**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Outpatient Procedure** | 00169 | R&B/OTHER /OTHER OPERATIONS ORBIT AND EYEB |
| **Outpatient Procedure** | 00190 | GENERAL SUBACUTE CARE /STAPES MOBILIZATION |
| **Outpatient Procedure** | 00194 | SUBACUTE CARE-LEVEL IV /MYRINGOPLASTY |
| **BH Partial Hospitalization** | 01001 | BH ACCOMODATIONS-RESIDENTIAL TREAT PSYCH/ |
| **BH Partial Hospitalization** | 01002 | BH-ACCOMODATIONS-RT CHEM DEPENDANCY / |
| **BH Partial Hospitalization** | 01003 | BH-ACCOMODATIONS-SUPERVISED LIVING / |
| **BH Partial Hospitalization** | 01005 | BH-ACCOMODATIONS-GROUP HOME / |
| **Injectables** | 11950 | SUBQ INJ FILLING MAT; 1 CC/LESS |
| **Injectables** | 11951 | SUBQ INJ FILLING MAT; 1.1 TO 5.0 CC |
| **Injectables** | 11952 | SUBQ INJ FILLING MAT; 5.1 TO 10.0 CC |
| **Injectables** | 11954 | SUBQ INJ FILLING MAT; OVER 10.0 CC |
| **Outpatient Procedure** | 11970 | REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT |
| **Outpatient Procedure** | 11971 | REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT |
| **Outpatient Procedure** | 15271 | SKIN SUB GRAFT TRNK/ARM/LEG |
| **Outpatient Procedure** | 15272 | SKIN SUB GRAFT T/A/L ADD-ON |
| **Outpatient Procedure** | 15273 | SKIN SUB GRFT T/ARM/LG CHILD |
| **Outpatient Procedure** | 15274 | SKN SUB GRFT T/A/L CHILD ADD |
| **Outpatient Procedure** | 15275 | and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area |
| **Outpatient Procedure** | 15277 | and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound |
| **Outpatient Procedure** | 15278 | and children, or part thereof (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 15283 | BLEPHAROPLASTY UPPER; W/EXCESS SKIN WT DOWN LID |
| **Outpatient Procedure** | 15570 | Formation of direct or tubed pedicle, with or without transfer; trunk |
| **Outpatient Procedure** | 15572 | scalp, arms, or legs |
| **Outpatient Procedure** | 15574 | forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet |
| **Outpatient Procedure** | 15576 | eyelids, nose, ears, lips, or intraoral |
| **Outpatient Procedure** | 15736 | upper extremity |
| **Outpatient Procedure** | 15738 | lower extremity |
| **Outpatient Procedure** | 15772 | Flaps and Grafts Procedures |
| **Outpatient Procedure** | 15775 | Punch graft for hair transplant; 1 to 15 punch grafts |
| **Outpatient Procedure** | 15776 | more than 15 punch grafts |
| **Outpatient Procedure** | 15780 | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) |
| **Outpatient Procedure** | 15781 | DERMABRASION; SEGMT FACE |
| **Outpatient Procedure** | 15782 | DERMABRASION; REGIONAL NOT FACE |
| **Outpatient Procedure** | 15783 | DERMABRASION; SUPERF ANY SITE |
| **Outpatient Procedure** | 15786 | Abrasion (e.g. keratosis, scar) - single & multiple |
| **Outpatient Procedure** | 15787 | ABRASION; EA ADD 4 LES/LESS |
| **Outpatient Procedure** | 15788 | Chemical peel, facial; epidermal |
| **Outpatient Procedure** | 15789 | dermal |
| **Outpatient Procedure** | 15792 | Chemical peel, nonfacial; epidermal |
| **Outpatient Procedure** | 15793 | dermal |
| **Outpatient Procedure** | 15819 | CERVICOPLASTY |
| **Outpatient Procedure** | 15820 | BLEPHAROPLASTY LOWER EYELID |
| **Outpatient Procedure** | 15821 | BLEPHAROPLASTY LOW; W/EXTEN HERNIAT FAT PAD |
| **Outpatient Procedure** | 15822 | BLEPHAROPLASTY UPPER EYELID |
| **Outpatient Procedure** | 15823 | with excessive skin weighting down lid |
| **Outpatient Procedure** | 15824 | Rhytidectomy; forehead |
| **Outpatient Procedure** | 15825 | neck with platysmal tightening (platysmal flap, P-flap) |
| **Outpatient Procedure** | 15826 | glabellar frown lines |
| **Outpatient Procedure** | 15828 | RHYTIDECTOMY; CHEEK/CHIN/NECK |
