
A0160	Nonemergency transportation: per mile - caseworker or social worker	NOT COVERED BY MEDICARE	
A0170	Transportation ancillary: parking fees, tolls, other	NOT COVERED BY MEDICARE	
A0180	Nonemergency transportation: ancillary: lodging-recipient	NOT COVERED BY MEDICARE	
A0190	Nonemergency transportation: ancillary: meals, recipient	NOT COVERED BY MEDICARE	
A0200	Nonemergency transportation: ancillary: lodging, escort	NOT COVERED BY MEDICARE	
A0210	Nonemergency transportation: ancillary: meals, escort	NOT COVERED BY MEDICARE	
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	NOT COVERED BY MEDICARE	
A0380	BLS mileage (per mile)	NOT COVERED BY MEDICARE	
A0382	BLS routine disposable supplies	NOT COVERED BY MEDICARE	
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	NOT COVERED BY MEDICARE	
A0390	ALS mileage (per mile)	NOT COVERED BY MEDICARE	
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	NOT COVERED BY MEDICARE	
A0394	ALS specialized service disposable supplies; IV drug therapy	NOT COVERED BY MEDICARE	
A0396	ALS specialized service disposable supplies; esophageal intubation	NOT COVERED BY MEDICARE	
A0398	ALS routine disposable supplies	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	NOT COVERED BY MEDICARE	
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	NOT COVERED BY MEDICARE	
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	NOT COVERED BY MEDICARE	
A0425	Ground mileage, per statute mile	AUTH MAY BE REQUIRED/DESTINATION SPECIFIC	Authorization required only if ambulance transport is NOT facility to facility
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	AUTH REQUIRED	
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	AUTH MAY BE REQUIRED/DESTINATION SPECIFIC	Authorization required only if ambulance transport is NOT facility to facility
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	AUTH REQUIRED	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	AUTH REQUIRED	
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	AUTH REQUIRED	
A0433	Advanced life support, level 2 (ALS 2)	AUTH REQUIRED	
A0434	Specialty care transport (SCT)	AUTH REQUIRED	
A0435	Fixed wing air mileage, per statute mile	AUTH REQUIRED	
A0436	Rotary wing air mileage, per statute mile	AUTH REQUIRED	
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	NOT COVERED BY MEDICARE	
A0998	Ambulance response and treatment, no transport	NOT COVERED BY MEDICARE	
A0999	Unlisted ambulance service	AUTH REQUIRED	
A4210	Needle-free injection device, each	NOT COVERED BY MEDICARE	
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	NOT COVERED BY MEDICARE	
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	NOT COVERED BY MEDICARE	
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	NOT COVERED BY MEDICARE	
A4252	Blood ketone test or reagent strip, each	NOT COVERED BY MEDICARE	
A4261	Cervical cap for contraceptive use	NOT COVERED BY MEDICARE	
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	NOT COVERED BY MEDICARE	
A4266	Diaphragm for contraceptive use	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
A4267	Contraceptive supply, condom, male, each	NOT COVERED BY MEDICARE	
A4268	Contraceptive supply, condom, female, each	NOT COVERED BY MEDICARE	
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	NOT COVERED BY MEDICARE	
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	AUTH REQUIRED	
A4457	Enema tube, with or without adapter, any type, replacement only, each	NOT COVERED BY MEDICARE	
A4467	Belt, strap, sleeve, garment, or covering, any type	NOT COVERED BY MEDICARE	
A4468	Exsufflation belt, includes all supplies and accessories	NOT COVERED BY MEDICARE	
A4490	Surgical stockings above knee length, each	NOT COVERED BY MEDICARE	
A4495	Surgical stockings thigh length, each	NOT COVERED BY MEDICARE	
A4500	Surgical stockings below knee length, each	NOT COVERED BY MEDICARE	
A4510	Surgical stockings full-length, each	NOT COVERED BY MEDICARE	
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	NOT COVERED BY MEDICARE	
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	NOT COVERED BY MEDICARE	
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	AUTH REQUIRED	
A4553	Nondisposable underpads, all sizes	NOT COVERED BY MEDICARE	
A4554	Disposable underpads, all sizes	NOT COVERED BY MEDICARE	
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	NOT COVERED BY MEDICARE	
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	NOT COVERED BY MEDICARE	
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	AUTH REQUIRED	
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	NOT COVERED BY MEDICARE	
A4570	Splint	NOT COVERED BY MEDICARE	
A4580	Cast supplies (e.g., plaster)	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
A4590	Special casting material (e.g., fiberglass)	NOT COVERED BY MEDICARE	
A4611	Battery, heavy-duty; replacement for patient-owned ventilator	NOT COVERED BY MEDICARE	
A4612	Battery cables; replacement for patient-owned ventilator	NOT COVERED BY MEDICARE	
A4613	Battery charger; replacement for patient-owned ventilator	NOT COVERED BY MEDICARE	
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	NOT COVERED BY MEDICARE	
A4639	Replacement pad for infrared heating pad system, each	AUTH REQUIRED	
A4670	Automatic blood pressure monitor	NOT COVERED BY MEDICARE	
A6000	Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card	NOT COVERED BY MEDICARE	
A6413	Adhesive bandage, first aid type, any size, each	NOT COVERED BY MEDICARE	
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	AUTH REQUIRED	
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	AUTH REQUIRED	
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	AUTH REQUIRED	
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	AUTH REQUIRED	
A6528	Gradient compression garment, bra, for nighttime use, each	AUTH REQUIRED	
A6529	Gradient compression garment, bra, for nighttime use, custom, each	AUTH REQUIRED	
A6544	Gradient compression stocking, garter belt	NOT COVERED BY MEDICARE	
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	AUTH REQUIRED	
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	AUTH REQUIRED	
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	AUTH REQUIRED	
A6567	Gradient compression garment, neck/head, custom, each	AUTH REQUIRED	
A6569	Gradient compression garment, torso/shoulder, custom, each	AUTH REQUIRED	
A6571	Gradient compression garment, genital region, custom, each	AUTH REQUIRED	
A6586	Gradient compression wrap with adjustable straps, full leg, each	AUTH REQUIRED	
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	NOT COVERED BY MEDICARE	
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	AUTH REQUIRED	
A7049	Expiratory positive airway pressure intranasal resistance valve	NOT COVERED BY MEDICARE	
A9150	Nonprescription drugs	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	NOT COVERED BY MEDICARE	
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	NOT COVERED BY MEDICARE	
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker	NOT COVERED BY MEDICARE	
A9268	Programmer for transient, orally ingested capsule	NOT COVERED BY MEDICARE	
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	NOT COVERED BY MEDICARE	
A9270	Noncovered item or service	NOT COVERED BY MEDICARE	
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	AUTH REQUIRED	
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	NOT COVERED BY MEDICARE	
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	NOT COVERED BY MEDICARE	
A9275	Home glucose disposable monitor, includes test strips	NOT COVERED BY MEDICARE	
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply	NOT COVERED BY MEDICARE	
A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	NOT COVERED BY MEDICARE	
A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	NOT COVERED BY MEDICARE	
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	NOT COVERED BY MEDICARE	
A9280	Alert or alarm device, not otherwise classified	NOT COVERED BY MEDICARE	
A9281	Reaching/grabbing device, any type, any length, each	NOT COVERED BY MEDICARE	
A9282	Wig, any type, each	NOT COVERED BY MEDICARE	
A9283	Foot pressure off loading/supportive device, any type, each	NOT COVERED BY MEDICARE	
A9284	Spirometer, nonelectronic, includes all accessories	AUTH REQUIRED	
A9286	Hygienic item or device, disposable or nondisposable, any type, each	NOT COVERED BY MEDICARE	
A9300	Exercise equipment	NOT COVERED BY MEDICARE	
A9515	Choline C-11, diagnostic, per study dose up to 20 mCi	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	AUTH REQUIRED	
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	AUTH REQUIRED	
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi	AUTH REQUIRED	
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	AUTH REQUIRED	
A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	AUTH REQUIRED	
A9557	Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 mCi	AUTH REQUIRED	
A9568	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 mCi	AUTH REQUIRED	
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	AUTH REQUIRED	
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	AUTH REQUIRED	
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	AUTH REQUIRED	
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	AUTH REQUIRED	
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	AUTH REQUIRED	
A9586	Florbetapir F18, diagnostic, per study dose, up to 10 mCi	AUTH REQUIRED	
A9589	Instillation, hexaminolevulinate HCl, 100 mg	AUTH REQUIRED	
A9592	Copper Cu-64, dotatate, diagnostic, 1 mCi	AUTH REQUIRED	
A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi	AUTH REQUIRED	
A9596	Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi	AUTH REQUIRED	
A9600	Strontium Sr-89 chloride, therapeutic, per mCi	AUTH REQUIRED	
A9601	Flortaucipir F-18 injection, diagnostic, 1 mCi	AUTH REQUIRED	
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi	AUTH REQUIRED	
A9606	Radium RA-223 dichloride, therapeutic, per UCI	AUTH REQUIRED	
A9608	Flotufolastat F-18, diagnostic, 1 mCi	AUTH REQUIRED	
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	AUTH REQUIRED	
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	AUTH REQUIRED	
B4100	Food thickener, administered orally, per oz	NOT COVERED BY MEDICARE	
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	AUTH REQUIRED	
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED	
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED	
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED	
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED	
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	AUTH REQUIRED	
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	AUTH REQUIRED	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix	AUTH REQUIRED	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix	AUTH REQUIRED	
B9004	Parenteral nutrition infusion pump, portable	AUTH REQUIRED	
B9006	Parenteral nutrition infusion pump, stationary	AUTH REQUIRED	
B9998	NOC for enteral supplies	AUTH REQUIRED	
B9999	NOC for parenteral supplies	AUTH REQUIRED	
C1716	Brachytherapy source, nonstranded, gold-198, per source	AUTH REQUIRED	
C1719	Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source	AUTH REQUIRED	
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	AUTH REQUIRED	
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	AUTH REQUIRED	
C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (e.g., subfascial) drug-delivery device(s)	AUTH REQUIRED	
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)	AUTH REQUIRED	
C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (e.g., mapping) of sentinel lymph node(s) including injection of nonradioactive dye when performed	AUTH REQUIRED	
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	AUTH REQUIRED	
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	AUTH REQUIRED	
C7506	Arthrodesis, interphalangeal joints, with or without internal fixation	AUTH REQUIRED	
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	AUTH REQUIRED	
C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	AUTH REQUIRED	
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	AUTH REQUIRED	
C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed	AUTH REQUIRED	
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	AUTH REQUIRED	
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report	AUTH REQUIRED	
C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	AUTH REQUIRED	
C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report	AUTH REQUIRED	
C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	
C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	
C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	
C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	
C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	
C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	
C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	
C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	AUTH REQUIRED	
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	AUTH REQUIRED	
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	AUTH REQUIRED	
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	AUTH REQUIRED	
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	AUTH REQUIRED	
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	AUTH REQUIRED	
C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	AUTH REQUIRED	
C7542	Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	AUTH REQUIRED	
C7543	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	AUTH REQUIRED	
C7544	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	AUTH REQUIRED	
C7545	Percutaneous exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation	AUTH REQUIRED	
C7546	Removal and replacement of externally accessible nephroureteral catheter (e.g., external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation	AUTH REQUIRED	
C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C7549	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	AUTH REQUIRED	
C7550	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent	AUTH REQUIRED	
C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle	AUTH REQUIRED	
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent	AUTH REQUIRED	
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	AUTH REQUIRED	
C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed	AUTH REQUIRED	
C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	AUTH REQUIRED	
C7560	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of foreign body(ies) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)	AUTH REQUIRED	
C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C9257	Injection, bevacizumab, 0.25 mg	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	RETINAL/EYE: Bevacizumab (Avastin) claims with ARMD diagnosis will process without auth PREFERRED/no Auth for Age-Related Macular Degeneration CANCER: Bevacizumab (Avastin) for various cancers Auth Required. PA for medical necessity and Exceptions Criteria available NON-PREFERRED/Auth Required for Cancer, Preferred = Mvasi (colon, lung, renal, cervical, ovarian/fallopian/peritoneal, and glioblastoma) and Zirabev (colon, lung, renal, cervical, and glioblastoma). If for ovarian, fallopian tube or primary peritoneal, cannot use Zirabev.
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	AUTH REQUIRED	
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
C9727	Insertion of implants into the soft palate; minimum of three implants	AUTH REQUIRED	
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple	AUTH REQUIRED	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	AUTH REQUIRED	
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants	AUTH REQUIRED	
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants	AUTH REQUIRED	
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	AUTH REQUIRED	
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C9758	Blind procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	AUTH REQUIRED	
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable (must use a steerable ureteral catheter)	AUTH REQUIRED	
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED	
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED	
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED	
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED	
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED	
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED	
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED	
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED	
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy	AUTH REQUIRED	
C9778	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)	AUTH REQUIRED	
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C9782	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	AUTH REQUIRED	
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catherization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study	AUTH REQUIRED	
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	AUTH REQUIRED	
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	AUTH REQUIRED	
C9789	Instillation of antineoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed	AUTH REQUIRED	
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	AUTH REQUIRED	
C9792	Blinded or nonblinded procedure for symptomatic New York Heart Association (NYHA) Class II, III, IVA heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., transesophageal echocardiography (TTE), intracardiac echocardiography (ICE), fluoroscopy), performed under general anesthesia in an approved investigational device exemption (IDE) study	AUTH REQUIRED	
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography and/or magnetic resonance imaging with report	AUTH REQUIRED	
E0117	Crutch, underarm, articulating, spring assisted, each	AUTH REQUIRED	
E0140	Walker, with trunk support, adjustable or fixed height, any type	AUTH REQUIRED	
E0144	Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat	AUTH REQUIRED	
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type	AUTH REQUIRED	
E0165	Commode chair, mobile or stationary, with detachable arms	AUTH REQUIRED	
E0170	Commode chair with integrated seat lift mechanism, electric, any type	AUTH REQUIRED	
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E0172	Seat lift mechanism placed over or on top of toilet, any type	NOT COVERED BY MEDICARE	
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	AUTH REQUIRED	
E0182	Pump for alternating pressure pad, for replacement only	AUTH REQUIRED	
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	AUTH REQUIRED	
E0186	Air pressure mattress	AUTH REQUIRED	
E0187	Water pressure mattress	AUTH REQUIRED	
E0193	Powered air flotation bed (low air loss therapy)	AUTH REQUIRED	
E0194	Air fluidized bed	AUTH REQUIRED	
E0196	Gel pressure mattress	AUTH REQUIRED	
E0197	Air pressure pad for mattress, standard mattress length and width	AUTH REQUIRED	
E0198	Water pressure pad for mattress, standard mattress length and width	AUTH REQUIRED	
E0202	Phototherapy (bilirubin) light with photometer	AUTH REQUIRED	
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	NOT COVERED BY MEDICARE	
E0217	Water circulating heat pad with pump	AUTH REQUIRED	
E0231	Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	NOT COVERED BY MEDICARE	
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	NOT COVERED BY MEDICARE	
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	AUTH REQUIRED	
E0236	Pump for water circulating pad	AUTH REQUIRED	
E0239	Hydrocollator unit, portable	AUTH REQUIRED	
E0240	Bath/shower chair, with or without wheels, any size	NOT COVERED BY MEDICARE	
E0241	Bathtub wall rail, each	NOT COVERED BY MEDICARE	
E0242	Bathtub rail, floor base	NOT COVERED BY MEDICARE	
E0243	Toilet rail, each	NOT COVERED BY MEDICARE	
E0244	Raised toilet seat	NOT COVERED BY MEDICARE	
E0245	Tub stool or bench	NOT COVERED BY MEDICARE	
E0250	Hospital bed, fixed height, with any type side rails, with mattress	AUTH REQUIRED	
E0251	Hospital bed, fixed height, with any type side rails, without mattress	AUTH REQUIRED	
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	AUTH REQUIRED	
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	AUTH REQUIRED	
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	AUTH REQUIRED	
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	AUTH REQUIRED	
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	AUTH REQUIRED	
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	NOT COVERED BY MEDICARE	
E0273	Bed board	NOT COVERED BY MEDICARE	
E0274	Over-bed table	NOT COVERED BY MEDICARE	
E0277	Powered pressure-reducing air mattress	AUTH REQUIRED	
E0290	Hospital bed, fixed height, without side rails, with mattress	AUTH REQUIRED	
E0291	Hospital bed, fixed height, without side rails, without mattress	AUTH REQUIRED	
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	AUTH REQUIRED	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	AUTH REQUIRED	
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	AUTH REQUIRED	
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	AUTH REQUIRED	
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	AUTH REQUIRED	
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	AUTH REQUIRED	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	AUTH REQUIRED	
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	AUTH REQUIRED	
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	AUTH REQUIRED	
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	AUTH REQUIRED	
