



COMMUNITY HEALTH PLAN
of Washington™

<p>Note: This list is not intended to replace the use of the Prior Authorization list, nor is the list necessarily complete. Providers should only use this as a supplement to and after first consulting the Prior Authorization list. This list does not guarantee payment.</p>		<p>To ensure codes on this list are covered, please verify by referring to either the National Coverage Guidelines, Local Coverage Guidelines, Noridian Fee Schedules or the HCA Fee Schedules for Medicaid based on the patient's plan.</p>	
<p>07/01/2018 PA LIST</p> <p>* Indicates possible additional limitations beyond PA, verify on Medicaid billing guide, LCD, NCD, Medicare benefit and claims manuals.</p> <ul style="list-style-type: none"> • All planned Inpatient Admission and Administrative Days (excluding Delivery) require Prior Authorization • Services using unlisted/unclassified codes require PA, \$500.00 and over 			
PA Category	Name	Code(s)	Additional Notes
ABA	Applied Behavioral Analysis stage 3*	0364T	
		0365T	
		0366T	
		0367T	
		0373T	
		0374T	
		H2020	
BEHAVIORAL HEALTH	Neuropsychological Testing	96116	
		96118	
		96119	
CHEMICAL DEPENDENCY	Chemical Dependency/Substance Abuse* (MA Only)	G0396	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		G0397	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90785	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90791	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90792	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90832	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90833	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90834	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90836	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90837	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90838	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90839	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90840	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90845	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90846	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.
		90847	ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.

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	<p>Chemical Dependency/Substance Abuse* (MA Only)</p>	90849		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>
	90853		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>	
	90865		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>	
	90870		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>	
	90899		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>	
	96150		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>	
	96151		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>	
	96152		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>	
	96153		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>	
96154		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>		
96155		<p>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</p>		
<p>CLINICAL TRIALS</p>	<p>Clinical Trials</p>	<p>Not specific to codes, must be indicated on submitted request. May have 8 digit trial ID, or primary or secondary Dx of Z00.6</p>		
<p>DME</p>	<p>Bone growth stimulators</p>	E0747		
	E0748			
	E0760			
	<p>Chest compression devices</p>	E0483		
	<p>C-Pap*</p>	E0561		
	E0562			
	E0601			
	<p>Bi-Pap*</p>	E0470		
	E0471			
	E0472			
	<p>Enteral/Parenteral Feedings* For individuals 21 and over</p>	B4100		
	B4102			
	B4103			
	B4149			
	B4150			
	B4152			
	B4153			
	B4154			
	B4155			
	B4157			
B4158				
B4159				

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DME	Enteral/Parenteral Feedings* For individuals 21 and over	B4160	
		B4161	
		B4162	
		B4164	
		B4168	
		B4172	
		B4176	
		B4178	
		B4180	
		B4185	
		B4189	
		B4193	
		B4197	
		B4199	
		B4216	
		B4220	
		B4222	
		B4224	
		B5000	
		B5100	
		B9000	
		B9002	
		B9004	
	B9006		
	B9998		
	B9999		
	Hospital beds & accessories*	E0193	
		E0194	
		E0250	
		E0251	
		E0255	
		E0256	
		E0260	
		E0261	
		E0266	
		E0277	
		E0290	
		E0291	
		E0292	
		E0293	
	E0294		
	E0295		
	E0296		
	E0297		
	E0300		
	E0301		
	E0302		

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PA Category	Name	Code(s)	Additional Notes
DME	Hospital beds & accessories*	E0303	
		E0304	
		E0316	
		E0328	
		E0329	
		E0371	
		E0372	
		E0373	
	Oxygen*	E1390	
		E1391	
		E1392	
		E0441	
		E0442	
		E0443	
		E0444	
		E0445	
	Ventilators*	A4611	
		A4612	
		A4613	
		E0465	
		E0466	
	Wheelchair/Scooters*	E1002	
		E1007	
		E1008	
		E1010	
		E1029	
		E1030	
		E1031	
		E1060	
		E1070	
		E1161	
		E1229	
		E1230	
		E1231	
		E1232	
		E1233	
		E1234	
		E1235	
		E1236	
		E1237	
		E1238	
		E1239	
		E2300	
		E2325	
		E2373	
	E8001		
K0001			
K0002			
K0003			
K0004			