| **Outpatient Procedure** | 15829 | RHYTIDECTOMY; SUPERF MUSCULOAPONEUROTIC SYST FLA |
| **Outpatient Procedure** | 15830 | EXCIS, XS SKIN AND SUBCUT TISSUE ABD, INFRAUMBILICAL PANNICULECTOMY |
| **Outpatient Procedure** | 15832 | EXC EXCESSIVE SKIN & SUBQ TISS; THIGH |
| **Outpatient Procedure** | 15833 | EXC EXCESSIVE SKIN & SUBQ TISS; LEG |
| **Outpatient Procedure** | 15834 | EXC EXCESSIVE SKIN & SUBQ TISS; HIP |
| **Outpatient Procedure** | 15835 | EXC EXCESSIVE SKIN & SUBQ TISS; BUTTOCK |
| **Outpatient Procedure** | 15836 | EXC EXCESSIVE SKIN & SUBQ TISS; ARM |
| **Outpatient Procedure** | 15837 | EXC EXCESSIVE SKIN & SUBQ TISS; FOREARM/HAND |
| **Outpatient Procedure** | 15838 | EXC EXCESS SKIN SUBQ TISS; SUBMENTAL FAT PAD |
| **Outpatient Procedure** | 15839 | EXC EXCESSIVE SKIN & SUBQ TISS; OTHER AREA |
| **Outpatient Procedure** | 15840 | Graft for facial nerve paralysis; free fascia graft (including obtaining fascia) |
| **Outpatient Procedure** | 15841 | free muscle graft (including obtaining graft) |
| **Outpatient Procedure** | 15842 | free muscle flap by microsurgical technique |
| **Outpatient Procedure** | 15845 | regional muscle transfer |
| **Outpatient Procedure** | 15847 | (includes umbilical transposition and fascial plication) (List separately in addition to code for primary |
| **Outpatient Procedure** | 15876 | SUCTION ASSISTED LIPECTOMY; HEAD & NECK |
| **Outpatient Procedure** | 15877 | Lipectomy – suction assisted, trunk when performed in conjunction with abdominoplasty/panniculectomy |
| **Outpatient Procedure** | 15878 | SUCTION ASSISTED LIPECTOMY; UPPER EXTREM |
| **Outpatient Procedure** | 15879 | SUCTION ASSISTED LIPECTOMY; LOWER EXTREM |
| **Outpatient Procedure** | 17340 | CRYOTHERAPY-ACNE |
| **Outpatient Procedure** | 17380 | ELECTROLYSIS EPILATION EA 1/2 HR |
| **Outpatient Procedure** | 17999 | Unlisted procedure – skin, mucous membrane & subcutaneous tissue |
| **Outpatient Procedure** | 19300 | MASTECTOMY FOR GYNECOMASTIA |
| **Outpatient Procedure** | 19316 | Mastopexy |
| **Outpatient Procedure** | 19318 | Reduction Mammoplasty |
| **Outpatient Procedure** | 19325 | Breast augmentation with implant |
| **Outpatient Procedure** | 19328 | Removal of intact breast implant |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Outpatient Procedure** | 19330 | Removal of ruptured breast implant, including implant contents (eg. Saline, silicone get) |
| **Outpatient Procedure** | 19340 | Immediate insertion of breast implant on same day of mastectomy (i.e. immediate) |
| **Outpatient Procedure** | 19342 | Insertion or replacement of breast implant on separate day from mastectomy |
| **Outpatient Procedure** | 19350 | Nipple/areola reconstruction |
| **Outpatient Procedure** | 19355 | Correction of inverted nipples |
| **Outpatient Procedure** | 19370 | Revision of peri-implant capsule, breast including capsulotomy, capsulorrhaphy and/or partial capsulectomy |
| **Outpatient Procedure** | 19371 | Implant capsulectomy, breast, complete, including removal of all intracapsular contents |
| **Outpatient Procedure** | 19396 | Preparation of moulage for custom breast implant |
| **Outpatient Procedure** | 19499 | Unlisted procedure, breast |
| **Outpatient Procedure** | 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material) |
| **Outpatient Procedure** | 21121 | sliding osteotomy, single piece |
| **Outpatient Procedure** | 21122 | chin) |
| **Outpatient Procedure** | 21123 | sliding, augmentation with interpositional bone grafts (includes obtaining autografts) |
| **Outpatient Procedure** | 21125 | Augmentation, mandibular body or angle; prosthetic material |
| **Outpatient Procedure** | 21127 | with bone graft, onlay or interpositional (includes obtaining autograft) |
