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PA Category	Name	Code(s)	Additional Notes
ABA	Applied Behavioral Analysis stage 3*	0362T	Treatment provided to beneficiaries diagnosed with Autism Spectrum Disorder other Developmental Disorder between the ages of 0-21.
		0373T	
		99366	
		Q3014	
		99368	
BEHAVIORAL HEALTH	Neuropsychological Testing	H2020	
		96116	
		96121	
		96130	
		96131	
		96132	
		96133	
		96136	
		96137	
		96138	
		96139	
		96146	
CHEMICAL DEPENDENCY	Chemical Dependency/Substance Abuse* (Medicare 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.

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

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PA Category	Name	Code(s)	Additional Notes
DME	Enteral/Parenteral Feedings* For individuals 21 and over Enteral Nutrition Thickeners required for members under one year old.	B4154	
		B4155	
		B4157	
		B4158	
		B4159	
		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	

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PA Category	Name	Code(s)	Additional Notes
DME	Hospital beds & accessories*	E0292 E0293 E0294 E0295 E0296 E0297 E0300 E0301 E0302 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	

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PA Category	Name	Code(s)	Additional Notes
DME	Wheelchair/Scooters*	E1239	
		E2300	
		E2325	
		E2373	
		E8001	
		K0001	
		K0002	
		K0003	
		K0004	
		K0005	
		K0006	
		K0007	
		K0009	
		K0800	
		K0801	
		K0802	
		K0806	
		K0807	
		K0808	
		K0812	
		K0813	
		K0814	
		K0815	
		K0816	
		K0820	
		K0821	
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		K0827	
		K0828	
		K0829	
		K0830	
		K0831	
		K0835	
		K0836	
		K0837	
		K0838	
		K0839	
		K0840	
		K0841	
		K0842	
		K0843	
		K0848	
		K0849	
		K0850	
		K0851	
		K0852	

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PA Category	Name	Code(s)	Additional Notes
DME	Wheelchair/Scooters*	K0853	
		K0854	
		K0855	
		K0856	
		K0857	
		K0858	
		K0859	
		K0860	
		K0861	
		K0862	
		K0863	
		K0890	
		K0891	
	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	

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PA Category	Name	Code(s)	Additional Notes
DME	Prosthetics and Orthotics	L3720	
		L3730	
		L3740	
		L3764	
		L3900	
		L3905	
		L5020	
		L5050	
		L5100	
		L5220	
		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	
	Custom made Mandibular Advancement Devices (MAD)	E0486	
DME MISC.	Speech Generating Device	E2510	

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PA Category	Name	Code(s)	Additional Notes
GENETIC TESTING	Pathology and Laboratory	0022U	
		0023U	
		0027U	
		0028U	
		0031U	
		0032U	
		0033U	
		0034U	
		0037U	
		0047U	
		0048U	
		0049U	
		0050U	
		0053U	
		0056U	
		0057U	
		0060U	
		81162	
		81163	
		81164	
		81165	
		81166	
		81167	
		81171	
		81172	
		81173	
		81174	
		81177	
		81178	
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		81185	
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		81187	
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GENETIC TESTING	Pathology and Laboratory	81271	
		81274	
		81284	
		81285	
		81286	
		81289	
		81305	
		81306	
		81312	
		81320	
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		81336	
		81337	
		81343	
		81344	
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		81518	
		81201	
		81175	
		81176	
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GENETIC TESTING	Pathology and Laboratory	81259	
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		81267	
		81268	
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PA Category	Name	Code(s)	Additional Notes
GENETIC TESTING	Pathology and Laboratory	81378	
		81379	
		81380	
		81381	
		81382	
		81383	
		81402	
		81403	
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		81471	
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PA Category	Name	Code(s)	Additional Notes
GENETIC TESTING	Pathology and Laboratory	88272	
		81252	
		81302	
		81304	
		81519	
		88273	
		88274	
		88275	
		88280	
		88283	
		88285	
		88289	
		88291	
		88299	
		G9143	
HOME HEALTH / PRIVATE DUTY NURSING		T1000	
		T1030	
		T1031	
		92507	
		G0151	
		G0152	
		G0153	
		G0155	
INJECTABLE DRUGS	Abatacept (Orencia)	J0129	
	Adalimumab (Humira)	J0135	
	Ado-trastuzumab Emtansine (Kadcyla)	J9354	
	Alemtuzumab (Lemtrada)	J0202	
	Alpha 1 - proteinase inhibitor - (human), not otherwise specified (Aralast NP, Prolastin-C, Zemaira)	J0256	
	Alpha 1 proteinase inhibitor – (human) (Glassia)	J0257	
	Aprepitant (Eminvent)	J0185	
	Aripiprazole Lauroxil (Aristada Initio)	C9035	
	Aripiprazole Lauroxil 1 mg (Aristada)	J1944	
	Aristada initio, 1 mg (Aristada Initio)	J1943	
	Atezolizumab (Tecentriq)	J9022	
	Avelumab (Bavencio)	J9023	
	Belimumab (Benlysta)	J0490	
	Benralizumab (Fasenra)	J0517	
	Botox: AbobotulinumtoxinA (Dysport)	J0586	
	Botox: IncobotulinumtoxinA (Xeomin)	J0588	
	Botox: Onabotulinum Toxin (Botox)	J0585	
	Botox: RimabotulinumtoxinB (Myobloc)	J0587	
	Brentuximab (Adcetris)	J9042	
	Buprenorphine implant (Probuphine)	J0570	
	Buprenorphine XR (Sublocade) less than or equal to 100 mg	Q9991	
	Buprenorphine XR (Sublocade) over 100 mg	Q9992	
	C-1 esterase inhibitor (human) (Haegarda)	J0599	
	Canakinumab (Ilaris)	J0638	
	Cetuximab (Erbix)	J9055	
	Copanlisib (Aliqopa)	J9057	
	Corticotropin (HP Acthar)	J0800	