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	AUTH REQUIRED	
E0305	Bedside rails, half-length	AUTH REQUIRED	
E0315	Bed accessory: board, table, or support device, any type	NOT COVERED BY MEDICARE	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	AUTH REQUIRED	
E0372	Powered air overlay for mattress, standard mattress length and width	AUTH REQUIRED	
E0373	Nonpowered advanced pressure reducing mattress	AUTH REQUIRED	
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	AUTH REQUIRED	
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	AUTH REQUIRED	
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	AUTH REQUIRED	
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	AUTH REQUIRED	
E0455	Oxygen tent, excluding croup or pediatric tents	AUTH REQUIRED	
E0457	Chest shell (cuirass)	NOT COVERED BY MEDICARE	
E0459	Chest wrap	NOT COVERED BY MEDICARE	
E0462	Rocking bed, with or without side rails	AUTH REQUIRED	
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	AUTH REQUIRED	
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	AUTH REQUIRED	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	AUTH REQUIRED	
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	AUTH REQUIRED	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	AUTH REQUIRED	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	AUTH REQUIRED	
E0480	Percussor, electric or pneumatic, home model	AUTH REQUIRED	
E0481	Intrapulmonary percussive ventilation system and related accessories	NOT COVERED BY MEDICARE	
E0482	Cough stimulating device, alternating positive and negative airway pressure	AUTH REQUIRED	
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	AUTH REQUIRED	
E0487	Spirometer, electronic, includes all accessories	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	AUTH REQUIRED	
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	NOT COVERED BY MEDICARE	
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	NOT COVERED BY MEDICARE	
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	AUTH REQUIRED	
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	AUTH REQUIRED	
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	AUTH REQUIRED	
E0570	Nebulizer, with compressor	AUTH REQUIRED	
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	AUTH REQUIRED	
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	AUTH REQUIRED	
E0575	Nebulizer, ultrasonic, large volume	AUTH REQUIRED	
E0585	Nebulizer, with compressor and heater	AUTH REQUIRED	
E0600	Respiratory suction pump, home model, portable or stationary, electric	AUTH REQUIRED	
E0601	Continuous positive airway pressure (CPAP) device	AUTH REQUIRED	
E0606	Postural drainage board	AUTH REQUIRED	
E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	AUTH REQUIRED	
E0617	External defibrillator with integrated electrocardiogram analysis	AUTH REQUIRED	
E0618	Apnea monitor, without recording feature	AUTH REQUIRED	
E0619	Apnea monitor, with recording feature	AUTH REQUIRED	
E0620	Skin piercing device for collection of capillary blood, laser, each	AUTH REQUIRED	
E0625	Patient lift, bathroom or toilet, not otherwise classified	NOT COVERED BY MEDICARE	
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	AUTH REQUIRED	
E0635	Patient lift, electric, with seat or sling	AUTH REQUIRED	
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	AUTH REQUIRED	
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	NOT COVERED BY MEDICARE	
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	NOT COVERED BY MEDICARE	
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E0640	Patient lift, fixed system, includes all components/accessories	AUTH REQUIRED	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	NOT COVERED BY MEDICARE	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	NOT COVERED BY MEDICARE	
E0650	Pneumatic compressor, nonsegmental home model	AUTH REQUIRED	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	AUTH REQUIRED	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	AUTH REQUIRED	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	AUTH REQUIRED	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	AUTH REQUIRED	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	AUTH REQUIRED	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	AUTH REQUIRED	
E0671	Segmental gradient pressure pneumatic appliance, full leg	AUTH REQUIRED	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	AUTH REQUIRED	
E0677	Nonpneumatic sequential compression garment, trunk	AUTH REQUIRED	
E0678	Nonpneumatic sequential compression garment, full leg	AUTH REQUIRED	
E0679	Nonpneumatic sequential compression garment, half leg	AUTH REQUIRED	
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure	AUTH REQUIRED	
E0681	Nonpneumatic compression controller without calibrated gradient pressure	AUTH REQUIRED	
E0682	Nonpneumatic sequential compression garment, full arm	AUTH REQUIRED	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	AUTH REQUIRED	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	AUTH REQUIRED	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	AUTH REQUIRED	
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	AUTH REQUIRED	
E0732	Cranial electrotherapy stimulation (CES) system, any type	AUTH REQUIRED	
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	AUTH REQUIRED	
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	AUTH REQUIRED	
E0735	Noninvasive vagus nerve stimulator	AUTH REQUIRED	
E0740	Nonimplanted pelvic floor electrical stimulator, complete system	AUTH REQUIRED	
E0744	Neuromuscular stimulator for scoliosis	AUTH REQUIRED	
E0745	Neuromuscular stimulator, electronic shock unit	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E0746	Electromyography (EMG), biofeedback device	AUTH REQUIRED	
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	AUTH REQUIRED	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	AUTH REQUIRED	
E0749	Osteogenesis stimulator, electrical, surgically implanted	AUTH REQUIRED	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	AUTH REQUIRED	
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	AUTH REQUIRED	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	AUTH REQUIRED	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	AUTH REQUIRED	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	AUTH REQUIRED	
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	AUTH REQUIRED	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	AUTH REQUIRED	
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	AUTH REQUIRED	
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	AUTH REQUIRED	
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	AUTH REQUIRED	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	AUTH REQUIRED	
E0784	External ambulatory infusion pump, insulin	AUTH REQUIRED	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	AUTH REQUIRED	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	AUTH REQUIRED	
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	NOT COVERED BY MEDICARE	
E0791	Parenteral infusion pump, stationary, single, or multichannel	AUTH REQUIRED	
E0830	Ambulatory traction device, all types, each	AUTH REQUIRED	
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	AUTH REQUIRED	
E0855	Cervical traction equipment not requiring additional stand or frame	AUTH REQUIRED	
E0856	Cervical traction device, with inflatable air bladder(s)	AUTH REQUIRED	
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	AUTH REQUIRED	
E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	AUTH REQUIRED	
E0920	Fracture frame, attached to bed, includes weights	AUTH REQUIRED	
E0930	Fracture frame, freestanding, includes weights	AUTH REQUIRED	
E0936	Continuous passive motion exercise device for use other than knee	NOT COVERED BY MEDICARE	
E0940	Trapeze bar, freestanding, complete with grab bar	AUTH REQUIRED	
E0941	Gravity assisted traction device, any type	AUTH REQUIRED	
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balkan, four-poster)	AUTH REQUIRED	
E0947	Fracture frame, attachments for complex pelvic traction	AUTH REQUIRED	
E0948	Fracture frame, attachments for complex cervical traction	AUTH REQUIRED	
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	AUTH REQUIRED	
E0958	Manual wheelchair accessory, one-arm drive attachment, each	AUTH REQUIRED	
E0968	Commode seat, wheelchair	AUTH REQUIRED	
E0970	No. 2 footplates, except for elevating legrest	NOT COVERED BY MEDICARE	
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	AUTH REQUIRED	
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	AUTH REQUIRED	
E0985	Wheelchair accessory, seat lift mechanism	AUTH REQUIRED	
E0986	Manual wheelchair accessory, push-rim activated power assist system	AUTH REQUIRED	
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	AUTH REQUIRED	
E1002	Wheelchair accessory, power seating system, tilt only	AUTH REQUIRED	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	AUTH REQUIRED	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	AUTH REQUIRED	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	AUTH REQUIRED	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	AUTH REQUIRED	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	AUTH REQUIRED	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	AUTH REQUIRED	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	AUTH REQUIRED	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E1014	Reclining back, addition to pediatric size wheelchair	AUTH REQUIRED	
E1020	Residual limb support system for wheelchair, any type	AUTH REQUIRED	
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	AUTH REQUIRED	
E1029	Wheelchair accessory, ventilator tray, fixed	AUTH REQUIRED	
E1030	Wheelchair accessory, ventilator tray, gimbaled	AUTH REQUIRED	
E1031	Rollabout chair, any and all types with castors 5 in or greater	AUTH REQUIRED	
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	AUTH REQUIRED	
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	AUTH REQUIRED	
E1037	Transport chair, pediatric size	AUTH REQUIRED	
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	AUTH REQUIRED	
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	AUTH REQUIRED	
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	AUTH REQUIRED	
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	AUTH REQUIRED	
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	NOT COVERED BY MEDICARE	
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	NOT COVERED BY MEDICARE	
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	AUTH REQUIRED	
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	NOT COVERED BY MEDICARE	
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	AUTH REQUIRED	
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	AUTH REQUIRED	
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	AUTH REQUIRED	
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	NOT COVERED BY MEDICARE	
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	NOT COVERED BY MEDICARE	
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	AUTH REQUIRED	
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1161	Manual adult size wheelchair, includes tilt in space	AUTH REQUIRED	
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	AUTH REQUIRED	
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	AUTH REQUIRED	
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	AUTH REQUIRED	
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	AUTH REQUIRED	
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	AUTH REQUIRED	
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	AUTH REQUIRED	
E1221	Wheelchair with fixed arm, footrests	AUTH REQUIRED	
E1222	Wheelchair with fixed arm, elevating legrests	AUTH REQUIRED	
E1223	Wheelchair with detachable arms, footrests	AUTH REQUIRED	
E1224	Wheelchair with detachable arms, elevating legrests	AUTH REQUIRED	
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	AUTH REQUIRED	
E1228	Special back height for wheelchair	AUTH REQUIRED	
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	AUTH REQUIRED	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	AUTH REQUIRED	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	AUTH REQUIRED	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	AUTH REQUIRED	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	AUTH REQUIRED	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	AUTH REQUIRED	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	AUTH REQUIRED	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	AUTH REQUIRED	
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	AUTH REQUIRED	
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	AUTH REQUIRED	
E1296	Special wheelchair seat height from floor	AUTH REQUIRED	
E1298	Special wheelchair seat depth and/or width, by construction	AUTH REQUIRED	
E1300	Whirlpool, portable (overtub type)	NOT COVERED BY MEDICARE	
E1301	Whirlpool tub, walk-in, portable	NOT COVERED BY MEDICARE	
E1310	Whirlpool, nonportable (built-in type)	AUTH REQUIRED	
E1500	Centrifuge, for dialysis	AUTH REQUIRED	
E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	AUTH REQUIRED	
E1520	Heparin infusion pump for hemodialysis	AUTH REQUIRED	
E1530	Air bubble detector for hemodialysis, each, replacement	AUTH REQUIRED	
E1540	Pressure alarm for hemodialysis, each, replacement	AUTH REQUIRED	
E1550	Bath conductivity meter for hemodialysis, each	AUTH REQUIRED	
E1560	Blood leak detector for hemodialysis, each, replacement	AUTH REQUIRED	
E1570	Adjustable chair, for ESRD patients	AUTH REQUIRED	
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	AUTH REQUIRED	
E1580	Unipuncture control system for hemodialysis	AUTH REQUIRED	
E1590	Hemodialysis machine	AUTH REQUIRED	
E1592	Automatic intermittent peritoneal dialysis system	AUTH REQUIRED	
E1594	Cycler dialysis machine for peritoneal dialysis	AUTH REQUIRED	
E1600	Delivery and/or installation charges for hemodialysis equipment	AUTH REQUIRED	
E1610	Reverse osmosis water purification system, for hemodialysis	AUTH REQUIRED	
E1615	Deionizer water purification system, for hemodialysis	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E1620	Blood pump for hemodialysis, replacement	AUTH REQUIRED	
E1625	Water softening system, for hemodialysis	AUTH REQUIRED	
E1632	Wearable artificial kidney, each	AUTH REQUIRED	
E1634	Peritoneal dialysis clamps, each	AUTH REQUIRED	
E1635	Compact (portable) travel hemodialyzer system	AUTH REQUIRED	
E1636	Sorbent cartridges, for hemodialysis, per 10	AUTH REQUIRED	
E1637	Hemostats, each	AUTH REQUIRED	
E1639	Scale, each	AUTH REQUIRED	
E1699	Dialysis equipment, not otherwise specified	AUTH REQUIRED	
E1700	Jaw motion rehabilitation system	AUTH REQUIRED	
E1800	Dynamic adjustable elbow extension and flexion device, includes soft interface material	AUTH REQUIRED	
E1801	Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	AUTH REQUIRED	
E1805	Dynamic adjustable wrist extension and flexion device, includes soft interface material	AUTH REQUIRED	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1810	Dynamic adjustable knee extension and flexion device, includes soft interface material	AUTH REQUIRED	
E1811	Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1812	Dynamic knee, extension/flexion device with active resistance control	AUTH REQUIRED	
E1815	Dynamic adjustable ankle extension and flexion device, includes soft interface material	AUTH REQUIRED	
E1816	Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1825	Dynamic adjustable finger extension and flexion device, includes soft interface material	AUTH REQUIRED	
E1830	Dynamic adjustable toe extension and flexion device, includes soft interface material	AUTH REQUIRED	
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	AUTH REQUIRED	
E1841	Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1905	Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software	AUTH REQUIRED	
E2000	Gastric suction pump, home model, portable or stationary, electric	AUTH REQUIRED	
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system	AUTH REQUIRED	
E2100	Blood glucose monitor with integrated voice synthesizer	AUTH REQUIRED	
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	AUTH REQUIRED	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	AUTH REQUIRED	
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	AUTH REQUIRED	
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	AUTH REQUIRED	
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	AUTH REQUIRED	
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	AUTH REQUIRED	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	AUTH REQUIRED	
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	AUTH REQUIRED	
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	AUTH REQUIRED	
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	AUTH REQUIRED	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	AUTH REQUIRED	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	AUTH REQUIRED	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	AUTH REQUIRED	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	AUTH REQUIRED	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	AUTH REQUIRED	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	AUTH REQUIRED	
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	AUTH REQUIRED	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	AUTH REQUIRED	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	AUTH REQUIRED	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	AUTH REQUIRED	
E2368	Power wheelchair component, drive wheel motor, replacement only	AUTH REQUIRED	
E2369	Power wheelchair component, drive wheel gear box, replacement only	AUTH REQUIRED	
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	AUTH REQUIRED	
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	AUTH REQUIRED	
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	AUTH REQUIRED	
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	AUTH REQUIRED	
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	AUTH REQUIRED	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	AUTH REQUIRED	
E2378	Power wheelchair component, actuator, replacement only	AUTH REQUIRED	
E2397	Power wheelchair accessory, lithium-based battery, each	AUTH REQUIRED	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	AUTH REQUIRED	
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time	AUTH REQUIRED	
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time	AUTH REQUIRED	
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	AUTH REQUIRED	
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	AUTH REQUIRED	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	AUTH REQUIRED	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E2599	Accessory for speech generating device, not otherwise classified	AUTH REQUIRED	
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	AUTH REQUIRED	
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	AUTH REQUIRED	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	AUTH REQUIRED	
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	AUTH REQUIRED	
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	AUTH REQUIRED	
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	AUTH REQUIRED	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	AUTH REQUIRED	
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	AUTH REQUIRED	
E3000	Speech volume modulation system, any type, including all components and accessories	AUTH REQUIRED	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	NOT COVERED BY MEDICARE	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	NOT COVERED BY MEDICARE	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	NOT COVERED BY MEDICARE	
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER INITIAL 10 HOURS (20 UNITS) LIFETIME LIMIT
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER INITIAL 10 HOURS (20 UNITS) LIFETIME LIMIT
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
G0219	PET imaging whole body; melanoma for noncovered indications	NOT COVERED BY MEDICARE	
G0235	PET imaging, any site, not otherwise specified	NOT COVERED BY MEDICARE	
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	NOT COVERED BY MEDICARE	
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	NOT COVERED BY MEDICARE	
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial	AUTH REQUIRED	
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	NOT COVERED BY MEDICARE	
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	AUTH REQUIRED	
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	NOT COVERED BY MEDICARE	
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5-15 minutes time (This code is used for Medicaid billing purposes)	NOT COVERED BY MEDICARE	
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 minutes time (This code is used for Medicaid billing purposes)	NOT COVERED BY MEDICARE	
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5-15 minutes time (This code is used for Medicaid billing purposes)	NOT COVERED BY MEDICARE	
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 minutes time (This code is used for Medicaid billing purposes)	NOT COVERED BY MEDICARE	
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	NOT COVERED BY MEDICARE	
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	NOT COVERED BY MEDICARE	
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	AUTH REQUIRED	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
G0378	Hospital observation service, per hour	AUTH REQUIRED	AUTH REQ only if > 48 HOURS