| **Outpatient Procedure** | 21137 | Reduction forehead; contouring only |
| **Outpatient Procedure** | 21138 | contouring and application of prosthetic material or bone graft (includes obtaining autograft) |
| **Outpatient Procedure** | 21139 | contouring and setback of anterior frontal sinus wall |
| **Outpatient Procedure** | 21141 | Syndrome), without bone graft |
| **Outpatient Procedure** | 21142 | 2 pieces, segment movement in any direction, without bone graft |
| **Outpatient Procedure** | 21143 | 3 or more pieces, segment movement in any direction, without bone graft |
| **Outpatient Procedure** | 21145 | single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) |
| **Outpatient Procedure** | 21146 | ungrafted unilateral alveolar cleft) |
| **Outpatient Procedure** | 21147 | (eg, ungrafted bilateral alveolar cleft or multiple osteotomie |
| **Outpatient Procedure** | 21150 | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome) |
| **Outpatient Procedure** | 21151 | any direction, requiring bone grafts (includes obtaining autografts) |
| **Outpatient Procedure** | 21154 | autografts); without LeFort I |
| **Outpatient Procedure** | 21155 | with LeFort I |
| **Outpatient Procedure** | 21159 | requiring bone grafts (includes obtaining autografts); without LeFort I |
| **Outpatient Procedure** | 21160 | with LeFort I |
| **Outpatient Procedure** | 21172 | grafts (includes obtaining autografts) |
| **Outpatient Procedure** | 21175 | plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) |
| **Outpatient Procedure** | 21179 | material) |
| **Outpatient Procedure** | 21180 | with autograft (includes obtaining grafts) |
| **Outpatient Procedure** | 21181 | RECON CONTOUR BEN TUMOR CRANIAL BONE EXTRACRANI |
| **Outpatient Procedure** | 21182 | RECON ORBIT-EXC BONE TUM; BONE GFT < 40 CM2 |
| **Outpatient Procedure** | 21183 | RECON ORBIT-EXC TUM; BONE GFT > 40 BUT < 80 CM2 |
| **Outpatient Procedure** | 21184 | RECON ORBIT-EXC BONE TUM; BONE GFT > 80 CM2 |
| **Outpatient Procedure** | 21188 | RECON MIDFACE OSTEOTOMIES & BONE GFT |
| **Outpatient Procedure** | 21193 | RCONST LWR JAW W/O GRAFT |
| **Outpatient Procedure** | 21194 | RECONST LWR JAW W/GRAFT |
| **Outpatient Procedure** | 21195 | RECONST LWR JAW W/O FIXATE |
| **Outpatient Procedure** | 21196 | RECONST LWR JAW W/ FIXATION |
| **Outpatient Procedure** | 21198 | RECONSTR LWR JAW SEGMENT |
| **Outpatient Procedure** | 21199 | RECONSTR LWR JAW W/ADVANCE |
| **Outpatient Procedure** | 21206 | OSTEOTOMY MAXIL SEGMT |
| **Outpatient Procedure** | 21208 | OSTEOPLASTY FACIAL BONES; AUGMEN |
| **Outpatient Procedure** | 21209 | OSTEOPLASTY FACIAL BONES; REDUCTION |
| **Outpatient Procedure** | 21210 | Graft, bone, nasal,maxillary or malar areas |
| **Outpatient Procedure** | 21215 | GFT BONE; MANDIB |
| **Outpatient Procedure** | 21230 | GFT; RIB CARTILAGE AUTOGEN-FACE/CHIN/NOSE/EAR |
| **Outpatient Procedure** | 21240 | ARTHROPLASTY TEMPOROMANDIBULAR JT W/WO AUTOGFT |
| **Outpatient Procedure** | 21242 | ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGFT |
| **Outpatient Procedure** | 21243 | ARTHROPLASTY TMJ W/PROSTH JT REPLAC |
| **Outpatient Procedure** | 21244 | RECON MANDIB EXTRAORAL W/TRANSOSTEAL BONE PLATE |
| **Outpatient Procedure** | 21245 | RECON MANDIB/MAXIL SUBPERIOSTEAL IMPLNT; PART |
| **Outpatient Procedure** | 21246 | RECON MANDIB/MAXIL SUBPERIOSTEAL IMPLNT; COMPL |
| **Outpatient Procedure** | 21247 | RECON MANDIB CONDYLE W/BONE & CARTILAGE AUTOGFT |
| **Outpatient Procedure** | 21248 | RECON MANDIB/MAXIL ENDOSTEAL IMPLNT; PART |
| **Outpatient Procedure** | 21249 | RECON MANDIB/MAXIL ENDOSTEAL IMPLNT; COMPLT |
| **Outpatient Procedure** | 21255 | RECON ZYGOMATIC ARCH/GLENOID FOSSA W/BONE-CARTIL |