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PA Category	Name	Code(s)	Additional Notes
INJECTABLE DRUGS	Darbepoetin alfa, 1 microgram (for esrd on dialysis)	J0882	
	Darbepoetin alfa, 1 microgram (non-esrd use)	J0881	
	Daunorubicin, cytarabine (Vyxeos)	J9153	
	Denosumab (Prolia/ Xgeva)	J0897	
	Dexamethasone 9% intraocular injection (Dexycu)	J1095	
	Durvalumab (Imfinzi)	J9173	
	Ecallantide (Kalbitor)	J1290	
	Eculizumab (Soliris)	J1300	
	Epoetin alfa (for esrd on dialysis)	Q4081	
	Epoetin alfa (for non-esrd use)	J0885	
	Epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis),	Q5105	
	Epoetin alfa, biosimilar, (retacrit) (for non-esrd use),	Q5106	
	Epoetin beta, 1 microgram, (for esrd on dialysis)	J0887	
	Epoetin beta, 1 microgram, (for non-esrd use)	J0888	
	Epoprostenol (Flolan, Veletri)	J1325	
	Esrd on dialysi drug/bio noc	J3591	
	Filgrastim (g-CSF), excludes biosimilars	J1442	
	Filgrastim biosimilar (Zarxio)	Q5101	
	Filgrastim-aafi, biosimilar, (Nivestym)	Q5110	
	Fosnetupitant, palonosetron (Akynzeo)	J1454	
	Fremanezumab-vfrm 1 mg	J3031	
	Golimumab (Simponi Aria)	J1602	
	Granisetron extended-release (Sustol)	J1627	
	Guselkumab (Tremfya)	J1628	
	Histrelin implant (Supprelin LA)	J9226	
	Histrelin implant (Vantas)	J9225	
	Hyaluronan or derivative (Durolane)	J7318	
	Hyaluronan or derivative (Euflexxa)	J7323	
	Hyaluronan or derivative (Gel-one)	J7326	
	Hyaluronan or derivative (Gelsyn-3)	J7328	
	Hyaluronan or derivative (Hymovis)	J7322	
	Hyaluronan or derivative (Monovisc)	J7327	
	Hyaluronan or derivative (Orthovisc)	J7325	
	Hyaluronan or derivative (Trivisc)	J7329	
	Hyaluronan or derivative (Genvisc 850)	J7320	
	Hyaluronic Acid Derivatives (Synvisc, Hyalgan)	J7324	
	Hydroxyprogesterone Caproate	J1729	
	Hydroxyprogesterone Caproate (Makena)	J1726	
	Ibalizumab-uiyk (Trogarzo)	J1746	
	Ibandronate (Boniva)	J1740	
	Immune globulin/hyaluronidase	J1575	
	Infliximab (Remicade)	J1745	
	Infliximab-abda, biosimilar (Renflexis)	Q5104	
	Infliximab-dyyb, biosimilar (Inflectra)	Q5103	
	Infliximab-qbtx, biosimilar (Ixifi)	Q5109	
	Inotuzumab ozogam (Besponsa)	J9229	
	Ipilimumab (Yervoy)	J9228	
	IVIG (Bivigam)	J1556	
	IVIG (Cuvitru)	J1555	
	IVIG (flebogamma/flebogamma dif)	J1572	
	IVIG (Gammagard)	J1569	
	IVIG (Gammaplex)	J1557	