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
G0379	Direct admission of patient for hospital observation care	AUTH REQUIRED	AUTH REQ only if > 48 HOURS
G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)	AUTH REQUIRED	
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	AUTH REQUIRED	
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	NOT COVERED BY MEDICARE	
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)	AUTH REQUIRED	
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G0518	Removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	AUTH REQUIRED	
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	AUTH REQUIRED	
G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	AUTH REQUIRED	
G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	AUTH REQUIRED	
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	AUTH REQUIRED	
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	AUTH REQUIRED	
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	AUTH REQUIRED	
G9012	Other specified case management service not elsewhere classified	AUTH REQUIRED	
G9013	ESRD demo basic bundle Level I	NOT COVERED BY MEDICARE	
G9014	ESRD demo expanded bundle including venous access and related services	NOT COVERED BY MEDICARE	
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]	NOT COVERED BY MEDICARE	
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer-directed therapy or managing consequences of cancer-directed therapy (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer-directed therapy is being administered or arranged at present; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board-approved clinical trial (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration	NOT COVERED BY MEDICARE	
G9919	Screening performed and positive and provision of recommendations	NOT COVERED BY MEDICARE	
G9920	Screening performed and negative	NOT COVERED BY MEDICARE	
H0001	Alcohol and/or drug assessment	NOT COVERED BY MEDICARE	
H0002	Behavioral health screening to determine eligibility for admission to treatment program	NOT COVERED BY MEDICARE	
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	NOT COVERED BY MEDICARE	
H0004	Behavioral health counseling and therapy, per 15 minutes	NOT COVERED BY MEDICARE	
H0005	Alcohol and/or drug services; group counseling by a clinician	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
H0006	Alcohol and/or drug services; case management	NOT COVERED BY MEDICARE	
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	NOT COVERED BY MEDICARE	
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	NOT COVERED BY MEDICARE	
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	NOT COVERED BY MEDICARE	
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	NOT COVERED BY MEDICARE	
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	NOT COVERED BY MEDICARE	
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	NOT COVERED BY MEDICARE	
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	NOT COVERED BY MEDICARE	
H0014	Alcohol and/or drug services; ambulatory detoxification	NOT COVERED BY MEDICARE	
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	NOT COVERED BY MEDICARE	
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	NOT COVERED BY MEDICARE	
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	NOT COVERED BY MEDICARE	
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	NOT COVERED BY MEDICARE	
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	NOT COVERED BY MEDICARE	
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	NOT COVERED BY MEDICARE	
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	NOT COVERED BY MEDICARE	
H0022	Alcohol and/or drug intervention service (planned facilitation)	NOT COVERED BY MEDICARE	
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	NOT COVERED BY MEDICARE	
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)	NOT COVERED BY MEDICARE	
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	NOT COVERED BY MEDICARE	
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	NOT COVERED BY MEDICARE	
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	NOT COVERED BY MEDICARE	
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	NOT COVERED BY MEDICARE	
H0030	Behavioral health hotline service	NOT COVERED BY MEDICARE	
H0031	Mental health assessment, by nonphysician	NOT COVERED BY MEDICARE	
H0032	Mental health service plan development by nonphysician	NOT COVERED BY MEDICARE	
H0033	Oral medication administration, direct observation	NOT COVERED BY MEDICARE	
H0034	Medication training and support, per 15 minutes	NOT COVERED BY MEDICARE	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	NOT COVERED BY MEDICARE	
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	NOT COVERED BY MEDICARE	
H0037	Community psychiatric supportive treatment program, per diem	NOT COVERED BY MEDICARE	
H0038	Self-help/peer services, per 15 minutes	NOT COVERED BY MEDICARE	
H0039	Assertive community treatment, face-to-face, per 15 minutes	NOT COVERED BY MEDICARE	
H0040	Assertive community treatment program, per diem	NOT COVERED BY MEDICARE	
H0041	Foster care, child, nontherapeutic, per diem	NOT COVERED BY MEDICARE	
H0042	Foster care, child, nontherapeutic, per month	NOT COVERED BY MEDICARE	
H0043	Supported housing, per diem	NOT COVERED BY MEDICARE	
H0044	Supported housing, per month	NOT COVERED BY MEDICARE	
H0045	Respite care services, not in the home, per diem	NOT COVERED BY MEDICARE	
H0046	Mental health services, not otherwise specified	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
H0047	Alcohol and/or other drug abuse services, not otherwise specified	NOT COVERED BY MEDICARE	
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	NOT COVERED BY MEDICARE	
H0049	Alcohol and/or drug screening	NOT COVERED BY MEDICARE	
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	NOT COVERED BY MEDICARE	
H1000	Prenatal care, at-risk assessment	NOT COVERED BY MEDICARE	
H1001	Prenatal care, at-risk enhanced service; antepartum management	NOT COVERED BY MEDICARE	
H1002	Prenatal care, at risk enhanced service; care coordination	NOT COVERED BY MEDICARE	
H1003	Prenatal care, at-risk enhanced service; education	NOT COVERED BY MEDICARE	
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	NOT COVERED BY MEDICARE	
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	NOT COVERED BY MEDICARE	
H1010	Nonmedical family planning education, per session	NOT COVERED BY MEDICARE	
H1011	Family assessment by licensed behavioral health professional for state defined purposes	NOT COVERED BY MEDICARE	
H2000	Comprehensive multidisciplinary evaluation	NOT COVERED BY MEDICARE	
H2001	Rehabilitation program, per 1/2 day	NOT COVERED BY MEDICARE	
H2010	Comprehensive medication services, per 15 minutes	NOT COVERED BY MEDICARE	
H2011	Crisis intervention service, per 15 minutes	NOT COVERED BY MEDICARE	
H2012	Behavioral health day treatment, per hour	NOT COVERED BY MEDICARE	
H2013	Psychiatric health facility service, per diem	NOT COVERED BY MEDICARE	
H2014	Skills training and development, per 15 minutes	NOT COVERED BY MEDICARE	
H2015	Comprehensive community support services, per 15 minutes	NOT COVERED BY MEDICARE	
H2016	Comprehensive community support services, per diem	NOT COVERED BY MEDICARE	
H2017	Psychosocial rehabilitation services, per 15 minutes	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
H2018	Psychosocial rehabilitation services, per diem	NOT COVERED BY MEDICARE	
H2019	Therapeutic behavioral services, per 15 minutes	NOT COVERED BY MEDICARE	
H2020	Therapeutic behavioral services, per diem	NOT COVERED BY MEDICARE	
H2021	Community-based wrap-around services, per 15 minutes	NOT COVERED BY MEDICARE	
H2022	Community-based wrap-around services, per diem	NOT COVERED BY MEDICARE	
H2023	Supported employment, per 15 minutes	NOT COVERED BY MEDICARE	
H2024	Supported employment, per diem	NOT COVERED BY MEDICARE	
H2025	Ongoing support to maintain employment, per 15 minutes	NOT COVERED BY MEDICARE	
H2026	Ongoing support to maintain employment, per diem	NOT COVERED BY MEDICARE	
H2027	Psychoeducational service, per 15 minutes	NOT COVERED BY MEDICARE	
H2028	Sexual offender treatment service, per 15 minutes	NOT COVERED BY MEDICARE	
H2029	Sexual offender treatment service, per diem	NOT COVERED BY MEDICARE	
H2030	Mental health clubhouse services, per 15 minutes	NOT COVERED BY MEDICARE	
H2031	Mental health clubhouse services, per diem	NOT COVERED BY MEDICARE	
H2032	Activity therapy, per 15 minutes	NOT COVERED BY MEDICARE	
H2033	Multisystemic therapy for juveniles, per 15 minutes	NOT COVERED BY MEDICARE	
H2034	Alcohol and/or drug abuse halfway house services, per diem	NOT COVERED BY MEDICARE	
H2035	Alcohol and/or other drug treatment program, per hour	NOT COVERED BY MEDICARE	
H2036	Alcohol and/or other drug treatment program, per diem	NOT COVERED BY MEDICARE	
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	NOT COVERED BY MEDICARE	
H2038	Skills training and development, per diem	NOT COVERED BY MEDICARE	
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter	NOT COVERED BY MEDICARE	
J0129	Injection, abatacept, 10 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)	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio
J0178	Injection, aflibercept, 1 mg	AUTH REQUIRED	PREFERRED STATUS Brand = Eylea --- Step-therapy requires member to try Avastin prior to this drug.
J0179	Injection, brolucizumab-dbll, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD
J0180	Injection, agalsidase beta, 1 mg	AUTH REQUIRED	
J0202	Injection, alemtuzumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ocrevus / Tyruko
J0217	Injection, velmanase alfa-tycv, 1 mg	AUTH REQUIRED	
J0218	Injection, olipudase alfa-rpcp, 1 mg	AUTH REQUIRED	
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	AUTH REQUIRED	
J0224	Injection, lumasiran, 0.5 mg	AUTH REQUIRED	
J0225	Injection, vutrisiran, 1 mg	AUTH REQUIRED	PREFERRED STATUS Brand = Amvuttra
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	AUTH MAY BE REQUIRED/PRODUCT SPECIFIC	THIS J CODE IS USED FOR ARALAST, ZEMAIRA, AND PROLASTIN-C. ARALAST IS NON-PREFERRED (AUTH REQ). PROLASTIN-C/ZEMAIRA ARE PREFERRED (NO AUTH REQ).
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Prolastin-C/Zemaira
J0270	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED	
J0275	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED	
J0480	Injection, basiliximab, 20 mg	AUTH REQUIRED	
J0584	Injection, burosumab-twza, 1 mg	AUTH REQUIRED	
J0585	Injection, onabotulinumtoxinA, 1 unit	AUTH REQUIRED	NON-PREFERRED Preferred = Dysport / Xeomin
J0587	Injection, rimabotulinumtoxinB, 100 units	AUTH REQUIRED	NON-PREFERRED Preferred = Dysport / Xeomin
J0600	Injection, edetate calcium disodium, up to 1,000 mg	AUTH REQUIRED	
J0630	Injection, calcitonin salmon, up to 400 units	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
J0716	Injection, Centruroides immune f(ab)2, up to 120 mg	AUTH REQUIRED	
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio
J0740	Injection, cidofovir, 375 mg	AUTH REQUIRED	
J0801	Injection, corticotropin (Acthar Gel), up to 40 units	AUTH REQUIRED	
J0802	Injection, corticotropin (ANI), up to 40 units	AUTH REQUIRED	
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 g	AUTH REQUIRED	
J0841	Injection, crotalidae immune F(ab')2 (equine), 120 mg	AUTH REQUIRED	
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	AUTH REQUIRED	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	AUTH REQUIRED	NON-PREFERRED Preferred = Aranesp / Retacrit no auth req when administered for dialysis patient at an outpatient dialysis center
J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)	AUTH REQUIRED	NON-PREFERRED Preferred = Aranesp / Retacrit
J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use)	AUTH REQUIRED	NON-PREFERRED Preferred = Aranesp / Retacrit
J0897	Injection, denosumab, 1 mg	AUTH MAY BE REQUIRED/PRODUCT SPECIFIC	THIS J CODE IS USED FOR XGEVA AND PROLIA. XGEVA IS NON-PREFERRED (AUTH REQUIRED). PROLIA IS PPREFERRED (NO AUTH REQ).
J1105	Dexmedetomidine, oral, 1 mcg	NOT COVERED BY MEDICARE	
J1162	Injection, digoxin immune fab (ovine), per vial	AUTH REQUIRED	
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml	AUTH REQUIRED	
J1290	Injection, ecallantide, 1 mg	AUTH REQUIRED	
J1303	Injection, ravulizumab-cwvz, 10 mg	AUTH REQUIRED	PREFERRED STATUS Brand = Ultomiris
J1322	Injection, elosulfase alfa, 1 mg	AUTH REQUIRED	
J1410	Injection, estrogen conjugated, per 25 mg	AUTH REQUIRED	
J1430	Injection, ethanolamine oleate, 100 mg	AUTH REQUIRED	
J1436	Injection, etidronate disodium, per 300 mg	AUTH REQUIRED	
J1437	Injection, ferric derisomaltose, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate
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)	AUTH REQUIRED	
J1439	Injection, ferric carboxymaltose, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio
J1447	Injection, tbo-filgrastim, 1 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio
J1449	Injection, eflapegrastim-xnst, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	AUTH REQUIRED	
J1458	Injection, galsulfase, 1 mg	AUTH REQUIRED	
J1551	Injection, immune globulin (Cutaquig), 100 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Hizentra
J1554	Injection, immune globulin (Asceniv), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen
J1555	Injection, immune globulin (Cuvitru), 100 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Hizentra
J1556	Injection, immune globulin (Bivigam), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen
J1558	Injection, immune globulin (xembify), 100 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Hizentra
J1560	Injection, gamma globulin, intramuscular, over 10 cc	AUTH REQUIRED	
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen
J1575	Injection, immune globulin/hyaluronidase, 100 mg immuneglobulin	AUTH REQUIRED	NON-PREFERRED Preferred = Hizentra
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen
J1670	Injection, tetanus immune globulin, human, up to 250 units	AUTH REQUIRED	
J1675	Injection, histrelin acetate, 10 mcg	AUTH REQUIRED	
J1743	Injection, idursulfase, 1 mg	AUTH REQUIRED	
J1745	Injection, infliximab, excludes biosimilar, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Inflectra/Renflexis
J1823	Injection, inebilizumab-cdon, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Soliris
J1826	Injection, interferon beta-1a, 30 mcg	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
J1930	Injection, lanreotide, 1 mg	AUTH MAY BE REQUIRED/PRODUCT SPECIFIC	THIS J CODE IS USED FOR LANREOTIDE ACETATE AND SOMATULINE DEPOT. LANREOTIDE ACETATE IS NON-PREFERRED (AUTH REQ). SOMATULINE DEPOT IS PREFERRED (NO AUTH REQ).
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Eligard
J1952	Leuprolide injectable, camcevi, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Eligard
J1954	Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg	AUTH REQUIRED	
J2182	Injection, mepolizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fasenra / Xolair
J2323	Injection, natalizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ocrevus / Tyruko
J2325	Injection, nesiritide, 0.1 mg	AUTH REQUIRED	
J2326	Injection, nusinersen, 0.1 mg	AUTH REQUIRED	
J2329	Injection, ublituximab-xiiy, 1mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ocrevus / Tyruko
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Somatuline Depot
J2356	Injection, tezepelumab-ekko, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fasenra / Xolair
J2502	Injection, pasireotide long acting, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Somatuline Depot
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo
J2507	Injection, pegloticase, 1 mg	AUTH REQUIRED	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	AUTH REQUIRED	
J2690	Injection, procainamide HCl, up to 1 g	AUTH REQUIRED	
J2760	Injection, phentolamine mesylate, up to 5 mg	AUTH REQUIRED	
J2777	Injection, faricimab-svoa, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD
J2778	Injection, ranibizumab, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD
J2783	Injection, rasburicase, 0.5 mg	AUTH REQUIRED	
J2786	Injection, reslizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fasenra / Xolair

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
J2797	Injection, rolapitant, 0.5 mg	AUTH REQUIRED	
J2820	Injection, sargramostim (GM-CSF), 50 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio
J2840	Injection, sebelipase alfa, 1 mg	AUTH REQUIRED	
J2993	Injection, reteplase, 18.1 mg	AUTH REQUIRED	
J3110	Injection, teriparatide, 10 mcg	AUTH REQUIRED	
J3111	Injection, romosozumab-aqqg, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Prolia / Zoledronic Acid
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	AUTH REQUIRED	
J3241	Injection, teprotumumab-trbw, 10 mg	AUTH REQUIRED	
J3245	Injection, tildrakizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio
J3262	Injection, tocilizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio
J3315	Injection, triptorelin pamoate, 3.75 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Eligard
J3316	Injection, triptorelin, extended-release, 3.75 mg	AUTH REQUIRED	
J3357	Ustekinumab, for subcutaneous injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio
J3358	Ustekinumab, for intravenous injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio
J3385	Injection, velaglucerase alfa, 100 units	AUTH REQUIRED	NON-PREFERRED Preferred = Elelyso / Cerezyme
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	AUTH REQUIRED	
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10⁹ PFU/ml vector genomes, per 0.1 ml	AUTH REQUIRED	
J3520	Edetate disodium, per 150 mg	NOT COVERED BY MEDICARE	
J3535	Drug administered through a metered dose inhaler	NOT COVERED BY MEDICARE	
J3570	Laetrile, amygdalin, vitamin B-17	NOT COVERED BY MEDICARE	
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	AUTH REQUIRED	NON-PREFERRED Preferred = Kovaltry / Afstyla
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	AUTH REQUIRED	NON-PREFERRED Preferred = Kovaltry / Afstyla
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	AUTH REQUIRED	NON-PREFERRED Preferred = Kovaltry / Afstyla
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	AUTH REQUIRED	NON-PREFERRED Preferred = Kovaltry / Afstyla
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea	NOT COVERED BY MEDICARE	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	NOT COVERED BY MEDICARE	
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	NOT COVERED BY MEDICARE	
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	NOT COVERED BY MEDICARE	
J7300	Intrauterine copper contraceptive	NOT COVERED BY MEDICARE	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	NOT COVERED BY MEDICARE	
J7304	Contraceptive supply, hormone containing patch, each	NOT COVERED BY MEDICARE	
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	NOT COVERED BY MEDICARE	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	NOT COVERED BY MEDICARE	
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	AUTH REQUIRED	
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	AUTH REQUIRED	
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	AUTH REQUIRED	
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	AUTH REQUIRED	
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	AUTH REQUIRED	
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED Preferred = Durolane / Synvisc-One
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED Preferred = Durolane / Synvisc-One
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
J7351	Injection, bimatoprost, intracameral implant, 1 mcg	AUTH REQUIRED	
J7352	Afamelanotide implant, 1 mg	AUTH REQUIRED	
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	AUTH REQUIRED	
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	AUTH REQUIRED	
J7525	Tacrolimus, parenteral, 5 mg	AUTH REQUIRED	
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	AUTH REQUIRED	
J7699	NOC drugs, inhalation solution administered through DME	AUTH REQUIRED	
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	AUTH REQUIRED	
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	NOT COVERED BY MEDICARE	
J8515	Cabergoline, oral, 0.25 mg	NOT COVERED BY MEDICARE	
J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral	AUTH REQUIRED	
J8999	Prescription drug, oral, chemotherapeutic, NOS	AUTH REQUIRED	
J9015	Injection, aldesleukin, per single use vial	AUTH REQUIRED	
J9022	Injection, atezolizumab, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Libtayo
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	AUTH REQUIRED	
J9035	Injection, bevacizumab, 10 mg	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	RETINAL/EYE: Bevacizumab (Avastin) claims with ARMD diagnosis will process without auth PREFERRED/no Auth for Age-Related Macular Degeneration CANCER: Bevacizumab (Avastin) for various cancers Auth Required. PA for medical necessity and Exceptions Criteria available NON-PREFERRED/Auth Required for Cancer, Preferred = Mvasi (colon, lung, renal, cervical, ovarian/fallopian/peritoneal, and glioblastoma) and Zirabev (colon, lung, renal, cervical, and glioblastoma). If for ovarian, fallopian tube or primary peritoneal, cannot use Zirabev.
J9041	Injection, bortezomib, 0.1 mg	AUTH MAY BE REQUIRED/PRODUCT SPECIFIC	THIS J CODE IS USED FOR VELCADE AND BORTEZOMIB. VELCADE IS NON-PREFERRED (AUTH REQ). BORTEZOMIB IS PREFERRED (NO AUTH REQ).