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DME	Wheelchair/Scooters*	K0005	
		K0006	
		K0007	
		K0009	
		K0800	
		K0801	
		K0802	
		K0806	
		K0807	
		K0808	
		K0812	
		K0813	
		K0814	
		K0815	
		K0816	
		K0820	
		K0821	
		K0822	
		K0823	
		K0824	
		K0825	
		K0826	
		K0827	
		K0828	
		K0829	
		K0830	
		K0831	
		K0835	
		K0836	
		K0837	
		K0838	
		K0839	
		K0840	
		K0841	
		K0842	
		K0843	
		K0848	
		K0849	
		K0850	
		K0851	
K0852			
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K0856			
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K0859			
K0860			
K0861			

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PA Category	Name	Code(s)	Additional Notes	
DME	Wheelchair/Scooters*	K0862		
		K0863		
		K0890		
		K0891		
		K0898		
	Wound Vac	A6550		
		E2402		
	All DME > \$500 allowed amount per line item or > \$1000 total allowed amount. For specific codes refer to the plan's fee schedule.			
	Prosthetics and Orthotics		L0170	
			L0456	
			L0464	
			L0480	
			L0482	
			L0486	
			L0631	
			L0637	
			L0640	
			L1005	
			L1200	
			L1300	
			L1499	
			L1730	
			L1834	
			L1844	
			L1845	
			L1846	
			L1945	
			L1950	
			L1970	
			L2020	
			L2034	
			L2036	
			L2037	
			L2038	
L2108				
L2136				
L2350				
L3230				
L3720				
L3730				
L3740				
L3764				
L3900				
L3905				
L5020				
L5050				
L5100				
L5220				

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DME	Prosthetics and Orthotics	L5301	
		L5321	
		L5400	
		L5510	
		L5530	
		L5540	
		L5590	
		L5646	
		L5651	
		L5661	
		L5703	
		L5790	
		L5812	
		L5814	
		L5828	
		L5848	
		L5930	
		L5950	
		L5964	
		L5968	
		L5976	
		L5980	
		L5981	
		L5984	
		L5987	
		L5988	
		L6000	
		L6050	
		L6100	
		L6300	
		L6687	
		L6689	
		L6694	
L6704			
L6707			
L6884			
L7405			
L8619			
L8691			
L8692			
DME MISC.	Speech Generating Device	E2510	
GENETIC TESTING/COUNSELING	Genetic counseling not related to pregnancy* (pregnancy indicated by Dx)	81201	
		81175	
		81176	
		81202	
		81203	
		81206	

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GENETIC TESTING/COUNSELING	Genetic counseling not related to pregnancy* (pregnancy indicated by Dx)	81207	
		81208	
		81209	
		81210	
		81211	
		81212	
		81213	
		81214	
		81215	
		81216	
		81217	
		81224	
		81225	
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		81227	
		81228	
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GENETIC TESTING/COUNSELING	Genetic counseling not related to pregnancy* (pregnancy indicated by Dx)	81300	
		81301	
		81310	
		81313	
		81315	
		81316	
		81317	
		81318	
		81319	
		81321	
		81322	
		81323	
		81326	
		81327	
		81328	
		81332	
		81334	
		81340	
		81341	
		81342	
		81355	
		81370	
		81371	
		81372	
		81373	
		81374	
		81375	
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GENETIC TESTING/COUNSELING	Genetic counseling not related to pregnancy* (pregnancy indicated by Dx)	81420	
		81422	
		81425	
		81426	
		81427	
		81430	
		81431	
		81435	
		81436	
		81439	
		81440	
		81445	
		81448	
		81450	
		81455	
		81460	
		81465	
		81470	
		81471	
		81479	
		88240	
		88241	
		88245	
		88248	
		88249	
		88261	
		88262	
		88263	
		88264	
		88271	
		88272	
		81252	
		81302	
		81304	
		81519	
		88273	
		88274	
		88275	
		88280	
		88283	
		88285	
		88289	
88291			
88299			
G9143			