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PA Category	Name	Code(s)	Additional Notes
INJECTABLE DRUGS	IVIG (Gamunex-c/Gammaked)	J1561	
	IVIG (Hizentra)	J1559	
	IVIG (lyophilized not otherwise specified)	J1566	
	IVIG (non-lyophilized not otherwise specified)	J1599	
	IVIG (Octagam)	J1568	
	IVIG (Privigen)	J1459	
	IVIG (Vivaglobin)	J1562	
	Kanjinti, 10 mg	Q5117	
	Lanadelumab-flyo, 1 mg	J0593	
	Leuprolide acetate	J9218	
	Leuprolide acetate (for depot suspension), 7.5 mg (Lupron Depot, Eligard)	J9217	
	Leuprolide acetate (for depot suspension), per 3.75 mg (Lupron)	J1950	
	Leuprolide acetate implant (Viadur)	J9219	
	Lymphocyte immune globulin (Atgam)	J7504	
	Mepolizumab (Nucala)	J2182	
	Mogamulizumab-kpkc (Poteligeo)	C9038	
	Natalizumab (Tysabri)	J2323	
	Nivolumab (Opdivo)	J9299	
	Ocrelizumab (Ocrevus)	J2350	
	Omalizumab (Xolair)	J2357	
	Paclitaxel (Taxol)	J9267	
	Paclitaxel protein bound (Abraxane)	J9264	
	Palivizumab (Synagis)	90378	
	Panitumumab (Vectibix)	J9303	
	Patisiran (Onpattro)	C9036	
	Patisiran, 0.1 mg	J0222	
	Pegfilgrastim (Neulasta)	J2505	
	Pegfilgrastim-cbqv, biosimilar, (Udenyca)	Q5111	
	Pegfilgrastim-jmdb, biosimilar, (Fulphila)	Q5108	
	Pegloticase (Krystexxa)	J2507	
	Pembrolizumab (Keytruda)	J9271	
	Pemetrexed (Alimta)	J9305	
	Pertuzumab (Perjeta)	J9306	
	Ramucirumab (Cyramza)	J9308	
	Ranibizumab (Lucentis)	J2778	
	Ravulizumab-cwvz 10 mg	J1303	
	Reslizumab (Cinqair)	J2786	
	Riboflavin 5'-phosphate, ophthalmic solution (Photrexsa)	J2787	
	Risperidone (Perseris)	C9037	
	Rituximab (Rituxan)	J9312	
	Rituximab, hyaluronidase (Rituxan Hycela)	J9311	
	Rituximab-abbs, biosimilar (Truxima)	Q5115	
	Rolapitant (Varubi)	J2797	
	Romiplostim (Nplate)	J2796	
	Sargramostim (gm-csf) (Leukine)	J2820	
	Somatrem	J2940	
	Somatropin (Growth Hormone)	J2941	
	Synjoyn, inj., 1 mg	J7331	
	Taliglucerase (Elelyso)	J3060	

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PA Category	Name	Code(s)	Additional Notes
INJECTABLE DRUGS	Tbo-filgrastim (Granix)	J1447	
	Tildrakizumab (Ilumya)	J3245	
	Tocilizumab (Actemra)	J3262	
	Trastuzumab (Herceptin)	J9355	
	Trastuzumab, 10 mg and Hyaluronidase-oysk (Herceptin Hylecta)	J9356	
	Trastuzumab-dkst, biosimilar (Ogivri)	Q5114	
	Trastuzumab-dttb, biosimilar (Ontruzant)	Q5112	
	Trastuzumab-pkrb, biosimilar (Herzuma)	Q5113	
	Trazimera, 10 mg	Q5116	
	Trepstinil inhalation (Tyvaso)	J7686	
	Trepstinil injection (Remodulin)	J3285	
	Triamcinolone acetonide xr (Zilretta)	J3304	
	Triluron, 1 mg	J7332	
	Triptorelin injection Pamoate, 3.75 mg (Trelstar)	J3315	
	Triptorelin injection extended release, 3.75 mg (Trelstar)	J3316	
	Unclassified Biologics	J3590	
	Ustekinumab for IV (Stelara)	J3358	
	Ustekinumab for subQ (Stelara)	J3357	
	Vedolizumab (Entyvio)	J3380	
	Vestronidase alfa-vjbk (Mepsevii)	J3397	
	Ziv-Afibercept (Zaltrap)	J9400	
	Zoledronic Acid (Zometa, Reclast)	J3489	
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: <u>Optometrist billing for therapy services will require a PA regardless of diagnosis before services begin.</u>	97032	
		97033	
		97034	
		97035	
		97036	
		97039	
		97110	
		97112	
		97113	
		97116	
		97124	
		97139	
		97140	
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		97530	
		97533	