J9042	Injection, brentuximab vedotin, 1 mg	AUTH REQUIRED	
J9043	Injection, cabazitaxel, 1 mg	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
J9047	Injection, carfilzomib, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Bortezomib
J9120	Injection, dactinomycin, 0.5 mg	AUTH REQUIRED	
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	AUTH REQUIRED	
J9173	Injection, durvalumab, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Libtayo
J9176	Injection, elotuzumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Bortezomib
J9200	Injection, floxuridine, 500 mg	AUTH REQUIRED	
J9202	Goserelin acetate implant, per 3.6 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Eligard
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	AUTH REQUIRED	
J9204	Injection, mogamulizumab-kpkc, 1 mg	AUTH REQUIRED	
J9210	Injection, emapalumab-lzsg, 1 mg	AUTH REQUIRED	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	AUTH MAY BE REQUIRED/PRODUCT SPECIFIC	THIS J CODE IS USED FOR LUPRON AND ELIGARD. LUPRON IS NON-PREFERRED (AUTH REQ). ELIGARD IS PREFERRED (NO AUTH REQ).
J9223	Injection, lurbinectedin, 0.1 mg	AUTH REQUIRED	
J9226	Histrelin implant (Supprelin LA), 50 mg	AUTH REQUIRED	
J9227	Injection, isatuximab-irfc, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Bortezomib
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	AUTH REQUIRED	
J9264	Injection, paclitaxel protein-bound particles, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Docetaxel / Paclitaxel
J9266	Injection, pegaspargase, per single dose vial	AUTH REQUIRED	
J9268	Injection, pentostatin, 10 mg	AUTH REQUIRED	
J9269	Injection, tagraxofusp-erzs, 10 mcg	AUTH REQUIRED	
J9271	Injection, pembrolizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Libtayo
J9272	Injection, dostarlimab-gxly, 10 mg	AUTH REQUIRED	
J9274	Injection, tebentafusp-tebn, 1 mcg	AUTH REQUIRED	
J9281	Mitomycin pyelocalyceal instillation, 1 mg	AUTH REQUIRED	
J9286	Injection, glofitamab-gxbm, 2.5 mg	AUTH REQUIRED	
J9299	Injection, nivolumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Libtayo
J9304	Injection, pemetrexed (Pemfexy), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Pemetrexed (J9294)
J9305	Injection, pemetrexed, NOS, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Pemetrexed (J9294)

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
J9306	Injection, pertuzumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Phesgo
J9307	Injection, pralatrexate, 1 mg	AUTH REQUIRED	
J9311	Injection, rituximab 10 mg and hyaluronidase	AUTH REQUIRED	NON-PREFERRED Preferred = Ruxience / Truxima
J9312	Injection, rituximab, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ruxience / Truxima
J9340	Injection, thiotepa, 15 mg	AUTH REQUIRED	
J9348	Injection, naxitamab-gqgk, 1 mg	AUTH REQUIRED	
J9350	Injection, mosunetuzumab-axgb, 1 mg	AUTH REQUIRED	
J9352	Injection, trabectedin, 0.1 mg	AUTH REQUIRED	
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	AUTH REQUIRED	NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera
J9357	Injection, valrubicin, intravesical, 200 mg	AUTH REQUIRED	
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	AUTH REQUIRED	
J9600	Injection, porfimer sodium, 75 mg	AUTH REQUIRED	
K0001	Standard wheelchair	AUTH REQUIRED	
K0002	Standard hemi (low seat) wheelchair	AUTH REQUIRED	
K0003	Lightweight wheelchair	AUTH REQUIRED	
K0004	High strength, lightweight wheelchair	AUTH REQUIRED	
K0005	Ultralightweight wheelchair	AUTH REQUIRED	
K0006	Heavy-duty wheelchair	AUTH REQUIRED	
K0007	Extra heavy-duty wheelchair	AUTH REQUIRED	
K0008	Custom manual wheelchair/base	AUTH REQUIRED	
K0009	Other manual wheelchair/base	AUTH REQUIRED	
K0010	Standard-weight frame motorized/power wheelchair	AUTH REQUIRED	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	AUTH REQUIRED	
K0012	Lightweight portable motorized/power wheelchair	AUTH REQUIRED	
K0013	Custom motorized/power wheelchair base	AUTH REQUIRED	
K0015	Detachable, nonadjustable height armrest, replacement only, each	AUTH REQUIRED	
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	AUTH REQUIRED	
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)	AUTH REQUIRED	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
K0607	Replacement battery for automated external defibrillator, garment type only, each	AUTH REQUIRED	
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	AUTH REQUIRED	
K0730	Controlled dose inhalation drug delivery system	AUTH REQUIRED	
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	NOT COVERED BY MEDICARE	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	AUTH REQUIRED	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	AUTH REQUIRED	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	AUTH REQUIRED	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED	
K0900	Customized durable medical equipment, other than wheelchair	AUTH REQUIRED	
K1004	Low frequency ultrasonic diathermy treatment device for home use	NOT COVERED BY MEDICARE	
K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	AUTH REQUIRED	
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	NOT COVERED BY MEDICARE	
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	AUTH REQUIRED	
L0170	Cervical, collar, molded to patient model	AUTH REQUIRED	
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	AUTH REQUIRED	
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	AUTH REQUIRED	
L0456	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L0457	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L0458	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L0460	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L0462	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L0464	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L0468	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L0470	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L0480	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	AUTH REQUIRED	
L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	AUTH REQUIRED	
L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	AUTH REQUIRED	
L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	AUTH REQUIRED	
L0488	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L0491	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L0492	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L0635	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L0636	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	AUTH REQUIRED	
L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L0638	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L0640	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	AUTH REQUIRED	
L0648	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	AUTH REQUIRED	
L0650	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	AUTH REQUIRED	
L0651	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	AUTH REQUIRED	
L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	AUTH REQUIRED	
L0710	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	AUTH REQUIRED	
L0810	Halo procedure, cervical halo incorporated into jacket vest	AUTH REQUIRED	
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	AUTH REQUIRED	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	AUTH REQUIRED	
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	AUTH REQUIRED	
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	AUTH REQUIRED	
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	AUTH REQUIRED	
L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure	AUTH REQUIRED	
L1300	Other scoliosis procedure, body jacket molded to patient model	AUTH REQUIRED	
L1310	Other scoliosis procedure, postoperative body jacket	AUTH REQUIRED	
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	AUTH REQUIRED	
L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	AUTH REQUIRED	
L1681	Hip orthosis (HO), bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	AUTH REQUIRED	
L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	AUTH REQUIRED	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	AUTH REQUIRED	
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	AUTH REQUIRED	
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	AUTH REQUIRED	
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	AUTH REQUIRED	
L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	AUTH REQUIRED	
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	AUTH REQUIRED	
L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	AUTH REQUIRED	
L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L1848	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	AUTH REQUIRED	
L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	AUTH REQUIRED	
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	AUTH REQUIRED	
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	AUTH REQUIRED	
L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	AUTH REQUIRED	
L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	AUTH REQUIRED	
L1932	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	AUTH REQUIRED	
L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	AUTH REQUIRED	
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	AUTH REQUIRED	
L1951	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	AUTH REQUIRED	
L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	AUTH REQUIRED	
L1971	Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	AUTH REQUIRED	
L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	AUTH REQUIRED	
L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	AUTH REQUIRED	
L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	AUTH REQUIRED	
L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	AUTH REQUIRED	
L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	AUTH REQUIRED	
L2034	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	AUTH REQUIRED	
L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	AUTH REQUIRED	
L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	AUTH REQUIRED	
L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	AUTH REQUIRED	
L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	AUTH REQUIRED	
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	AUTH REQUIRED	
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	AUTH REQUIRED	
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	AUTH REQUIRED	
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	AUTH REQUIRED	
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	AUTH REQUIRED	
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2280	Addition to lower extremity, molded inner boot	AUTH REQUIRED	
L2340	Addition to lower extremity, pretibial shell, molded to patient model	AUTH REQUIRED	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	AUTH REQUIRED	
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	AUTH REQUIRED	
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	AUTH REQUIRED	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	AUTH REQUIRED	
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	AUTH REQUIRED	
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each	AUTH REQUIRED	
L2580	Addition to lower extremity, pelvic control, pelvic sling	AUTH REQUIRED	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	AUTH REQUIRED	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	AUTH REQUIRED	
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	NOT COVERED BY MEDICARE	
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	AUTH REQUIRED	
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	AUTH REQUIRED	
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	AUTH REQUIRED	
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	AUTH REQUIRED	
L3206	Orthopedic shoe, hightop with supinator or pronator, child	AUTH REQUIRED	
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	AUTH REQUIRED	
L3208	Surgical boot, each, infant	AUTH REQUIRED	
L3209	Surgical boot, each, child	AUTH REQUIRED	
L3212	Benesch boot, pair, infant	AUTH REQUIRED	
L3213	Benesch boot, pair, child	AUTH REQUIRED	
L3215	Orthopedic footwear, ladies shoe, Oxford, each	NOT COVERED BY MEDICARE	
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	NOT COVERED BY MEDICARE	
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L3219	Orthopedic footwear, mens shoe, Oxford, each	NOT COVERED BY MEDICARE	
L3221	Orthopedic footwear, mens shoe, depth inlay, each	NOT COVERED BY MEDICARE	
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	NOT COVERED BY MEDICARE	
L3230	Orthopedic footwear, custom shoe, depth inlay, each	AUTH REQUIRED	
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	AUTH REQUIRED	
L3251	Foot, shoe molded to patient model, silicone shoe, each	AUTH REQUIRED	
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	AUTH REQUIRED	
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	AUTH REQUIRED	
L3254	Nonstandard size or width	AUTH REQUIRED	
L3255	Nonstandard size or length	AUTH REQUIRED	
L3257	Orthopedic footwear, additional charge for split size	AUTH REQUIRED	
L3320	Lift, elevation, heel and sole, cork, per in	AUTH REQUIRED	
L3330	Lift, elevation, metal extension (skate)	AUTH REQUIRED	
L3485	Heel, pad, removable for spur	AUTH REQUIRED	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	AUTH REQUIRED	
L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3677	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	AUTH REQUIRED	
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	AUTH REQUIRED	
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	AUTH REQUIRED	
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	AUTH REQUIRED	
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	NOT COVERED BY MEDICARE	
L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	AUTH REQUIRED	
L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	AUTH REQUIRED	
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	AUTH REQUIRED	
L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	AUTH REQUIRED	
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	AUTH REQUIRED	
L4000	Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTLSO) or spinal orthosis SO)	AUTH REQUIRED	
L4010	Replace trilateral socket brim	AUTH REQUIRED	
L4020	Replace quadrilateral socket brim, molded to patient model	AUTH REQUIRED	
L4030	Replace quadrilateral socket brim, custom fitted	AUTH REQUIRED	
L4130	Replace pretibial shell	AUTH REQUIRED	
L4210	Repair of orthotic device, repair or replace minor parts	AUTH REQUIRED	
L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	AUTH REQUIRED	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	AUTH REQUIRED	
L5010	Partial foot, molded socket, ankle height, with toe filler	AUTH REQUIRED	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	AUTH REQUIRED	
L5050	Ankle, Symes, molded socket, SACH foot	AUTH REQUIRED	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot (SACH)	AUTH REQUIRED	
L5100	Below knee (BK), molded socket, shin, SACH foot	AUTH REQUIRED	
L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	AUTH REQUIRED	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	AUTH REQUIRED	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	AUTH REQUIRED	
L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED	
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	AUTH REQUIRED	
L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	AUTH REQUIRED	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED	
L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	AUTH REQUIRED	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	AUTH REQUIRED	
L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	AUTH REQUIRED	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	AUTH REQUIRED	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	AUTH REQUIRED	
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	AUTH REQUIRED	
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	AUTH REQUIRED	
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation	AUTH REQUIRED	
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment	AUTH REQUIRED	
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)	AUTH REQUIRED	
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	AUTH REQUIRED	
L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	AUTH REQUIRED	
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	AUTH REQUIRED	
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	AUTH REQUIRED	
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	AUTH REQUIRED	
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	AUTH REQUIRED	
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	AUTH REQUIRED	
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	AUTH REQUIRED	
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	AUTH REQUIRED	
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	AUTH REQUIRED	
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	AUTH REQUIRED	
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	AUTH REQUIRED	
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	AUTH REQUIRED	
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	AUTH REQUIRED	
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system	AUTH REQUIRED	
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	AUTH REQUIRED	
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	AUTH REQUIRED	
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	AUTH REQUIRED	
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	AUTH REQUIRED	
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	AUTH REQUIRED	
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	AUTH REQUIRED	
L5622	Addition to lower extremity, test socket, knee disarticulation	AUTH REQUIRED	
L5626	Addition to lower extremity, test socket, hip disarticulation	AUTH REQUIRED	
L5628	Addition to lower extremity, test socket, hemipelvectomy	AUTH REQUIRED	
L5630	Addition to lower extremity, Symes type, expandable wall socket	AUTH REQUIRED	
L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	AUTH REQUIRED	
L5638	Addition to lower extremity, below knee (BK), leather socket	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L5639	Addition to lower extremity, below knee (BK), wood socket	AUTH REQUIRED	
L5640	Addition to lower extremity, knee disarticulation, leather socket	AUTH REQUIRED	
L5642	Addition to lower extremity, above knee (AK), leather socket	AUTH REQUIRED	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	AUTH REQUIRED	
L5644	Addition to lower extremity, above knee (AK), wood socket	AUTH REQUIRED	
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	AUTH REQUIRED	
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	AUTH REQUIRED	
L5647	Addition to lower extremity, below knee (BK), suction socket	AUTH REQUIRED	
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	AUTH REQUIRED	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	AUTH REQUIRED	
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	AUTH REQUIRED	
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	AUTH REQUIRED	
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	AUTH REQUIRED	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	AUTH REQUIRED	
L5661	Addition to lower extremity, socket insert, multidurometer Symes	AUTH REQUIRED	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	AUTH REQUIRED	
L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	AUTH REQUIRED	
L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	AUTH REQUIRED	
L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	AUTH REQUIRED	
L5679	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	AUTH REQUIRED	
L5681	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	AUTH REQUIRED	
L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	AUTH REQUIRED	
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	AUTH REQUIRED	
L5700	Replacement, socket, below knee (BK), molded to patient model	AUTH REQUIRED	
L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	AUTH REQUIRED	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	AUTH REQUIRED	
L5704	Custom shaped protective cover, below knee (BK)	AUTH REQUIRED	
L5705	Custom shaped protective cover, above knee (AK)	AUTH REQUIRED	
L5706	Custom shaped protective cover, knee disarticulation	AUTH REQUIRED	
L5707	Custom shaped protective cover, hip disarticulation	AUTH REQUIRED	
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	AUTH REQUIRED	
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	AUTH REQUIRED	
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	AUTH REQUIRED	
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	AUTH REQUIRED	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	AUTH REQUIRED	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	AUTH REQUIRED	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	AUTH REQUIRED	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	AUTH REQUIRED	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	AUTH REQUIRED	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	AUTH REQUIRED	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	AUTH REQUIRED	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	AUTH REQUIRED	
L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	AUTH REQUIRED	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	AUTH REQUIRED	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	AUTH REQUIRED	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	AUTH REQUIRED	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	AUTH REQUIRED	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	AUTH REQUIRED	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	AUTH REQUIRED	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	AUTH REQUIRED	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	AUTH REQUIRED	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	AUTH REQUIRED	