| **Outpatient Procedure** | 21256 | RECON ORBIT W/OSTEOTOMIES & W/BONE GFT |
| **Outpatient Procedure** | 21260 | PERIORBIT OSTEOTOM-HYPERTELORISM W/GFT; EXTRACRA |
| **Outpatient Procedure** | 21261 | PERIORBIT OSTEOTOMIES W/BONE GFT; INTRA-EXTRACRA |
| **Outpatient Procedure** | 21263 | PERIORBIT OSTEOTOMIES W/BONE GFT; W/FORHD ADVANC |
| **Outpatient Procedure** | 21267 | ORBIT REPOSIT OSTEOT-UNILAT W/GFTS; EXTRACRANIAL |
| **Outpatient Procedure** | 21268 | ORBIT REPOSIT-UNILAT W/GFTS; INTRA-EXTRACRANIAL |
| **Outpatient Procedure** | 21270 | MALAR AUGMEN PROSTH MAT |
| **Outpatient Procedure** | 21275 | SECNDRY REVIS ORBITOCRANIOFACIAL RECON |
| **Outpatient Procedure** | 21280 | Medial canthopexy (separate procedure) |
| **Outpatient Procedure** | 21282 | Lateral canthopexy |
| **Outpatient Procedure** | 21295 | REDUCT MASSETER MUSCL/BONE; EXTRAORAL |
| **Outpatient Procedure** | 21296 | REDUCT MASSETER MUSCL/BONE; INTRAORAL |
| **Outpatient Procedure** | 21299 | UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROC |
| **Outpatient Procedure** | 22101 | thoracic |

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| **ANG Category** | **CPT** | **Description** |
| **Outpatient Procedure** | 22102 | lumbar |
| **Outpatient Procedure** | 22103 | each additional segment (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 22110 | root(s), single vertebral segment; cervical |
| **Outpatient Procedure** | 22112 | PART EXC VERTEB BODY WO DECOMP-1 SEGMT; THOR |
| **Outpatient Procedure** | 22114 | PART EXC VERTEB BODY WO DECOMP-1 SEGMT; LUMB |
| **Outpatient Procedure** | 22116 | PART EXC VERTEB BODY; EA ADD VERTEB SEGMT |
| **Inpatient Hospital** | 22206 | pedicle/vertebral body subtraction); thoracic |
| **Inpatient Hospital** | 22207 | lumbar |
| **Inpatient Hospital** | 22208 | each additional vertebral segment (List separately in addition to code for primary procedure) |
| **Inpatient Hospital** | 22210 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical |
| **Inpatient Hospital** | 22212 | thoracic |
| **Inpatient Hospital** | 22214 | lumbar |
| **Inpatient Hospital** | 22216 | each additional vertebral segment (List separately in addition to primary procedure) |
| **Inpatient Hospital** | 22220 | OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM CRV |
| **Inpatient Hospital** | 22222 | thoracic |
| **Inpatient Hospital** | 22224 | OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR |
| **Inpatient Hospital** | 22226 | OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA ADDL |
| **Inpatient Hospital** | 22325 | vertebra or dislocated segment; lumbar |
| **Inpatient Hospital** | 22326 | cervical |
| **Inpatient Hospital** | 22327 | thoracic |
| **Inpatient Hospital** | 22328 | procedure) |
| **Outpatient Procedure** | 22510 | PERQ CERVICOTHORACIC INJECT |
| **Outpatient Procedure** | 22511 | PERQ LUMBOSACRAL INJECTION |
| **Outpatient Procedure** | 22512 | VERTEBROPLASTY ADDL INJECT |
| **Outpatient Procedure** | 22514 | PERQ VERTEBRAL AUGMENTATION |
| **Outpatient Procedure** | 22526 | PERCU INTRADSC ELECTROTHRM ANNUL, UNI OR BI INCL FLORO GUID SNGL LEVEL |
| **Outpatient Procedure** | 22532 | for decompression); thoracic |
| **Outpatient Procedure** | 22533 | ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR |
| **Outpatient Procedure** | 22534 | ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR |
| **Outpatient Procedure** | 22548 | ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD |
| **Inpatient Hospital** | 22551 | ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2 |
| **Inpatient Hospital** | 22552 | ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC |