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INJECTABLE DRUGS	Abatacept (Orencia)	J0129		
	Adalimumab (Humira)	J0135		
	Ado-trastuzumab Emtansine (Kadcyla)	J9354		
	Alemtuzumab (Lemtrada)	J0202		
	Aprepitant (Cinvanti)	C9463		
	Atezolizumab	J9022		
	Avelumab	J9023		
	Ziv-Afibercept (Zaltrap)	J9400		
	Belimumab (Benlysta)	J0490		
	Botulinum Toxin (Botox/Myobloc/Dysport/Xeomin)		J0585	
			J0586	
			J0587	
			J0588	
	Brentuximab (Adcetris)	J9042		
	Buprenorphine implant (Probuphine)	J0570		
	Buprenorphine xr subcutaneous injection		Q9991	
			Q9992	
	Canakinumab (Ilaris)	J0638		
	Cetuxumab (Erbitux)	J9055		
	Denosumab (Prolia/ Xgeva)	J0897		
	Durvalumab	C9492		
	Ecallantide (Kalbitor)	J1290		
Edaravone	C9493			
Epoprostenol (Flolan, Veletri)	J1325			
INJECTABLE DRUGS	Erythropoiesis-Stimulating Agents (Darbepoetin/Epoetin)	J0881		
		J0882		
		J0885		
		J0887		
		J0888		
		Q4081		
	Filgrastim - biosimilar Zarxio	Q5101		
	GnRH Agonists (Lupron)	J1950		
	Golimumab (Simponi Aria)	J1602		
	Granisetron extended-release	J1627		
	Granulocyte-Colony Stimulating Factor (G-Csf) (e.g., Pegfilgrastim, Filgrastim, Sargramostim)	J1447		
		J1442		
		J2505		
		J2820		
	Growth Hormone (Somatropin)	J2941		
	Hyaluronic acid (Durolane)	C9465		
	Hyaluronic Acid Derivatives (Synvisc, Hyalgan)	J7320		
J7321				
J7322				
J7323				

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INJECTABLE DRUGS	Hyaluronic Acid Derivatives (Synvisc, Hyalgan)	J7324	
		J7325	
		J7326	
		J7327	
		J7328	
	Hydroxyprogesterone Caproate (Makena)	J1726	Medicaid: Pharmacy Benefit - Please direct prescription to Accredo Specialty Pharmacy, phone 1-800-903-8224. Medicare: Prior Authorization is required.
	Hydroxyprogesterone Caproate	J1729	Medicaid: Pharmacy Benefit - Please direct prescription to Accredo Specialty Pharmacy, phone 1-800-903-8224. Medicare: Prior Authorization is required.
	Ibandronate (Boniva)	J1740	
	Infliximab (Remicade)	J1745	
	Infliximab biosimilar, Inflectra	Q5103	
	Infliximab-abda, biosimilar, (Renflexis)	Q5104	
	Injection, somatrem, 1 mg	J2940	
	Intravenous Immunoglobulin	J0588	
		J1459	
		J1557	
		J1561	
		J1566	
		J1568	
		J1569	
		J1572	
		J7504	
		J1556	
		J1559	
		J1555	
		J1562	
		J1599	
		J1575	
	Ipilimumab (Yervoy)	J9228	
	Lymphocyte immune globulin, Atgam	J7504	
	Mempolizumab (Nacala)	J2182	
	Natalizumab (Tysabri)	J2323	
	Nivolumab (Opdivo)	J9299	
	Ocrelizumab, 1 mg	J2350	
	Omalizumab (Xolair)	J2357	
	Paclitaxel protein bound (Abraxane)	J9264	
	Paclitaxel (Taxol)	J9267	
	Palivizumab (Synagis)	90378	
	Panitumumab (Vectibix)	J9303	
	Pegloticase (Krystexxa)	J2507	
	Pembrolizumab (Keytruda)	J9271	
Pemetrexed (Alimta)	J9305		
Pertuzumab (Perjeta)	J9306		
Ramucirumab (Cyramza)	J9308		
Ranibizumab (Lucentis)	J2778		

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PA Category	Name	Code(s)	Additional Notes
INJECTABLE DRUGS	Reslizumab (Cinqair)	J2786	
	Rituximab (Rituxan)	J9310	
	Inj rituximab hyaluronidase (Rituxan Hycela)	C9467	
	Trastuzumab (Herceptin)	J9355	
	Tocilizumab (Actemra)	J3262	
	Treprostinil (Remodulin)	J3285	
	Treprostinil (Remodulin)	J7686	
	Ustekinumab (Stelara)	J3357	
	Ustekinumab (Stelara)	J3358	
	Vedolizumab (Entyvio)	J3380	
	Zoledronic Acid (Zometa, Reclast)	J3489	
	Unclassified Biologics	J3590	
OUTPATIENT SPECIALTY SERVICES	Chiropractic* (greater than 12 visits MA and qualifying AH under age 20)	98940	
		98941	
		98942	
	Hyperbaric Oxygen Treatment	G0277	
		99183	
		99184	
	Orthoptic/Pleoptic Training: therapy services associated with orthoptic and pleoptic will require a PA. See PT and OT therapy notes below.	92065	
		92499	
	Physical Therapy* (after 12 visits MA; after 12 visits age 20 and under WAH; after 6 hours (24 units) WAH age 21 and over) **EXCEPTION TO THE ABOVE: Optometrist billing for therapy services will require a PA regardless of diagnosis before services begin.	97032	
		97033	
		97034	
		97035	
		97036	
		97039	
		97110	
		97112	
		97113	
		97116	
		97124	
		97139	
		97140	
		97150	
		97161	
		97162	
		97163	
	97164		
	97530		
97533			