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PA Category	Name	Code(s)	Additional Notes
OUTPATIENT SPECIALTY SERVICES	Physical Therapy* See exception above.	97537	
		97542	
		97750	
	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>	97032	
		97033	
		97034	
		97035	
		97039	
		97110	
		97112	
		97113	
		97127	
		97140	
		97150	
		97165	
		97166	
		97167	
		97168	
		97530	
		97532	
		97533	
		97537	
		97542	
		97750	
	Speech Therapy* (after 12 visits MA; after 6 visits WAH 21 and over).	92507	
		92521	
		92522	
		92523	
		92524	
		92610	
OTHER PSYCHIATRIC SERVICES	Electroconvulsive therapy/Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment (WAH only)	90867	
		90868	
		90869	
		90870	
	Mental Health (Medicine)	97151	
		97152	
		97153	
		97154	
		97155	
		97156	
		97157	
		97158	
IMAGING/RADIOLOGY	Medical Radiation Physics, dosimetry, treatment devices and special services (WAH only)	77301	
		77338	
		77370	
		77385	
		77386	
		G6016	
	MRI	70540	
		70542	

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PA Category	Name	Code(s)	Additional Notes
IMAGING/RADIOLOGY	MRI	70543	
		70551	
		70552	
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		70557	
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		70559	
		71550	
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		74181	
		74182	
		74183	
		75565	
		76390	
		76498	
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		77049	
		77084	
		C8903	

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PA Category	Name	Code(s)	Additional Notes
IMAGING/RADIOLOGY	MRI	C8904	
		C8905	
		C8906	
		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	
		S8030	
SURGICAL PROCEDURES	Bariatric surgery	43644	
		17106	
		43645	
		43770	
		43771	
		43772	
		43773	
		43774	
		43775	
		43842	
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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Bariatric surgery	43845	
		43846	
		43847	
		43848	
		43881	
		43886	
		43887	
		43888	
		43999	
	Cochlear implant	69714	
		69715	
		69717	
		69718	
		69930	
	Endovenous laser/Radiofrequency ablation	36473	
		36474	
		36475	
		36476	
		36478	
		36479	
	Hysterectomy	58150	
		58152	
		58180	
		58200	
		58210	
		58240	
		58260	
		58262	
		58263	
		58267	
		58270	
		58275	
		58280	
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PA Category	Name	Code(s)	Additional Notes
SURICAL PROCEDURES	Hysterectomy	58573	
		58575	
	Knee Arthroscopy	29867	
	Mammoplasty (Augmentation/Reduction)	11920	
	**excludes ICD 10 cancer dx	11921	
		11960	
		11970	
		11971	
		19301	
		19302	
		19303	
		19304	
		19316	
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		19370	
		19371	
		19380	
		19396	
		19499	
		S2066	
		S2067	
		S2068	
		64633	
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		64636	
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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Reconstructive plastic surgery & supplies	21245	
		15823	
		15830	
		21246	
		21247	
		21248	
		21249	
		67900	
		67901	
		67903	
	Rhinoplasty and septoplasty	67904	
		67908	
		30400	
		30410	
		30420	
		30430	
		30435	
		30450	
		30460	
		30462	
	Sclerotherapy, leg veins	30465	
		30520	
		36468	
	Shoulder Arthroscopy	36470	
		36471	
		29805	
		29806	
		29807	
		29819	
		29820	
		29821	
		29822	
		29823	
		29824	
		29825	
	Spinal Injections	29826	
		29827	
		29828	
		27096	
		62310	
		62311	
		62320	
		62321	
		62322	
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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal Injections	64479	
		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	
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		22214	
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		22527	
		22532	

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal surgeries	22533	
		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	
		22854	
		22855	
		22856	
		22857	
		22858	
		22859	
		22861	
		22862	

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal surgeries	22864	
		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	

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal surgeries	63173	
		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	
		64590	
	(Medicaid only)	27447	
	(Medicaid only)	27130	
	(Medicaid only)	27134	
	(Medicaid only)	27132	
	(Medicaid only)	21242	

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	(Medicaid only)	29881	
	(Medicaid only)	29880	
TRANSPLANTS	Transplant	32851	
		32852	
		32853	
		32854	
		33927	
		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	