| **Inpatient Hospital** | 22554 | ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2 |
| **Inpatient Hospital** | 22556 | thoracic |
| **Inpatient Hospital** | 22558 | ARTHRD ANT INTERBODY MIN DSC LUMBAR |
| **Inpatient Hospital** | 22561 | REVISE CERV ARTIFIC DISC |
| **Inpatient Hospital** | 22585 | each additional interspace (List separately in addition to code for primary procedure) |
| **Inpatient Hospital** | 22586 | instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace |
| **Inpatient Hospital** | 22590 | ARTHRODESIS POSTERIOR CRANIOCERVICAL |
| **Inpatient Hospital** | 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2) |
| **Inpatient Hospital** | 22600 | Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment |
| **Inpatient Hospital** | 22610 | thoracic (with lateral transverse technique, when performed) |
| **Inpatient Hospital** | 22612 | ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR |
| **Inpatient Hospital** | 22614 | ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC |
| **Outpatient Procedure** | 22630 | (other than for decompression), single interspace; lumbar |
| **Inpatient Hospital** | 22632 | ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC EA ADDL |
| **Inpatient Hospital** | 22633 | laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single |
| **Inpatient Hospital** | 22634 | ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL |
| **Inpatient Hospital** | 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments |
| **Inpatient Hospital** | 22802 | 7 to 12 vertebral segments |
| **Inpatient Hospital** | 22804 | 13 or more vertebral segments |
| **Inpatient Hospital** | 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments |
| **Inpatient Hospital** | 22810 | 4 to 7 vertebral segments |
| **Inpatient Hospital** | 22812 | 8 or more vertebral segments |
| **Inpatient Hospital** | 22818 | posterior elements); single or 2 segments |
| **Inpatient Hospital** | 22819 | 3 or more segments |
| **Inpatient Hospital** | 22830 | Exploration of spinal fusion |
| **Inpatient Hospital** | 22840 | atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in |
| **Inpatient Hospital** | 22841 | procedure) |
| **Inpatient Hospital** | 22842 | wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure) |
| **Inpatient Hospital** | 22843 | 7 to 12 vertebral segments (List separately in addition to code for primary procedure) |
| **Inpatient Hospital** | 22844 | 13 or more vertebral segments (List separately in addition to code for primary procedure) |
| **Inpatient Hospital** | 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) |
| **Inpatient Hospital** | 22846 | 4 to 7 vertebral segments (List separately in addition to code for primary procedure) |
| **Inpatient Hospital** | 22847 | 8 or more vertebral segments (List separately in addition to code for primary procedure) |
| **Inpatient Hospital** | 22848 | separately in addition to code for primary procedure) |
| **Inpatient Hospital** | 22849 | Reinsertion of spinal fixation device |
| **Inpatient Hospital** | 22850 | Removal of posterior nonsegmental instrumentation (eg, Harrington rod) |
| **Inpatient Hospital** | 22852 | Removal of posterior segmental instrumentation |
| **Inpatient Hospital** | 22853 | instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in |
| **Inpatient Hospital** | 22854 | instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) |
| **Inpatient Hospital** | 22855 | Removal of anterior instrumentation |
| **Inpatient Hospital** | 22856 | TOTAL DISC ARTHRP ANT DSC 1 INTERSPACE CERVICAL |
| **Inpatient Hospital** | 22857 | than for decompression), single interspace, lumbar |
| **Outpatient Procedure** | 22858 | TOTAL DISC ARTHRP ANT DSC 2ND LEVEL CERVICAL |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Outpatient Procedure** | 22859 | intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List |