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PA Category	Name	Code(s)	Additional Notes	
<p>OUTPATIENT SPECIALTY SERVICES</p>	<p>Physical Therapy* (after 12 visits MA; after 12 visits age 20 and under WAH; after 6 hours (24 units) WAH age 21 and over) **EXCEPTION TO THE ABOVE: <u>Optometrist billing for therapy services will require a PA regardless of diagnosis before services begin.</u></p>	<p>97537 97542 97750</p>		
	<p>Occupational Therapy* (after 12 visits MA; after 12 visits age 20 and under WAH; after 6 hours (24 units) WAH age 21 and over) **EXCEPTION TO THE ABOVE: <u>Optometrist billing for therapy services will require a PA regardless of diagnosis before services begin.</u></p>	<p>97032 97033 97034 97035 97039 97110 97112 97113 97127 97140 97150 97165 97166 97167 97168 97530 97532 97533 97537 97542 97750</p>		
	<p>Speech Therapy* (after 12 visits MA; after 6 visits WAH 21 and over).</p>	<p>92507 92521 92522 92523 92524 92610 97532</p>		
	<p>OTHER PSYCHIATRIC SERVICES</p>	<p>Electroconvulsive therapy/Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment (WAH only)</p>	<p>90867 90868 90869 90870</p>	
	<p>IMAGING/RADIOLOGY</p>	<p>Medical Radiation Physics, dosimetry, treatment devices and special services (WAH only)</p>	<p>77301 77338 77370 77385 77386 G6016</p>	
		<p>MRI</p>	<p>70540 70542 70543 70551 70552</p>	

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IMAGING/RADIOLOGY	MRI	70553	
		70554	
		70555	
		70557	
		70558	
		70559	
		71550	
		71551	
		71552	
		72141	
		72142	
		72146	
		72147	
		72148	
		72149	
		72156	
		72157	
		72158	
		72195	
		72196	
		72197	
		73218	
		73219	
		73220	
		73221	
		73222	
		73223	
		73718	
		73719	
		73720	
		73721	
		73722	
		73723	
		74181	
		74182	
		74183	
		75565	
		76390	
		76498	
		77021	
		77022	
		77058	
		77059	
		77084	
		C8903	
		C8904	
C8905			
C8906			

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IMAGING/RADIOLOGY	MRI	C8907	
		C8908	
	MRA	70544	
		70545	
		70546	
		70547	
		70548	
		70549	
		71555	
		72159	
		72198	
		73225	
		73725	
		74185	
		75557	
		75559	
		75561	
		75563	
		C8900	
		C8901	
		C8902	
		C8909	
		C8910	
		C8911	
		C8912	
		C8920	
		C8931	
		C8932	
		C8933	
	C8934		
	C8935		
	C8936		
	Proton Beam Treatment (WAH only)	77520	
77522			
77523			
77525			
SURGICAL PROCEDURES	Bariatric surgery	43644	
		43645	
		43770	
		43771	
		43772	
		43773	
		43774	
		43775	
		43842	
		43843	
		43845	
		43846	
		43847	
43848			

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Bariatric surgery	43886	
		43887	
		43888	
		43999	
	Cochlear implant	69714	
		69715	
		69717	
		69718	
		69930	
	Endovenous laser/Radiofrequency ablation	36473	
		36474	
		36475	
		36476	
		36478	
	Hysterectomy	58150	
		58152	
		58180	
		58200	
		58210	
		58240	
		58260	
		58262	
		58263	
		58267	
		58270	
		58275	
		58280	
		58285	
		58290	
		58291	
		58292	
		58293	
		58294	
		58541	
		58542	
		58543	
		58544	
		58548	
		58550	
		58552	
		58553	
		58554	
		58570	
		58571	
		58572	
	58573		
	58575		