L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	AUTH REQUIRED	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	AUTH REQUIRED	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	AUTH REQUIRED	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	AUTH REQUIRED	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	AUTH REQUIRED	
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	AUTH REQUIRED	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	AUTH REQUIRED	
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	AUTH REQUIRED	
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	AUTH REQUIRED	
L5930	Addition, endoskeletal system, high activity knee control frame	AUTH REQUIRED	
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	AUTH REQUIRED	
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	AUTH REQUIRED	
L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	AUTH REQUIRED	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	AUTH REQUIRED	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	AUTH REQUIRED	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	AUTH REQUIRED	
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	AUTH REQUIRED	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	AUTH REQUIRED	
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	AUTH REQUIRED	
L5980	All lower extremity prostheses, flex-foot system	AUTH REQUIRED	
L5981	All lower extremity prostheses, flex-walk system or equal	AUTH REQUIRED	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	AUTH REQUIRED	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	AUTH REQUIRED	
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	AUTH REQUIRED	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	AUTH REQUIRED	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	AUTH REQUIRED	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	AUTH REQUIRED	
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	AUTH REQUIRED	
L6000	Partial hand, thumb remaining	AUTH REQUIRED	
L6010	Partial hand, little and/or ring finger remaining	AUTH REQUIRED	
L6020	Partial hand, no finger remaining	AUTH REQUIRED	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	AUTH REQUIRED	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	AUTH REQUIRED	
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	AUTH REQUIRED	
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	AUTH REQUIRED	
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	AUTH REQUIRED	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	AUTH REQUIRED	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	AUTH REQUIRED	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	AUTH REQUIRED	
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	AUTH REQUIRED	
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	AUTH REQUIRED	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	AUTH REQUIRED	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	AUTH REQUIRED	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	AUTH REQUIRED	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	AUTH REQUIRED	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	AUTH REQUIRED	
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	AUTH REQUIRED	
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	AUTH REQUIRED	
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	AUTH REQUIRED	
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	AUTH REQUIRED	
L6388	Immediate postsurgical or early fitting, application of rigid dressing only	AUTH REQUIRED	
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	AUTH REQUIRED	
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	AUTH REQUIRED	
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	AUTH REQUIRED	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	AUTH REQUIRED	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	AUTH REQUIRED	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	AUTH REQUIRED	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	AUTH REQUIRED	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	AUTH REQUIRED	
L6625	Upper extremity addition, rotation wrist unit with cable lock	AUTH REQUIRED	
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	AUTH REQUIRED	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	AUTH REQUIRED	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	AUTH REQUIRED	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	AUTH REQUIRED	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	AUTH REQUIRED	
L6686	Upper extremity addition, suction socket	AUTH REQUIRED	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	AUTH REQUIRED	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	AUTH REQUIRED	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	AUTH REQUIRED	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	AUTH REQUIRED	
L6691	Upper extremity addition, removable insert, each	AUTH REQUIRED	
L6692	Upper extremity addition, silicone gel insert or equal, with or without locking mechanism, each	AUTH REQUIRED	
L6693	Upper extremity addition, locking elbow, forearm counterbalance	AUTH REQUIRED	
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	AUTH REQUIRED	
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	AUTH REQUIRED	
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	AUTH REQUIRED	
L6698	Addition to upper extremity prosthesis, lock mechanism, excludes socket insert	AUTH REQUIRED	
L6704	Terminal device, sport/recreational/work attachment, any material, any size	AUTH REQUIRED	
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	AUTH REQUIRED	
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	AUTH REQUIRED	
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	AUTH REQUIRED	
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	AUTH REQUIRED	
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	AUTH REQUIRED	
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	AUTH REQUIRED	
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	AUTH REQUIRED	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	AUTH REQUIRED	
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	AUTH REQUIRED	
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	AUTH REQUIRED	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	AUTH REQUIRED	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	AUTH REQUIRED	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	AUTH REQUIRED	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	AUTH REQUIRED	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	AUTH REQUIRED	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	AUTH REQUIRED	
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	AUTH REQUIRED	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	AUTH REQUIRED	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	AUTH REQUIRED	
L6915	Hand restoration (shading and measurements included), replacement glove for above	AUTH REQUIRED	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED	
L7007	Electric hand, switch or myoelectric controlled, adult	AUTH REQUIRED	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	AUTH REQUIRED	
L7009	Electric hook, switch or myoelectric controlled, adult	AUTH REQUIRED	
L7040	Prehensile actuator, switch controlled	AUTH REQUIRED	
L7045	Electric hook, switch or myoelectric controlled, pediatric	AUTH REQUIRED	
L7170	Electronic elbow, Hosmer or equal, switch controlled	AUTH REQUIRED	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	AUTH REQUIRED	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	AUTH REQUIRED	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	AUTH REQUIRED	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	AUTH REQUIRED	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	AUTH REQUIRED	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	AUTH REQUIRED	
L7259	Electronic wrist rotator, any type	AUTH REQUIRED	
L7364	Twelve volt battery, each	AUTH REQUIRED	
L7366	Battery charger, 12 volt, each	AUTH REQUIRED	
L7368	Lithium ion battery charger, replacement only	AUTH REQUIRED	
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	AUTH REQUIRED	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	AUTH REQUIRED	
L7510	Repair of prosthetic device, repair or replace minor parts	AUTH REQUIRED	
L7600	Prosthetic donning sleeve, any material, each	NOT COVERED BY MEDICARE	
L7900	Male vacuum erection system	NOT COVERED BY MEDICARE	
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	NOT COVERED BY MEDICARE	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	AUTH REQUIRED	
L8040	Nasal prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8041	Midfacial prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8042	Orbital prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8043	Upper facial prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8044	Hemi-facial prosthesis, provided by a nonphysician	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L8045	Auricular prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8046	Partial facial prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8047	Nasal septal prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8499	Unlisted procedure for miscellaneous prosthetic services	AUTH REQUIRED	
L8500	Artificial larynx, any type	AUTH REQUIRED	
L8600	Implantable breast prosthesis, silicone or equal	AUTH REQUIRED	
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	AUTH REQUIRED	
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	AUTH REQUIRED	
L8609	Artificial cornea	AUTH REQUIRED	
L8610	Ocular implant	AUTH REQUIRED	
L8612	Aqueous shunt	AUTH REQUIRED	
L8614	Cochlear device, includes all internal and external components	AUTH REQUIRED	
L8615	Headset/headpiece for use with cochlear implant device, replacement	AUTH REQUIRED	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	AUTH REQUIRED	
L8627	Cochlear implant, external speech processor, component, replacement	AUTH REQUIRED	
L8628	Cochlear implant, external controller component, replacement	AUTH REQUIRED	
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	AUTH REQUIRED	
L8659	Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	AUTH REQUIRED	
L8670	Vascular graft material, synthetic, implant	AUTH REQUIRED	
L8679	Implantable neurostimulator, pulse generator, any type	AUTH REQUIRED	
L8680	Implantable neurostimulator electrode, each	NOT COVERED BY MEDICARE	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	AUTH REQUIRED	
L8682	Implantable neurostimulator radiofrequency receiver	AUTH REQUIRED	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	AUTH REQUIRED	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	AUTH REQUIRED	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	NOT COVERED BY MEDICARE	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	NOT COVERED BY MEDICARE	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	NOT COVERED BY MEDICARE	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	AUTH REQUIRED	
L8690	Auditory osseointegrated device, includes all internal and external components	AUTH REQUIRED	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	AUTH REQUIRED	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	NOT COVERED BY MEDICARE	
L8693	Auditory osseointegrated device abutment, any length, replacement only	AUTH REQUIRED	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	AUTH REQUIRED	
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	AUTH REQUIRED	
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	AUTH REQUIRED	
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	AUTH REQUIRED	
M0075	Cellular therapy	NOT COVERED BY MEDICARE	
M0076	Prolotherapy	NOT COVERED BY MEDICARE	
M0100	Intragastric hypothermia using gastric freezing	NOT COVERED BY MEDICARE	
M0300	IV chelation therapy (chemical endarterectomy)	NOT COVERED BY MEDICARE	
M0301	Fabric wrapping of abdominal aneurysm	NOT COVERED BY MEDICARE	
P2031	Hair analysis (excluding arsenic)	NOT COVERED BY MEDICARE	
P7001	Culture, bacterial, urine; quantitative, sensitivity study	NOT COVERED BY MEDICARE	
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	AUTH REQUIRED	NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	AUTH REQUIRED	NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 g	NOT COVERED BY MEDICARE	
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	AUTH REQUIRED	
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	AUTH REQUIRED	
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	AUTH REQUIRED	
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0488	Power pack base for use with electric ventricular assist device, replacement only	AUTH REQUIRED	
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	AUTH REQUIRED	
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	AUTH REQUIRED	
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	AUTH REQUIRED	
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	AUTH REQUIRED	
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	AUTH REQUIRED	
Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice	AUTH REQUIRED	
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice	AUTH REQUIRED	
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	AUTH REQUIRED	
Q2049	Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg	AUTH REQUIRED	
Q2052	Services, supplies and accessories used in the home for the administration of intravenous immune globulin (IVIG)	AUTH REQUIRED	
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	
Q2055	Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	NOT COVERED BY MEDICARE	
Q4050	Cast supplies, for unlisted types and materials of casts	AUTH REQUIRED	
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	AUTH REQUIRED	NON-PREFERRED Preferred = Aranesp / Retacrit
Q4114	Integra flowable wound matrix, injectable, 1 cc	AUTH REQUIRED	
Q4159	Affinity, per sq cm	AUTH REQUIRED	
Q4161	bio-ConneKt wound matrix, per sq cm	AUTH REQUIRED	
Q4164	Helicoll, per sq cm	AUTH REQUIRED	
Q4170	Cygnus, per sq cm	AUTH REQUIRED	
Q4173	PalinGen or PalinGen XPlus, per sq cm	AUTH REQUIRED	
Q4180	Revita, per sq cm	AUTH REQUIRED	
Q4187	Epicord, per sq cm	AUTH REQUIRED	
Q4188	AmnioArmor, per sq cm	AUTH REQUIRED	
Q4191	Restorigin, per sq cm	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
Q4193	Coll-e-Derm, per sq cm	AUTH REQUIRED	
Q4194	Novachor, per sq cm	AUTH REQUIRED	
Q4199	Cygnus matrix, per sq cm	AUTH REQUIRED	
Q4203	Derma-Gide, per sq cm	AUTH REQUIRED	
Q4204	XWRAP, per sq cm	AUTH REQUIRED	
Q4205	Membrane Graft or Membrane Wrap, per sq cm	AUTH REQUIRED	
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	AUTH REQUIRED	
Q4221	Amnio Wrap2, per sq cm	AUTH REQUIRED	
Q4225	AmnioBind or DermaBind TL, per sq cm	AUTH REQUIRED	
Q4227	AmnioCore, per sq cm	AUTH REQUIRED	
Q4229	Cogenex Amniotic Membrane, per sq cm	AUTH REQUIRED	
Q4232	Corplex, per sq cm	AUTH REQUIRED	
Q4234	XCellerate, per sq cm	AUTH REQUIRED	
Q4236	carePATCH, per sq cm	AUTH REQUIRED	
Q4238	Derm-Maxx, per sq cm	AUTH REQUIRED	
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	AUTH REQUIRED	
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	AUTH REQUIRED	
Q4250	AmnioAmp-MP, per sq cm	AUTH REQUIRED	
Q4256	MLG-Complete, per sq cm	AUTH REQUIRED	
Q4257	Relese, per sq cm	AUTH REQUIRED	
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	AUTH REQUIRED	
Q4263	SurGraft TL, per sq cm	AUTH REQUIRED	
Q4264	Cocoon Membrane, per sq cm	AUTH REQUIRED	
Q4265	NeoStim TL, per sq cm	AUTH REQUIRED	
Q4266	NeoStim Membrane, per sq cm	AUTH REQUIRED	
Q4267	NeoStim DL, per sq cm	AUTH REQUIRED	
Q4269	SurGraft XT, per sq cm	AUTH REQUIRED	
Q4270	Complete SL, per sq cm	AUTH REQUIRED	
Q4271	Complete FT, per sq cm	AUTH REQUIRED	
Q4274	Esano AC, per sq cm	AUTH REQUIRED	
Q4275	Esano ACA, per sq cm	AUTH REQUIRED	
Q4276	ORION, per sq cm	AUTH REQUIRED	
Q4278	EPIEFFECT, per sq cm	AUTH REQUIRED	
Q4279	Vendaje AC, per sq cm	AUTH REQUIRED	
Q4280	Xcell Amnio Matrix, per sq cm	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
Q4281	Barrera SL or Barrera DL, per sq cm	AUTH REQUIRED	
Q4282	Cygnus Dual, per sq cm	AUTH REQUIRED	
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	AUTH REQUIRED	
Q4289	RevoShield+ Amniotic Barrier, per sq cm	AUTH REQUIRED	
Q4290	Membrane Wrap-Hydro, per sq cm	AUTH REQUIRED	
Q4293	Acesso DL, per sq cm	AUTH REQUIRED	
Q4294	Amnio Quad-Core, per sq cm	AUTH REQUIRED	
Q4295	Amnio Tri-Core Amniotic, per sq cm	AUTH REQUIRED	
Q4296	Rebound Matrix, per sq cm	AUTH REQUIRED	
Q4297	Emerge Matrix, per sq cm	AUTH REQUIRED	
Q4298	AmniCore Pro, per sq cm	AUTH REQUIRED	
Q4299	AmniCore Pro+, per sq cm	AUTH REQUIRED	
Q4300	Acesso TL, per sq cm	AUTH REQUIRED	
Q4301	Activate Matrix, per sq cm	AUTH REQUIRED	
Q4302	Complete ACA, per sq cm	AUTH REQUIRED	
Q4303	Complete AA, per sq cm	AUTH REQUIRED	
Q4304	GRAFIX PLUS, per sq cm	AUTH REQUIRED	
Q5001	Hospice or home health care provided in patient's home/residence	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5002	Hospice or home health care provided in assisted living facility	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5003	Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF)	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5004	Hospice care provided in skilled nursing facility (SNF)	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5005	Hospice care provided in inpatient hospital	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5006	Hospice care provided in inpatient hospice facility	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5007	Hospice care provided in long-term care facility	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5008	Hospice care provided in inpatient psychiatric facility	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5010	Hospice home care provided in a hospice facility	HOSPICE PAID FOR BY ORIGINAL MEDICARE	
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Inflectra/Renflexis
Q5122	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ruxience / Truxima
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	AUTH REQUIRED	PREFERRED STATUS Brand = Byooviz --- Step-therapy requires member to try Avastin prior to this drug.
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Mvasi / Zirabev
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Mvasi / Zirabev
Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo
Q9969	Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose	AUTH REQUIRED	
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 mCi	AUTH REQUIRED	
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 mCi	AUTH REQUIRED	
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	AUTH REQUIRED	
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	AUTH REQUIRED	
S0012	Butorphanol tartrate, nasal spray, 25 mg	NOT COVERED BY MEDICARE	
S0013	Esketamine, nasal spray, 1 mg	NOT COVERED BY MEDICARE	
S0014	Tacrine HCl, 10 mg	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S0021	Injection, cefoperazone sodium, 1 g	NOT COVERED BY MEDICARE	
S0023	Injection, cimetidine HCl, 300 mg	NOT COVERED BY MEDICARE	
S0034	Injection, ofloxacin, 400 mg	NOT COVERED BY MEDICARE	
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 g	NOT COVERED BY MEDICARE	
S0074	Injection, cefotetan disodium, 500 mg	NOT COVERED BY MEDICARE	
S0078	Injection, fosphenytoin sodium, 750 mg	NOT COVERED BY MEDICARE	
S0080	Injection, pentamidine isethionate, 300 mg	NOT COVERED BY MEDICARE	
S0081	Injection, piperacillin sodium, 500 mg	NOT COVERED BY MEDICARE	
S0088	Imatinib, 100 mg	NOT COVERED BY MEDICARE	
S0090	Sildenafil citrate, 25 mg	NOT COVERED BY MEDICARE	
S0091	Granisetron HCl, 1 mg (for circumstances falling under the Medicare statute, use Q0166)	NOT COVERED BY MEDICARE	
S0092	Injection, hydromorphone HCl, 250 mg (loading dose for infusion pump)	NOT COVERED BY MEDICARE	
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	NOT COVERED BY MEDICARE	
S0104	Zidovudine, oral, 100 mg	NOT COVERED BY MEDICARE	
S0106	Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets	NOT COVERED BY MEDICARE	
S0108	Mercaptopurine, oral, 50 mg	NOT COVERED BY MEDICARE	
S0109	Methadone, oral, 5 mg	NOT COVERED BY MEDICARE	
S0117	Tretinoin, topical, 5 g	NOT COVERED BY MEDICARE	
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	NOT COVERED BY MEDICARE	
S0122	Injection, menotropins, 75 IU	NOT COVERED BY MEDICARE	
S0126	Injection, follitropin alfa, 75 IU	NOT COVERED BY MEDICARE	
S0128	Injection, follitropin beta, 75 IU	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S0132	Injection, ganirelix acetate, 250 mcg	NOT COVERED BY MEDICARE	
S0136	Clozapine, 25 mg	NOT COVERED BY MEDICARE	
S0137	Didanosine (ddI), 25 mg	NOT COVERED BY MEDICARE	
S0138	Finasteride, 5 mg	NOT COVERED BY MEDICARE	
S0139	Minoxidil, 10 mg	NOT COVERED BY MEDICARE	
S0140	Saquinavir, 200 mg	NOT COVERED BY MEDICARE	
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg	NOT COVERED BY MEDICARE	
S0145	Injection, PEGylated interferon alfa-2A, 180 mcg per ml	NOT COVERED BY MEDICARE	
S0148	Injection, PEGylated interferon alfa-2B, 10 mcg	NOT COVERED BY MEDICARE	
S0155	Sterile dilutant for epoprostenol, 50 ml	NOT COVERED BY MEDICARE	
S0156	Exemestane, 25 mg	NOT COVERED BY MEDICARE	
S0157	Becaplermin gel 0.01%, 0.5 gm	NOT COVERED BY MEDICARE	
S0160	Dextroamphetamine sulfate, 5 mg	NOT COVERED BY MEDICARE	
S0169	Calcitriol, 0.25 mcg	NOT COVERED BY MEDICARE	
S0170	Anastrozole, oral, 1 mg	NOT COVERED BY MEDICARE	
S0172	Chlorambucil, oral, 2 mg	NOT COVERED BY MEDICARE	
S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180)	NOT COVERED BY MEDICARE	
S0175	Flutamide, oral, 125 mg	NOT COVERED BY MEDICARE	
S0176	Hydroxyurea, oral, 500 mg	NOT COVERED BY MEDICARE	