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Knee Arthroscopy	29867	
	Mammoplasty (Augmentation/Reduction) **excludes ICD 10 cancer dx	11920	
		11921	
		11960	
		11970	
		11971	
		19301	
		19302	
		19303	
		19304	
		19316	
		19318	
		19324	
		19325	
		19340	
		19342	
		19350	
		19357	
		19361	
		19364	
		19366	
		19367	
		19368	
		19369	
		19370	
		19371	
		19380	
		19396	
	19499		
	52066		
	52067		
	52068		
	Nervous system (facet neurotomy)	64633	
		64634	
		64635	
		64636	
		64636	
	Reconstructive plastic surgery & supplies	21193	
		21194	
		21195	
		21196	
		21198	
		21199	
		21206	
		21208	
		21209	
		21210	
		21215	
		21230	
		21245	

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Reconstructive plastic surgery & supplies	15823	
		15830	
		21246	
		21247	
		21248	
		21249	
		67900	
		67901	
		67903	
		67904	
		67908	
	Rhinoplasty and septoplasty	30400	
		30410	
		30420	
		30430	
		30435	
		30450	
		30460	
		30462	
		30465	
		30520	
	Sclerotherapy, leg veins	36468	
		36470	
		36471	
	Shoulder Arthroscopy	29805	
		29806	
		29807	
		29819	
		29820	
		29821	
		29822	
		29823	
		29824	
		29825	
		29826	
		29827	
		29828	
	Spinal Injections	27096	
		62310	
		62311	
		62320	
		62321	
		62322	
		62323	
		62324	
		62325	
		62326	
62327			
62380			
64479			

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal Injections	64480	
		64483	
		64484	
		64490	
		64491	
		64492	
		64493	
		64494	
		64495	
		64633	
		64634	
		64635	
		64636	
		Spinal surgeries	22100
	22101		
	22102		
	22103		
	22110		
	22112		
	22116		
	22206		
	22207		
	22208		
	22210		
	22212		
	22214		
	22216		
	22220		
	22222		
	22224		
	22226		
	22305		
	22310		
	22315		
	22318		
	22319		
	22325		
	22326		
	22327		
	22328		
	22510		
	22511		
	22512		
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22533			

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal surgeries	22534	
		22548	
		22551	
		22552	
		22554	
		22556	
		22558	
		22585	
		22590	
		22595	
		22600	
		22610	
		22612	
		22614	
		22630	
		22632	
		22633	
		22634	
		22800	
		22802	
		22804	
		22808	
		22810	
		22812	
		22818	
		22819	
		22830	
		22840	
		22841	
		22842	
		22843	
		22844	
		22845	
		22846	
		22847	
		22848	
		22849	
		22850	
		22851	
		22852	
22853			
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22861			
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22864			

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal surgeries	22865	
		22867	
		22868	
		22869	
		22870	
		22899	
		63001	
		63003	
		63005	
		63011	
		63012	
		63015	
		63016	
		63017	
		63020	
		63030	
		63035	
		63040	
		63042	
		63043	
		63044	
		63045	
		63046	
		63047	
		63048	
		63050	
		63051	
		63055	
		63056	
		63057	
		63064	
		63066	
		63075	
		63076	
		63077	
		63078	
		63081	
		63082	
		63085	
		63086	
63087			
63088			
63090			
63091			
63101			
63102			
63103			
63170			
63172			
63173			

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal surgeries	63180	
		63182	
		63185	
		63190	
		63191	
		63194	
		63195	
		63196	
		63197	
		63198	
		63199	
		63200	
		63250	
		63251	
		63252	
		63265	
		63266	
		63267	
		63268	
		63270	
		63271	
		63272	
		63273	
		63275	
		63276	
		63277	
		63278	
		63280	
		63281	
		63282	
		63283	
		63285	
		63286	
		63287	
		63290	
		63295	
		63300	
		63301	
63302			
63303			
63304			
63305			
63306			
63307			
63308			
TRANSPLANTS	Transplant	32851	
		32852	
		32853	
		32854	
		33927	

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TRANSPLANTS	Transplant	33928			
		33929			
		33935			
		33940			
		33945			
		38204			
		38205			
		38206			
		38230			
		38232			
		38240			
		38241			
		38242			
		44132			
		44135			
		44136			
		47133			
		47135			
		47140			
		47141			
		47142			
		48160			
		48554			
		48556			
		50300			
		50320			
		50360			
		50365			
		50380			
		50547			
		60512			
		0494T			
			Transplant Eval and WorkUp	<i>Transplant evaluation and workup includes standard office visits for determining patients viability for services. Tests and treatments outside of the approved evaluation and treatment will be subject to review under the remainder of the PA List</i>	
				86828	
				86829	
				86830	
				86831	
				86832	
				86833	
				86834	
				86835	