S0177	Levamisole HCl, oral, 50 mg	NOT COVERED BY MEDICARE	
S0178	Lomustine, oral, 10 mg	NOT COVERED BY MEDICARE	
S0179	Megestrol acetate, oral, 20 mg	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S0182	Procarbazine HCl, oral, 50 mg	NOT COVERED BY MEDICARE	
S0183	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164)	NOT COVERED BY MEDICARE	
S0187	Tamoxifen citrate, oral, 10 mg	NOT COVERED BY MEDICARE	
S0189	Testosterone pellet, 75 mg	NOT COVERED BY MEDICARE	
S0190	Mifepristone, oral, 200 mg	NOT COVERED BY MEDICARE	
S0191	Misoprostol, oral, 200 mcg	NOT COVERED BY MEDICARE	
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules	NOT COVERED BY MEDICARE	
S0197	Prenatal vitamins, 30-day supply	NOT COVERED BY MEDICARE	
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	NOT COVERED BY MEDICARE	
S0201	Partial hospitalization services, less than 24 hours, per diem	NOT COVERED BY MEDICARE	
S0207	Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport	NOT COVERED BY MEDICARE	
S0208	Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport	NOT COVERED BY MEDICARE	
S0209	Wheelchair van, mileage, per mile	NOT COVERED BY MEDICARE	
S0215	Nonemergency transportation; mileage, per mile	NOT COVERED BY MEDICARE	
S0220	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes	NOT COVERED BY MEDICARE	
S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes	NOT COVERED BY MEDICARE	
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team	NOT COVERED BY MEDICARE	
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff	NOT COVERED BY MEDICARE	
S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service)	NOT COVERED BY MEDICARE	
S0265	Genetic counseling, under physician supervision, each 15 minutes	NOT COVERED BY MEDICARE	
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)	NOT COVERED BY MEDICARE	
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)	NOT COVERED BY MEDICARE	
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)	NOT COVERED BY MEDICARE	
S0273	Physician visit at member's home, outside of a capitation arrangement	NOT COVERED BY MEDICARE	
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement	NOT COVERED BY MEDICARE	
S0280	Medical home program, comprehensive care coordination and planning, initial plan	NOT COVERED BY MEDICARE	
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	NOT COVERED BY MEDICARE	
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	NOT COVERED BY MEDICARE	
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)	NOT COVERED BY MEDICARE	
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)	NOT COVERED BY MEDICARE	
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	NOT COVERED BY MEDICARE	
S0315	Disease management program; initial assessment and initiation of the program	NOT COVERED BY MEDICARE	
S0316	Disease management program, follow-up/reassessment	NOT COVERED BY MEDICARE	
S0317	Disease management program; per diem	NOT COVERED BY MEDICARE	
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	NOT COVERED BY MEDICARE	
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage	NOT COVERED BY MEDICARE	
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage	NOT COVERED BY MEDICARE	
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage	NOT COVERED BY MEDICARE	
S0353	Treatment planning and care coordination management for cancer initial treatment	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen	NOT COVERED BY MEDICARE	
S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit	NOT COVERED BY MEDICARE	
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	NOT COVERED BY MEDICARE	
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)	NOT COVERED BY MEDICARE	
S0500	Disposable contact lens, per lens	NOT COVERED BY MEDICARE	
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	NOT COVERED BY MEDICARE	
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	NOT COVERED BY MEDICARE	
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	NOT COVERED BY MEDICARE	
S0510	Nonprescription lens (safety, athletic, or sunglass), per lens	NOT COVERED BY MEDICARE	
S0512	Daily wear specialty contact lens, per lens	NOT COVERED BY MEDICARE	
S0514	Color contact lens, per lens	NOT COVERED BY MEDICARE	
S0515	Scleral lens, liquid bandage device, per lens	NOT COVERED BY MEDICARE	
S0516	Safety eyeglass frames	NOT COVERED BY MEDICARE	
S0518	Sunglasses frames	NOT COVERED BY MEDICARE	
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)	NOT COVERED BY MEDICARE	
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	NOT COVERED BY MEDICARE	
S0590	Integral lens service, miscellaneous services reported separately	NOT COVERED BY MEDICARE	
S0592	Comprehensive contact lens evaluation	NOT COVERED BY MEDICARE	
S0595	Dispensing new spectacle lenses for patient supplied frame	NOT COVERED BY MEDICARE	
S0596	Phakic intraocular lens for correction of refractive error	NOT COVERED BY MEDICARE	
S0601	Screening proctoscopy	NOT COVERED BY MEDICARE	
S0610	Annual gynecological examination, new patient	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S0612	Annual gynecological examination, established patient	NOT COVERED BY MEDICARE	
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	NOT COVERED BY MEDICARE	
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	NOT COVERED BY MEDICARE	
S0620	Routine ophthalmological examination including refraction; new patient	NOT COVERED BY MEDICARE	
S0621	Routine ophthalmological examination including refraction; established patient	NOT COVERED BY MEDICARE	
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)	NOT COVERED BY MEDICARE	
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound	NOT COVERED BY MEDICARE	
S0800	Laser in situ keratomileusis (LASIK)	NOT COVERED BY MEDICARE	
S0810	Photorefractive keratectomy (PRK)	NOT COVERED BY MEDICARE	
S0812	Phototherapeutic keratectomy (PTK)	NOT COVERED BY MEDICARE	
S1001	Deluxe item, patient aware (list in addition to code for basic item)	NOT COVERED BY MEDICARE	
S1002	Customized item (list in addition to code for basic item)	NOT COVERED BY MEDICARE	
S1015	IV tubing extension set	NOT COVERED BY MEDICARE	
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., Paclitaxel	NOT COVERED BY MEDICARE	
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	NOT COVERED BY MEDICARE	
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	NOT COVERED BY MEDICARE	
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	NOT COVERED BY MEDICARE	
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	NOT COVERED BY MEDICARE	
S1036	Transmitter; external, for use with artificial pancreas device system	NOT COVERED BY MEDICARE	
S1037	Receiver (monitor); external, for use with artificial pancreas device system	NOT COVERED BY MEDICARE	
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S1091	Stent, noncoronary, temporary, with delivery system (Propel)	NOT COVERED BY MEDICARE	
S2053	Transplantation of small intestine and liver allografts	NOT COVERED BY MEDICARE	
S2054	Transplantation of multivisceral organs	NOT COVERED BY MEDICARE	
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	NOT COVERED BY MEDICARE	
S2060	Lobar lung transplantation	NOT COVERED BY MEDICARE	
S2061	Donor lobectomy (lung) for transplantation, living donor	NOT COVERED BY MEDICARE	
S2065	Simultaneous pancreas kidney transplantation	NOT COVERED BY MEDICARE	
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	NOT COVERED BY MEDICARE	
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	NOT COVERED BY MEDICARE	
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	NOT COVERED BY MEDICARE	
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)	NOT COVERED BY MEDICARE	
S2079	Laparoscopic esophagomyotomy (Heller type)	NOT COVERED BY MEDICARE	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	NOT COVERED BY MEDICARE	
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	NOT COVERED BY MEDICARE	
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	NOT COVERED BY MEDICARE	
S2102	Islet cell tissue transplant from pancreas; allogeneic	NOT COVERED BY MEDICARE	
S2103	Adrenal tissue transplant to brain	NOT COVERED BY MEDICARE	
S2107	Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	NOT COVERED BY MEDICARE	
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S2115	Osteotomy, periacetabular, with internal fixation	NOT COVERED BY MEDICARE	
S2117	Arthroereisis, subtalar	NOT COVERED BY MEDICARE	
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	NOT COVERED BY MEDICARE	
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation	NOT COVERED BY MEDICARE	
S2140	Cord blood harvesting for transplantation, allogeneic	NOT COVERED BY MEDICARE	
S2142	Cord blood-derived stem-cell transplantation, allogeneic	NOT COVERED BY MEDICARE	
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	NOT COVERED BY MEDICARE	
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition	NOT COVERED BY MEDICARE	
S2202	Echosclerotherapy	NOT COVERED BY MEDICARE	
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	NOT COVERED BY MEDICARE	
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts	NOT COVERED BY MEDICARE	
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	NOT COVERED BY MEDICARE	
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	NOT COVERED BY MEDICARE	
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	NOT COVERED BY MEDICARE	
S2225	Myringotomy, laser-assisted	NOT COVERED BY MEDICARE	
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S2235	Implantation of auditory brain stem implant	NOT COVERED BY MEDICARE	
S2260	Induced abortion, 17 to 24 weeks	NOT COVERED BY MEDICARE	
S2265	Induced abortion, 25 to 28 weeks	NOT COVERED BY MEDICARE	
S2266	Induced abortion, 29 to 31 weeks	NOT COVERED BY MEDICARE	
S2267	Induced abortion, 32 weeks or greater	NOT COVERED BY MEDICARE	
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	NOT COVERED BY MEDICARE	
S2325	Hip core decompression	NOT COVERED BY MEDICARE	
S2340	Chemodenervation of abductor muscle(s) of vocal cord	NOT COVERED BY MEDICARE	
S2341	Chemodenervation of adductor muscle(s) of vocal cord	NOT COVERED BY MEDICARE	
S2342	Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	NOT COVERED BY MEDICARE	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	NOT COVERED BY MEDICARE	
S2350	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace	NOT COVERED BY MEDICARE	
S2351	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)	NOT COVERED BY MEDICARE	
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	NOT COVERED BY MEDICARE	
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	NOT COVERED BY MEDICARE	
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	NOT COVERED BY MEDICARE	
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	NOT COVERED BY MEDICARE	
S3005	Performance measurement, evaluation of patient self assessment, depression	NOT COVERED BY MEDICARE	
S3600	STAT laboratory request (situations other than S3601)	NOT COVERED BY MEDICARE	
S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility	NOT COVERED BY MEDICARE	
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	AUTH REQUIRED	
S3630	Eosinophil count, blood, direct	NOT COVERED BY MEDICARE	
S3645	HIV-1 antibody testing of oral mucosal transudate	NOT COVERED BY MEDICARE	
S3650	Saliva test, hormone level; during menopause	NOT COVERED BY MEDICARE	
S3652	Saliva test, hormone level; to assess preterm labor risk	NOT COVERED BY MEDICARE	
S3655	Antisperm antibodies test (immunobead)	NOT COVERED BY MEDICARE	
S3708	Gastrointestinal fat absorption study	NOT COVERED BY MEDICARE	
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil	NOT COVERED BY MEDICARE	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	NOT COVERED BY MEDICARE	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	NOT COVERED BY MEDICARE	
S3841	Genetic testing for retinoblastoma	NOT COVERED BY MEDICARE	
S3842	Genetic testing for Von Hippel-Lindau disease	NOT COVERED BY MEDICARE	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	NOT COVERED BY MEDICARE	
S3845	Genetic testing for alpha-thalassemia	NOT COVERED BY MEDICARE	
S3846	Genetic testing for hemoglobin E beta-thalassemia	NOT COVERED BY MEDICARE	
S3849	Genetic testing for Niemann-Pick disease	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S3850	Genetic testing for sickle cell anemia	NOT COVERED BY MEDICARE	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	NOT COVERED BY MEDICARE	
S3853	Genetic testing for myotonic muscular dystrophy	NOT COVERED BY MEDICARE	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	NOT COVERED BY MEDICARE	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	NOT COVERED BY MEDICARE	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	NOT COVERED BY MEDICARE	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	NOT COVERED BY MEDICARE	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	NOT COVERED BY MEDICARE	
S3900	Surface electromyography (EMG)	NOT COVERED BY MEDICARE	
S3902	Ballistocardiogram	NOT COVERED BY MEDICARE	
S3904	Masters two step	NOT COVERED BY MEDICARE	
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	NOT COVERED BY MEDICARE	
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	NOT COVERED BY MEDICARE	
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	NOT COVERED BY MEDICARE	
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	NOT COVERED BY MEDICARE	
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	NOT COVERED BY MEDICARE	
S4016	Frozen in vitro fertilization cycle, case rate	NOT COVERED BY MEDICARE	
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	NOT COVERED BY MEDICARE	
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	NOT COVERED BY MEDICARE	
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	NOT COVERED BY MEDICARE	
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S4022	Assisted oocyte fertilization, case rate	NOT COVERED BY MEDICARE	
S4023	Donor egg cycle, incomplete, case rate	NOT COVERED BY MEDICARE	
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	NOT COVERED BY MEDICARE	
S4026	Procurement of donor sperm from sperm bank	NOT COVERED BY MEDICARE	
S4027	Storage of previously frozen embryos	NOT COVERED BY MEDICARE	
S4028	Microsurgical epididymal sperm aspiration (MESA)	NOT COVERED BY MEDICARE	
S4030	Sperm procurement and cryopreservation services; initial visit	NOT COVERED BY MEDICARE	
S4031	Sperm procurement and cryopreservation services; subsequent visit	NOT COVERED BY MEDICARE	
S4035	Stimulated intrauterine insemination (IUI), case rate	NOT COVERED BY MEDICARE	
S4037	Cryopreserved embryo transfer, case rate	NOT COVERED BY MEDICARE	
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	NOT COVERED BY MEDICARE	
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle	NOT COVERED BY MEDICARE	
S4981	Insertion of levonorgestrel-releasing intrauterine system	NOT COVERED BY MEDICARE	
S4989	Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies	NOT COVERED BY MEDICARE	
S4990	Nicotine patches, legend	NOT COVERED BY MEDICARE	
S4991	Nicotine patches, nonlegend	NOT COVERED BY MEDICARE	
S4993	Contraceptive pills for birth control	NOT COVERED BY MEDICARE	
S4995	Smoking cessation gum	NOT COVERED BY MEDICARE	
S5000	Prescription drug, generic	NOT COVERED BY MEDICARE	
S5001	Prescription drug, brand name	NOT COVERED BY MEDICARE	
S5010	5% dextrose and 0.45% normal saline, 1000 ml	NOT COVERED BY MEDICARE	
S5012	5% dextrose with potassium chloride, 1000 ml	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	NOT COVERED BY MEDICARE	
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	NOT COVERED BY MEDICARE	
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	NOT COVERED BY MEDICARE	
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	NOT COVERED BY MEDICARE	
S5100	Day care services, adult; per 15 minutes	NOT COVERED BY MEDICARE	
S5101	Day care services, adult; per half day	NOT COVERED BY MEDICARE	
S5102	Day care services, adult; per diem	NOT COVERED BY MEDICARE	
S5105	Day care services, center-based; services not included in program fee, per diem	NOT COVERED BY MEDICARE	
S5108	Home care training to home care client, per 15 minutes	NOT COVERED BY MEDICARE	
S5109	Home care training to home care client, per session	NOT COVERED BY MEDICARE	
S5110	Home care training, family; per 15 minutes	NOT COVERED BY MEDICARE	
S5111	Home care training, family; per session	NOT COVERED BY MEDICARE	
S5115	Home care training, nonfamily; per 15 minutes	NOT COVERED BY MEDICARE	
S5116	Home care training, nonfamily; per session	NOT COVERED BY MEDICARE	
S5120	Chore services; per 15 minutes	NOT COVERED BY MEDICARE	
S5121	Chore services; per diem	NOT COVERED BY MEDICARE	
S5125	Attendant care services; per 15 minutes	NOT COVERED BY MEDICARE	
S5126	Attendant care services; per diem	NOT COVERED BY MEDICARE	
S5130	Homemaker service, NOS; per 15 minutes	NOT COVERED BY MEDICARE	
S5131	Homemaker service, NOS; per diem	NOT COVERED BY MEDICARE	
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	NOT COVERED BY MEDICARE	
S5136	Companion care, adult (e.g., IADL/ADL); per diem	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S5140	Foster care, adult; per diem	NOT COVERED BY MEDICARE	
S5141	Foster care, adult; per month	NOT COVERED BY MEDICARE	
S5145	Foster care, therapeutic, child; per diem	NOT COVERED BY MEDICARE	
S5146	Foster care, therapeutic, child; per month	NOT COVERED BY MEDICARE	
S5150	Unskilled respite care, not hospice; per 15 minutes	NOT COVERED BY MEDICARE	
S5151	Unskilled respite care, not hospice; per diem	NOT COVERED BY MEDICARE	
S5160	Emergency response system; installation and testing	NOT COVERED BY MEDICARE	
S5161	Emergency response system; service fee, per month (excludes installation and testing)	NOT COVERED BY MEDICARE	
S5162	Emergency response system; purchase only	NOT COVERED BY MEDICARE	
S5165	Home modifications; per service	NOT COVERED BY MEDICARE	
S5170	Home delivered meals, including preparation; per meal	NOT COVERED BY MEDICARE	
S5175	Laundry service, external, professional; per order	NOT COVERED BY MEDICARE	
S5180	Home health respiratory therapy, initial evaluation	NOT COVERED BY MEDICARE	
S5181	Home health respiratory therapy, NOS, per diem	NOT COVERED BY MEDICARE	
S5185	Medication reminder service, nonface-to-face; per month	NOT COVERED BY MEDICARE	
S5190	Wellness assessment, performed by nonphysician	NOT COVERED BY MEDICARE	
S5199	Personal care item, NOS, each	NOT COVERED BY MEDICARE	
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	NOT COVERED BY MEDICARE	
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	NOT COVERED BY MEDICARE	
S5518	Home infusion therapy, all supplies necessary for catheter repair	NOT COVERED BY MEDICARE	
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	NOT COVERED BY MEDICARE	
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	NOT COVERED BY MEDICARE	
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	NOT COVERED BY MEDICARE	
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	NOT COVERED BY MEDICARE	
S5550	Insulin, rapid onset, 5 units	NOT COVERED BY MEDICARE	
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units	NOT COVERED BY MEDICARE	
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units	NOT COVERED BY MEDICARE	
S5553	Insulin, long acting; 5 units	NOT COVERED BY MEDICARE	
S5560	Insulin delivery device, reusable pen; 1.5 ml size	NOT COVERED BY MEDICARE	
S5561	Insulin delivery device, reusable pen; 3 ml size	NOT COVERED BY MEDICARE	
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	NOT COVERED BY MEDICARE	
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	NOT COVERED BY MEDICARE	
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	NOT COVERED BY MEDICARE	
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	NOT COVERED BY MEDICARE	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S8035	Magnetic source imaging	NOT COVERED BY MEDICARE	
S8037	Magnetic resonance cholangiopancreatography (MRCP)	NOT COVERED BY MEDICARE	
S8040	Topographic brain mapping	NOT COVERED BY MEDICARE	
S8042	Magnetic resonance imaging (MRI), low-field	NOT COVERED BY MEDICARE	
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction (59866)	NOT COVERED BY MEDICARE	
S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical	NOT COVERED BY MEDICARE	
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)	NOT COVERED BY MEDICARE	
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	NOT COVERED BY MEDICARE	
S8096	Portable peak flow meter	NOT COVERED BY MEDICARE	
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)	NOT COVERED BY MEDICARE	
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	NOT COVERED BY MEDICARE	
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	NOT COVERED BY MEDICARE	
S8110	Peak expiratory flow rate (physician services)	NOT COVERED BY MEDICARE	
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	NOT COVERED BY MEDICARE	
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	NOT COVERED BY MEDICARE	
S8130	Interferential current stimulator, 2 channel	NOT COVERED BY MEDICARE	
S8131	Interferential current stimulator, 4 channel	NOT COVERED BY MEDICARE	
S8185	Flutter device	NOT COVERED BY MEDICARE	
S8186	Swivel adaptor	NOT COVERED BY MEDICARE	
S8189	Tracheostomy supply, not otherwise classified	NOT COVERED BY MEDICARE	
S8210	Mucus trap	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S8265	Haberman feeder for cleft lip/palate	NOT COVERED BY MEDICARE	
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	NOT COVERED BY MEDICARE	
S8301	Infection control supplies, not otherwise specified	NOT COVERED BY MEDICARE	
S8415	Supplies for home delivery of infant	NOT COVERED BY MEDICARE	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	NOT COVERED BY MEDICARE	
S8421	Gradient pressure aid (sleeve and glove combination), ready made	NOT COVERED BY MEDICARE	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	NOT COVERED BY MEDICARE	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	NOT COVERED BY MEDICARE	
S8424	Gradient pressure aid (sleeve), ready made	NOT COVERED BY MEDICARE	
S8425	Gradient pressure aid (glove), custom made, medium weight	NOT COVERED BY MEDICARE	
S8426	Gradient pressure aid (glove), custom made, heavy weight	NOT COVERED BY MEDICARE	
S8427	Gradient pressure aid (glove), ready made	NOT COVERED BY MEDICARE	
S8428	Gradient pressure aid (gauntlet), ready made	NOT COVERED BY MEDICARE	
S8429	Gradient pressure exterior wrap	NOT COVERED BY MEDICARE	
S8430	Padding for compression bandage, roll	NOT COVERED BY MEDICARE	
S8431	Compression bandage, roll	NOT COVERED BY MEDICARE	
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	NOT COVERED BY MEDICARE	
S8451	Splint, prefabricated, wrist or ankle	NOT COVERED BY MEDICARE	
S8452	Splint, prefabricated, elbow	NOT COVERED BY MEDICARE	
S8460	Camisole, postmastectomy	NOT COVERED BY MEDICARE	
S8490	Insulin syringes (100 syringes, any size)	NOT COVERED BY MEDICARE	
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S8940	Equestrian/hippotherapy, per session	NOT COVERED BY MEDICARE	
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	NOT COVERED BY MEDICARE	
S8950	Complex lymphedema therapy, each 15 minutes	NOT COVERED BY MEDICARE	
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	NOT COVERED BY MEDICARE	
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	NOT COVERED BY MEDICARE	
S9001	Home uterine monitor with or without associated nursing services	NOT COVERED BY MEDICARE	
S9007	Ultrafiltration monitor	NOT COVERED BY MEDICARE	
S9024	Paranasal sinus ultrasound	NOT COVERED BY MEDICARE	
S9025	Omnicardiogram/cardiointegram	NOT COVERED BY MEDICARE	
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265)	NOT COVERED BY MEDICARE	
S9055	Procuren or other growth factor preparation to promote wound healing	NOT COVERED BY MEDICARE	
S9056	Coma stimulation per diem	NOT COVERED BY MEDICARE	
S9061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9083	Global fee urgent care centers	NOT COVERED BY MEDICARE	
S9088	Services provided in an urgent care center (list in addition to code for service)	NOT COVERED BY MEDICARE	
S9090	Vertebral axial decompression, per session	NOT COVERED BY MEDICARE	
S9097	Home visit for wound care	NOT COVERED BY MEDICARE	
S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	NOT COVERED BY MEDICARE	
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	NOT COVERED BY MEDICARE	
S9117	Back school, per visit	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	NOT COVERED BY MEDICARE	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	NOT COVERED BY MEDICARE	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	NOT COVERED BY MEDICARE	
S9125	Respite care, in the home, per diem	NOT COVERED BY MEDICARE	
S9126	Hospice care, in the home, per diem	NOT COVERED BY MEDICARE	
S9127	Social work visit, in the home, per diem	NOT COVERED BY MEDICARE	
S9128	Speech therapy, in the home, per diem	NOT COVERED BY MEDICARE	
S9129	Occupational therapy, in the home, per diem	NOT COVERED BY MEDICARE	
S9131	Physical therapy; in the home, per diem	NOT COVERED BY MEDICARE	
S9140	Diabetic management program, follow-up visit to non-MD provider	NOT COVERED BY MEDICARE	
S9141	Diabetic management program, follow-up visit to MD provider	NOT COVERED BY MEDICARE	
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	NOT COVERED BY MEDICARE	
S9150	Evaluation by ocularist	NOT COVERED BY MEDICARE	
S9152	Speech therapy, re-evaluation	NOT COVERED BY MEDICARE	
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	NOT COVERED BY MEDICARE	
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	NOT COVERED BY MEDICARE	
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	NOT COVERED BY MEDICARE	
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	NOT COVERED BY MEDICARE	
S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	NOT COVERED BY MEDICARE	
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	NOT COVERED BY MEDICARE	
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	NOT COVERED BY MEDICARE	
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9363	Home infusion therapy, antispasmotic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	NOT COVERED BY MEDICARE	
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)	NOT COVERED BY MEDICARE	
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)	NOT COVERED BY MEDICARE	
S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	NOT COVERED BY MEDICARE	
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session	NOT COVERED BY MEDICARE	
S9430	Pharmacy compounding and dispensing services	NOT COVERED BY MEDICARE	
S9432	Medical foods for noninborn errors of metabolism	NOT COVERED BY MEDICARE	
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S9434	Modified solid food supplements for inborn errors of metabolism	NOT COVERED BY MEDICARE	
S9435	Medical foods for inborn errors of metabolism	NOT COVERED BY MEDICARE	
S9436	Childbirth preparation/Lamaze classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9437	Childbirth refresher classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9438	Cesarean birth classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9439	VBAC (vaginal birth after cesarean) classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9441	Asthma education, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9442	Birthing classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9443	Lactation classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9444	Parenting classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	NOT COVERED BY MEDICARE	
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session	NOT COVERED BY MEDICARE	
S9447	Infant safety (including CPR) classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9449	Weight management classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9451	Exercise classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9452	Nutrition classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9453	Smoking cessation classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9454	Stress management classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	
S9455	Diabetic management program, group session	NOT COVERED BY MEDICARE	
S9460	Diabetic management program, nurse visit	NOT COVERED BY MEDICARE	
S9465	Diabetic management program, dietitian visit	NOT COVERED BY MEDICARE	
S9470	Nutritional counseling, dietitian visit	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S9472	Cardiac rehabilitation program, nonphysician provider, per diem	NOT COVERED BY MEDICARE	
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	NOT COVERED BY MEDICARE	
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	NOT COVERED BY MEDICARE	
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	NOT COVERED BY MEDICARE	
S9476	Vestibular rehabilitation program, nonphysician provider, per diem	NOT COVERED BY MEDICARE	
S9480	Intensive outpatient psychiatric services, per diem	NOT COVERED BY MEDICARE	
S9482	Family stabilization services, per 15 minutes	NOT COVERED BY MEDICARE	
S9484	Crisis intervention mental health services, per hour	NOT COVERED BY MEDICARE	
S9485	Crisis intervention mental health services, per diem	NOT COVERED BY MEDICARE	
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	NOT COVERED BY MEDICARE	
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient	NOT COVERED BY MEDICARE	
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED BY MEDICARE	
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem	NOT COVERED BY MEDICARE	
S9901	Services by a Journal-listed Christian Science nurse, per hour	NOT COVERED BY MEDICARE	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	NOT COVERED BY MEDICARE	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	NOT COVERED BY MEDICARE	
S9970	Health club membership, annual	NOT COVERED BY MEDICARE	
S9975	Transplant related lodging, meals and transportation, per diem	NOT COVERED BY MEDICARE	
S9976	Lodging, per diem, not otherwise classified	NOT COVERED BY MEDICARE	
S9977	Meals, per diem, not otherwise specified	NOT COVERED BY MEDICARE	
S9981	Medical records copying fee, administrative	NOT COVERED BY MEDICARE	
S9982	Medical records copying fee, per page	NOT COVERED BY MEDICARE	
S9986	Not medically necessary service (patient is aware that service not medically necessary)	NOT COVERED BY MEDICARE	
S9988	Services provided as part of a Phase I clinical trial	NOT COVERED BY MEDICARE	
S9989	Services provided outside of the United States of America (list in addition to code(s) for services(s))	NOT COVERED BY MEDICARE	
S9990	Services provided as part of a Phase II clinical trial	NOT COVERED BY MEDICARE	
S9991	Services provided as part of a Phase III clinical trial	NOT COVERED BY MEDICARE	
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion	NOT COVERED BY MEDICARE	
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	NOT COVERED BY MEDICARE	
S9996	Meals for clinical trial participant and one caregiver/companion	NOT COVERED BY MEDICARE	
S9999	Sales tax	NOT COVERED BY MEDICARE	
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	NOT COVERED BY MEDICARE	
T1001	Nursing assessment/evaluation	NOT COVERED BY MEDICARE	
T1002	RN services, up to 15 minutes	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
T1003	LPN/LVN services, up to 15 minutes	NOT COVERED BY MEDICARE	
T1004	Services of a qualified nursing aide, up to 15 minutes	NOT COVERED BY MEDICARE	
T1005	Respite care services, up to 15 minutes	NOT COVERED BY MEDICARE	
T1006	Alcohol and/or substance abuse services, family/couple counseling	NOT COVERED BY MEDICARE	
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	NOT COVERED BY MEDICARE	
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	NOT COVERED BY MEDICARE	
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	NOT COVERED BY MEDICARE	
T1012	Alcohol and/or substance abuse services, skills development	NOT COVERED BY MEDICARE	
T1013	Sign language or oral interpretive services, per 15 minutes	NOT COVERED BY MEDICARE	
T1014	Telehealth transmission, per minute, professional services bill separately	NOT COVERED BY MEDICARE	
T1015	Clinic visit/encounter, all-inclusive	NOT COVERED BY MEDICARE	
T1016	Case management, each 15 minutes	NOT COVERED BY MEDICARE	
T1017	Targeted case management, each 15 minutes	NOT COVERED BY MEDICARE	
T1018	School-based individualized education program (IEP) services, bundled	NOT COVERED BY MEDICARE	
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	NOT COVERED BY MEDICARE	
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	NOT COVERED BY MEDICARE	
T1021	Home health aide or certified nurse assistant, per visit	NOT COVERED BY MEDICARE	
T1022	Contracted home health agency services, all services provided under contract, per day	NOT COVERED BY MEDICARE	
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	NOT COVERED BY MEDICARE	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	NOT COVERED BY MEDICARE	
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments, per hour	NOT COVERED BY MEDICARE	
T1027	Family training and counseling for child development, per 15 minutes	NOT COVERED BY MEDICARE	
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	NOT COVERED BY MEDICARE	
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling	NOT COVERED BY MEDICARE	
T1030	Nursing care, in the home, by registered nurse, per diem	NOT COVERED BY MEDICARE	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	NOT COVERED BY MEDICARE	
T1032	Services performed by a doula birth worker, per 15 minutes	NOT COVERED BY MEDICARE	
T1033	Services performed by a doula birth worker, per diem	NOT COVERED BY MEDICARE	
T1040	Medicaid certified community behavioral health clinic services, per diem	NOT COVERED BY MEDICARE	
T1041	Medicaid certified community behavioral health clinic services, per month	NOT COVERED BY MEDICARE	
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	NOT COVERED BY MEDICARE	
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	NOT COVERED BY MEDICARE	
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	NOT COVERED BY MEDICARE	
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	NOT COVERED BY MEDICARE	
T2001	Nonemergency transportation; patient attendant/escort	NOT COVERED BY MEDICARE	
T2002	Nonemergency transportation; per diem	NOT COVERED BY MEDICARE	
T2003	Nonemergency transportation; encounter/trip	NOT COVERED BY MEDICARE	
T2004	Nonemergency transport; commercial carrier, multipass	NOT COVERED BY MEDICARE	
T2005	Nonemergency transportation; stretcher van	NOT COVERED BY MEDICARE	
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
T2010	Preadmission screening and resident review (PASRR) Level I identification screening, per screen	NOT COVERED BY MEDICARE	
T2011	Preadmission screening and resident review (PASRR) Level II evaluation, per evaluation	NOT COVERED BY MEDICARE	
T2012	Habilitation, educational; waiver, per diem	NOT COVERED BY MEDICARE	
T2013	Habilitation, educational, waiver; per hour	NOT COVERED BY MEDICARE	
T2014	Habilitation, prevocational, waiver; per diem	NOT COVERED BY MEDICARE	
T2015	Habilitation, prevocational, waiver; per hour	NOT COVERED BY MEDICARE	
T2016	Habilitation, residential, waiver; per diem	NOT COVERED BY MEDICARE	
T2017	Habilitation, residential, waiver; 15 minutes	NOT COVERED BY MEDICARE	
T2018	Habilitation, supported employment, waiver; per diem	NOT COVERED BY MEDICARE	
T2019	Habilitation, supported employment, waiver; per 15 minutes	NOT COVERED BY MEDICARE	
T2020	Day habilitation, waiver; per diem	NOT COVERED BY MEDICARE	
T2021	Day habilitation, waiver; per 15 minutes	NOT COVERED BY MEDICARE	
T2022	Case management, per month	NOT COVERED BY MEDICARE	
T2023	Targeted case management; per month	NOT COVERED BY MEDICARE	
T2024	Service assessment/plan of care development, waiver	NOT COVERED BY MEDICARE	
T2025	Waiver services; not otherwise specified (NOS)	NOT COVERED BY MEDICARE	
T2026	Specialized childcare, waiver; per diem	NOT COVERED BY MEDICARE	
T2027	Specialized childcare, waiver; per 15 minutes	NOT COVERED BY MEDICARE	
T2028	Specialized supply, not otherwise specified, waiver	NOT COVERED BY MEDICARE	
T2029	Specialized medical equipment, not otherwise specified, waiver	NOT COVERED BY MEDICARE	
T2030	Assisted living, waiver; per month	NOT COVERED BY MEDICARE	
T2031	Assisted living; waiver, per diem	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
T2032	Residential care, not otherwise specified (NOS), waiver; per month	NOT COVERED BY MEDICARE	
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	NOT COVERED BY MEDICARE	
T2034	Crisis intervention, waiver; per diem	NOT COVERED BY MEDICARE	
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	NOT COVERED BY MEDICARE	
T2036	Therapeutic camping, overnight, waiver; each session	NOT COVERED BY MEDICARE	
T2037	Therapeutic camping, day, waiver; each session	NOT COVERED BY MEDICARE	
T2038	Community transition, waiver; per service	NOT COVERED BY MEDICARE	
T2039	Vehicle modifications, waiver; per service	NOT COVERED BY MEDICARE	
T2040	Financial management, self-directed, waiver; per 15 minutes	NOT COVERED BY MEDICARE	
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	NOT COVERED BY MEDICARE	
T2042	Hospice routine home care; per diem	NOT COVERED BY MEDICARE	
T2043	Hospice continuous home care; per hour	NOT COVERED BY MEDICARE	
T2044	Hospice inpatient respite care; per diem	NOT COVERED BY MEDICARE	
T2045	Hospice general inpatient care; per diem	NOT COVERED BY MEDICARE	
T2046	Hospice long-term care, room and board only; per diem	NOT COVERED BY MEDICARE	
T2047	Habilitation, prevocational, waiver; per 15 minutes	NOT COVERED BY MEDICARE	
T2048	Behavioral health; long-term care residential (nonacute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	NOT COVERED BY MEDICARE	
T2049	Nonemergency transportation; stretcher van, mileage; per mile	NOT COVERED BY MEDICARE	
T2050	Financial management, self-directed, waiver; per diem	NOT COVERED BY MEDICARE	
T2051	Supports brokerage, self-directed, waiver; per diem	NOT COVERED BY MEDICARE	
T2101	Human breast milk processing, storage and distribution only	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	NOT COVERED BY MEDICARE	
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	NOT COVERED BY MEDICARE	
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	NOT COVERED BY MEDICARE	
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	NOT COVERED BY MEDICARE	
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	NOT COVERED BY MEDICARE	
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	NOT COVERED BY MEDICARE	
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	NOT COVERED BY MEDICARE	
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	NOT COVERED BY MEDICARE	
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	NOT COVERED BY MEDICARE	
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	NOT COVERED BY MEDICARE	
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	NOT COVERED BY MEDICARE	
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	NOT COVERED BY MEDICARE	
T4533	Youth sized disposable incontinence product, brief/diaper, each	NOT COVERED BY MEDICARE	
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	NOT COVERED BY MEDICARE	
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	NOT COVERED BY MEDICARE	
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	NOT COVERED BY MEDICARE	
T4537	Incontinence product, protective underpad, reusable, bed size, each	NOT COVERED BY MEDICARE	
T4538	Diaper service, reusable diaper, each diaper	NOT COVERED BY MEDICARE	
T4539	Incontinence product, diaper/brief, reusable, any size, each	NOT COVERED BY MEDICARE	
T4540	Incontinence product, protective underpad, reusable, chair size, each	NOT COVERED BY MEDICARE	
T4541	Incontinence product, disposable underpad, large, each	NOT COVERED BY MEDICARE	
T4542	Incontinence product, disposable underpad, small size, each	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	NOT COVERED BY MEDICARE	
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	NOT COVERED BY MEDICARE	
T4545	Incontinence product, disposable, penile wrap, each	NOT COVERED BY MEDICARE	
T5001	Positioning seat for persons with special orthopedic needs	NOT COVERED BY MEDICARE	
T5999	Supply, not otherwise specified	NOT COVERED BY MEDICARE	
V2020	Frames, purchases	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2025	Deluxe frame	NOT COVERED BY MEDICARE	
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2115	Lenticular (myodisc), per lens, single vision	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2118	Aniseikonic lens, single vision	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2121	Lenticular lens, per lens, single	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2199	Not otherwise classified, single vision lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2215	Lenticular (myodisc), per lens, bifocal	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2218	Aniseikonic, per lens, bifocal	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2219	Bifocal seg width over 28mm	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2220	Bifocal add over 3.25d	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2221	Lenticular lens, per lens, bifocal	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2299	Specialty bifocal (by report)	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2315	Lenticular, (myodisc), per lens, trifocal	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2318	Aniseikonic lens, trifocal	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2319	Trifocal seg width over 28 mm	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2320	Trifocal add over 3.25d	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2321	Lenticular lens, per lens, trifocal	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2399	Specialty trifocal (by report)	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2499	Variable sphericity lens, other type	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2500	Contact lens, PMMA, spherical, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2501	Contact lens, PMMA, toric or prism ballast, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2502	Contact lens PMMA, bifocal, per lens	AUTH REQUIRED	
V2503	Contact lens, PMMA, color vision deficiency, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2510	Contact lens, gas permeable, spherical, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2513	Contact lens, gas permeable, extended wear, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2520	Contact lens, hydrophilic, spherical, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2522	Contact lens, hydrophilic, bifocal, per lens	AUTH REQUIRED	
V2523	Contact lens, hydrophilic, extended wear, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2525	Contact lens, hydrophilic, dual focus, per lens	NOT COVERED BY MEDICARE	
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	NOT COVERED BY MEDICARE	
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	AUTH REQUIRED	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia ICD 10 H27.00 thru H27.03, Z96.1
V2599	Contact lens, other type	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2623	Prosthetic eye, plastic, custom	AUTH REQUIRED	
V2627	Scleral cover shell	AUTH REQUIRED	
V2702	Deluxe lens feature	NOT COVERED BY MEDICARE	
V2744	Tint, photochromatic, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2750	Antireflective coating, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2755	U-V lens, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2760	Scratch resistant coating, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	AUTH REQUIRED	
V2762	Polarization, any lens material, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2770	Occluder lens, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2780	Oversize lens, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2781	Progressive lens, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2784	Lens, polycarbonate or equal, any index, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 --- ALTERWOOD COVERS for Aphakia and Pseudophakia - No Auth Required for ICD 10 H27.00 thru H27.03, Z96.1
V2787	Astigmatism correcting function of intraocular lens	NOT COVERED BY MEDICARE	
V2788	Presbyopia correcting function of intraocular lens	NOT COVERED BY MEDICARE	
V5008	Hearing screening	NOT COVERED BY MEDICARE	
V5010	Assessment for hearing aid	NOT COVERED BY MEDICARE	
V5011	Fitting/orientation/checking of hearing aid	NOT COVERED BY MEDICARE	
V5014	Repair/modification of a hearing aid	NOT COVERED BY MEDICARE	
V5020	Conformity evaluation	NOT COVERED BY MEDICARE	
V5030	Hearing aid, monaural, body worn, air conduction	NOT COVERED BY MEDICARE	
V5040	Hearing aid, monaural, body worn, bone conduction	NOT COVERED BY MEDICARE	
V5050	Hearing aid, monaural, in the ear	NOT COVERED BY MEDICARE	
V5060	Hearing aid, monaural, behind the ear	NOT COVERED BY MEDICARE	
V5070	Glasses, air conduction	NOT COVERED BY MEDICARE	
V5080	Glasses, bone conduction	NOT COVERED BY MEDICARE	
V5090	Dispensing fee, unspecified hearing aid	NOT COVERED BY MEDICARE	
V5095	Semi-implantable middle ear hearing prosthesis	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V5100	Hearing aid, bilateral, body worn	NOT COVERED BY MEDICARE	
V5110	Dispensing fee, bilateral	NOT COVERED BY MEDICARE	
V5120	Binaural, body	NOT COVERED BY MEDICARE	
V5130	Binaural, in the ear	NOT COVERED BY MEDICARE	
V5140	Binaural, behind the ear	NOT COVERED BY MEDICARE	
V5150	Binaural, glasses	NOT COVERED BY MEDICARE	
V5160	Dispensing fee, binaural	NOT COVERED BY MEDICARE	
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	NOT COVERED BY MEDICARE	
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	NOT COVERED BY MEDICARE	
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	NOT COVERED BY MEDICARE	
V5190	Hearing aid, contralateral routing, monaural, glasses	NOT COVERED BY MEDICARE	
V5200	Dispensing fee, contralateral, monaural	NOT COVERED BY MEDICARE	
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	NOT COVERED BY MEDICARE	
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	NOT COVERED BY MEDICARE	
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	NOT COVERED BY MEDICARE	
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	NOT COVERED BY MEDICARE	
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	NOT COVERED BY MEDICARE	
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	NOT COVERED BY MEDICARE	
V5230	Hearing aid, contralateral routing system, binaural, glasses	NOT COVERED BY MEDICARE	
V5240	Dispensing fee, contralateral routing system, binaural	NOT COVERED BY MEDICARE	
V5241	Dispensing fee, monaural hearing aid, any type	NOT COVERED BY MEDICARE	
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V5243	Hearing aid, analog, monaural, ITC (in the canal)	NOT COVERED BY MEDICARE	
V5244	Hearing aid, digitally programmable analog, monaural, CIC	NOT COVERED BY MEDICARE	
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	NOT COVERED BY MEDICARE	
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	NOT COVERED BY MEDICARE	
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	NOT COVERED BY MEDICARE	
V5248	Hearing aid, analog, binaural, CIC	NOT COVERED BY MEDICARE	
V5249	Hearing aid, analog, binaural, ITC	NOT COVERED BY MEDICARE	
V5250	Hearing aid, digitally programmable analog, binaural, CIC	NOT COVERED BY MEDICARE	
V5251	Hearing aid, digitally programmable analog, binaural, ITC	NOT COVERED BY MEDICARE	
V5252	Hearing aid, digitally programmable, binaural, ITE	NOT COVERED BY MEDICARE	
V5253	Hearing aid, digitally programmable, binaural, BTE	NOT COVERED BY MEDICARE	
V5254	Hearing aid, digital, monaural, CIC	NOT COVERED BY MEDICARE	
V5255	Hearing aid, digital, monaural, ITC	NOT COVERED BY MEDICARE	
V5256	Hearing aid, digital, monaural, ITE	NOT COVERED BY MEDICARE	
V5257	Hearing aid, digital, monaural, BTE	NOT COVERED BY MEDICARE	
V5258	Hearing aid, digital, binaural, CIC	NOT COVERED BY MEDICARE	
V5259	Hearing aid, digital, binaural, ITC	NOT COVERED BY MEDICARE	
V5260	Hearing aid, digital, binaural, ITE	NOT COVERED BY MEDICARE	
V5261	Hearing aid, digital, binaural, BTE	NOT COVERED BY MEDICARE	
V5262	Hearing aid, disposable, any type, monaural	NOT COVERED BY MEDICARE	
V5263	Hearing aid, disposable, any type, binaural	NOT COVERED BY MEDICARE	
V5264	Ear mold/insert, not disposable, any type	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V5265	Ear mold/insert, disposable, any type	NOT COVERED BY MEDICARE	
V5266	Battery for use in hearing device	NOT COVERED BY MEDICARE	
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	NOT COVERED BY MEDICARE	
V5268	Assistive listening device, telephone amplifier, any type	NOT COVERED BY MEDICARE	
V5269	Assistive listening device, alerting, any type	NOT COVERED BY MEDICARE	
V5270	Assistive listening device, television amplifier, any type	NOT COVERED BY MEDICARE	
V5271	Assistive listening device, television caption decoder	NOT COVERED BY MEDICARE	
V5272	Assistive listening device, TDD	NOT COVERED BY MEDICARE	
V5273	Assistive listening device, for use with cochlear implant	NOT COVERED BY MEDICARE	
V5274	Assistive listening device, not otherwise specified	NOT COVERED BY MEDICARE	
V5275	Ear impression, each	NOT COVERED BY MEDICARE	
V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type	NOT COVERED BY MEDICARE	
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type	NOT COVERED BY MEDICARE	
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	NOT COVERED BY MEDICARE	
V5284	Assistive listening device, personal FM/DM, ear level receiver	NOT COVERED BY MEDICARE	
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	NOT COVERED BY MEDICARE	
V5286	Assistive listening device, personal blue tooth FM/DM receiver	NOT COVERED BY MEDICARE	
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	NOT COVERED BY MEDICARE	
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	NOT COVERED BY MEDICARE	
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	NOT COVERED BY MEDICARE	
V5290	Assistive listening device, transmitter microphone, any type	NOT COVERED BY MEDICARE	
V5298	Hearing aid, not otherwise classified	NOT COVERED BY MEDICARE	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	NOT COVERED BY MEDICARE	
V5362	Speech screening	NOT COVERED BY MEDICARE	
V5363	Language screening	NOT COVERED BY MEDICARE	
V5364	Dysphagia screening	NOT COVERED BY MEDICARE	
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	AUTH REQUIRED	
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	AUTH REQUIRED	
0446U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity	AUTH REQUIRED	
0447U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare	AUTH REQUIRED	
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	AUTH REQUIRED	
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller	AUTH REQUIRED	
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each	AUTH REQUIRED	
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	AUTH REQUIRED	
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	AUTH REQUIRED	
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	NOT COVERED BY MEDICARE	
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	AUTH REQUIRED	
E0736	Transcutaneous tibial nerve stimulator	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	AUTH REQUIRED	
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	AUTH REQUIRED	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	AUTH REQUIRED	
H0051	Traditional healing service	NOT COVERED BY MEDICARE	
J0177	Injection, aflibercept HD, 1 mg	AUTH REQUIRED	PREFERRED STATUS Brand = Eylea HD --- Step-therapy requires member to try Avastin prior to this drug.
J1202	Miglustat, oral, 65 mg	NOT COVERED BY MEDICARE	
J2782	Injection, avacincaptad pegol, 0.1 mg	AUTH REQUIRED	NON PREFERRED Preferred = Syfovre
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	AUTH REQUIRED	
J9248	Injection, melphalan (Hepzato), 1 mg	AUTH REQUIRED	
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	AUTH REQUIRED	
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	AUTH REQUIRED	
Q4309	VIA Matrix, per sq cm	AUTH REQUIRED	
Q4310	Procenta, per 100 mg	AUTH REQUIRED	
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	NOT COVERED BY MEDICARE	
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	AUTH REQUIRED	
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	AUTH REQUIRED	
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	AUTH REQUIRED	
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	AUTH REQUIRED	
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	AUTH REQUIRED	
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood	AUTH REQUIRED	
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood	AUTH REQUIRED	
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker-expressing cells, peripheral blood	AUTH REQUIRED	
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	AUTH REQUIRED	
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	AUTH REQUIRED	
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	AUTH REQUIRED	
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	AUTH REQUIRED	
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0503U	Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques	AUTH REQUIRED	
0504U	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, real-time PCR, reported as positive or negative for each organism	AUTH REQUIRED	
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism	AUTH REQUIRED	
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	AUTH REQUIRED	
0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	AUTH REQUIRED	
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	AUTH REQUIRED	
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)	AUTH REQUIRED	
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker	AUTH REQUIRED	
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	AUTH REQUIRED	
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	AUTH REQUIRED	
90695	Influenza virus vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use	AUTH REQUIRED	
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	AUTH REQUIRED	
E0683	Nonpneumatic, nonsequential, peristaltic wave compression pump	AUTH REQUIRED	
E0715	Intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	NOT COVERED BY MEDICARE	
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	NOT COVERED BY MEDICARE	
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	NOT COVERED BY MEDICARE	
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	AUTH REQUIRED	
E2513	Accessory for speech generating device, electromyographic sensor	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	AUTH REQUIRED	
J9329	Injection, tislelizumab-jsgr, 1mg	AUTH REQUIRED	
L1006	Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm	AUTH REQUIRED	
C7562	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed with intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	AUTH REQUIRED	
C7563	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries	AUTH REQUIRED	
C7564	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	AUTH REQUIRED	
C7565	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) less than 3 cm, reducible with removal of total or near total noninfected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair	AUTH REQUIRED	
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	AUTH REQUIRED	
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy)	AUTH REQUIRED	
C9173	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg	AUTH REQUIRED	
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	AUTH REQUIRED	
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	AUTH REQUIRED	
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	AUTH REQUIRED	
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
E1813	Dynamic adjustable knee extension only device, includes soft interface material	AUTH REQUIRED	
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	AUTH REQUIRED	
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	AUTH REQUIRED	
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	AUTH REQUIRED	
E1826	Dynamic adjustable finger extension only device, includes soft interface material	AUTH REQUIRED	
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	AUTH REQUIRED	
E1828	Dynamic adjustable toe extension only device, includes soft interface material	AUTH REQUIRED	
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	AUTH REQUIRED	
H0052	Missing and murdered indigenous persons (MMIP) mental health and clinical care	NOT COVERED BY MEDICARE	
H0053	Historical trauma (HT) mental health and clinical care for indigenous persons	NOT COVERED BY MEDICARE	
J1307	Injection, crovalimab-akkz, 10 mg	AUTH REQUIRED	
J9026	Injection, tarlatamab-dlle, 1 mg	AUTH REQUIRED	
0901T	Placement of bone marrow sampling port, including imaging guidance when performed	AUTH REQUIRED	
0902T	QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device	AUTH REQUIRED	
0903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	AUTH REQUIRED	
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	AUTH REQUIRED	
0905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	AUTH REQUIRED	
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	AUTH REQUIRED	
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	AUTH REQUIRED	
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	AUTH REQUIRED	
0910T	Removal of integrated neurostimulation system, vagus nerve	AUTH REQUIRED	
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	AUTH REQUIRED	
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	AUTH REQUIRED	
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	AUTH REQUIRED	
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	AUTH REQUIRED	
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	AUTH REQUIRED	
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	AUTH REQUIRED	
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	AUTH REQUIRED	
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	AUTH REQUIRED	
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	AUTH REQUIRED	
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	AUTH REQUIRED	
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	AUTH REQUIRED	
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	AUTH REQUIRED	
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	AUTH REQUIRED	
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	AUTH REQUIRED	
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	AUTH REQUIRED	
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	AUTH REQUIRED	
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	AUTH REQUIRED	
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional	AUTH REQUIRED	
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	AUTH REQUIRED	
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional	AUTH REQUIRED	
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral	AUTH REQUIRED	
0936T	Photobiomodulation therapy of retina, single session	AUTH REQUIRED	
0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	AUTH REQUIRED	
0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)	AUTH REQUIRED	
0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report	AUTH REQUIRED	
0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	AUTH REQUIRED	
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	AUTH REQUIRED	
0943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	AUTH REQUIRED	
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	AUTH REQUIRED	
0945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	AUTH REQUIRED	
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	AUTH REQUIRED	
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	AUTH REQUIRED	
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	AUTH REQUIRED	
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	AUTH REQUIRED	
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	AUTH REQUIRED	
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	AUTH REQUIRED	
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	AUTH REQUIRED	
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	AUTH REQUIRED	
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	AUTH REQUIRED	
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	AUTH REQUIRED	
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	AUTH REQUIRED	
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	AUTH REQUIRED	
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	AUTH REQUIRED	
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	AUTH REQUIRED	
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	AUTH REQUIRED	
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	AUTH REQUIRED	
64467	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	AUTH REQUIRED	
64469	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed	AUTH REQUIRED	
64474	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	AUTH REQUIRED	
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	AUTH REQUIRED	
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	AUTH REQUIRED	
81515	Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for Atopobium vaginae, Atopobium species, Megasphaera type 1, and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algorithm reported as positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, when reported	AUTH REQUIRED	
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	AUTH REQUIRED	
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	AUTH REQUIRED	
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	AUTH REQUIRED	
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	AUTH REQUIRED	
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	AUTH REQUIRED	
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	AUTH REQUIRED	
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	AUTH REQUIRED	
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	AUTH REQUIRED	
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	AUTH REQUIRED	
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	AUTH REQUIRED	
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	AUTH REQUIRED	
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	AUTH REQUIRED	
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	AUTH REQUIRED	
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	AUTH REQUIRED	
0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative	AUTH REQUIRED	
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL	AUTH REQUIRED	
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report	AUTH REQUIRED	
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	AUTH REQUIRED	
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	AUTH REQUIRED	
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	AUTH REQUIRED	
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	AUTH REQUIRED	
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	AUTH REQUIRED	
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	AUTH REQUIRED	
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	AUTH REQUIRED	
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure)	AUTH REQUIRED	Procedure is on Medicare's Inpatient Only List
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	AUTH REQUIRED	
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	AUTH REQUIRED	
A9154	Artificial saliva, 1 ml	NOT COVERED BY MEDICARE	
A9611	Flurpiridaz F18, diagnostic, 1 mCi	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
C8004	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors	AUTH REQUIRED	
E1022	Wheelchair transportation securement system, any type, includes all components and accessories	NOT COVERED BY MEDICARE	
E1023	Wheelchair transit securement system, includes all components and accessories	NOT COVERED BY MEDICARE	
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	AUTH REQUIRED	
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	AUTH REQUIRED	
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	AUTH REQUIRED	
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
L0720	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	
L1933	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	AUTH REQUIRED	
L1952	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated, off-the-shelf	AUTH REQUIRED	
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	AUTH REQUIRED	
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement	AUTH REQUIRED	
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	AUTH REQUIRED	
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	AUTH REQUIRED	
Q4313	DermaBind FM, per sq cm	AUTH REQUIRED	
Q4319	SanoGraft, per sq cm	AUTH REQUIRED	
Q4322	CaregraFT, per sq cm	AUTH REQUIRED	
Q4323	alloPLY, per sq cm	AUTH REQUIRED	
Q4325	ACApatch, per sq cm	AUTH REQUIRED	
Q4328	MOST, per sq cm	AUTH REQUIRED	
Q4332	Axolotl DualGraft, per sq cm	AUTH REQUIRED	

CPT/HCPCs	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg	AUTH REQUIRED	
S4024	Air polymer-type A intrauterine foam, per study dose	NOT COVERED BY MEDICARE	