| **Outpatient Procedure** | 22861 | cervical |
| **Outpatient Procedure** | 22862 | lumbar |
| **Outpatient Procedure** | 22864 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical |
| **Outpatient Procedure** | 22865 | lumbar |
| **Outpatient Procedure** | 22867 | guidance when performed, with open decompression, lumbar; single level |
| **Outpatient Procedure** | 22868 | second level (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 22869 | fusion, including image guidance when performed, lumbar; single level |
| **Outpatient Procedure** | 22870 | second level (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 22899 | Unlisted procedure, spine |
| **Outpatient Procedure** | 23130 | ACROMIOPLAS/ACROMIONECT PART W/WO LIGAMNT RELEAS |
| **Outpatient Procedure** | 23333 | REMOVE SHOULDER FB DEEP |
| **Outpatient Procedure** | 23334 | SHOULDER PROSTHESIS REMOVAL |
| **Outpatient Procedure** | 23335 | SHOULDER PROSTHESIS REMOVAL |
| **Outpatient Procedure** | 23400 | SCAPULOPEXY |
| **Outpatient Procedure** | 23410 | REP RUP MUSCULOTENDINUS CUFF OPN;AC |
| **Outpatient Procedure** | 23412 | REP RUP MUSCLOTENDNUS CUFF OPN;CHRN |
| **Outpatient Procedure** | 23415 | CORACOACROMIAL LIG RELEASE W/WO ACROMIOPLASTY |
| **Outpatient Procedure** | 23420 | Repair, Revision, and/or Reconstruction Procedures on the Shoulder |
| **Outpatient Procedure** | 23470 | ARTHROPLASTY GLENOHUMERAL JT; HEMIARTHROPLASTY |
| **Outpatient Procedure** | 23472 | ARTHROPLASTY GH JT; TOT SHLDR HUMERAL REPLACE |
| **Outpatient Procedure** | 23473 | REVIS RECONST SHOULDER JOINT |
| **Outpatient Procedure** | 23474 | REVIS RECONST SHOULDER JOINT |
| **Outpatient Procedure** | 23616 | OPEN TX PROX HUMER FX; W/PROX HUMER PROSTH REPLA |
| **Outpatient Procedure** | 23800 | ARTHRODESIS GLENOHUMERAL JOINT; |
| **Outpatient Procedure** | 23802 | ARTHRODESIS GLENOHUMERAL JOINT; W/AUTOG GFT |
| **Outpatient Procedure** | 24160 | REMOVE ELBOW JOINT IMPLANT |
| **Outpatient Procedure** | 24164 | REMOVE RADIUS HEAD IMPLANT |
| **Outpatient Procedure** | 24360 | ARTHROPLASTY ELBOW; W/MEMBRN |
| **Outpatient Procedure** | 24361 | ARTHROPLASTY ELBOW; W/DISTAL HUMERAL PROSTH REPL |
| **Outpatient Procedure** | 24362 | ARTHROPLASTY ELBOW; W/IMPLNT & LIGMNT RECON |
| **Outpatient Procedure** | 24363 | ARTHROPLASTY ELBOW; (TOT ELBOW) |
| **Outpatient Procedure** | 24365 | ARTHROPLASTY RADIAL HEAD |
| **Outpatient Procedure** | 24366 | ARTHROPLASTY RADIAL HEAD; W/IMPLNT |
| **Outpatient Procedure** | 24370 | REVISE RECONST ELBOW JOINT |
| **Outpatient Procedure** | 24371 | REVISE RECONST ELBOW JOINT |
| **Outpatient Procedure** | 25332 | ARTHROPLASTY WRIST; W/WO INTERPOSITION-W/WO FIXA |
| **Outpatient Procedure** | 25441 | ARTHROPLASTY W/PROSTH REPLAC; DISTAL RADIUS |
| **Outpatient Procedure** | 25442 | ARTHROPLASTY W/PROSTH REPLAC; DISTAL ULNA |
| **Outpatient Procedure** | 25443 | ARTHROPLASTY W/PROSTH REPLAC; SCAPHOID |
| **Outpatient Procedure** | 25444 | ARTHROPLASTY W/PROSTH REPLAC; LUNATE |
| **Outpatient Procedure** | 25445 | ARTHROPLASTY W/PROSTH REPLAC; TRAPEZIUM |
| **Outpatient Procedure** | 25446 | ARTHROPLASTY W/PROS REPLAC; DIST RAD/PART CARPUS |
| **Outpatient Procedure** | 25447 | Repair, Revision, and/or Reconstruction Procedures on the Forearm and Wrist |
| **Outpatient Procedure** | 25449 | REVIS ARTHROPLASTY INCL REMOV IMPLNT WRIST JT |
| **Outpatient Procedure** | 25800 | ARTHRODESIS WRIST; COMPLT WO BONE GFT |
| **Outpatient Procedure** | 25805 | ARTHRODESIS WRIST;W/SLIDING GFT |
| **Outpatient Procedure** | 25810 | ARTHRODESIS WRIST JT; W/ILIAC/OTHER AUTOGFT |
| **Outpatient Procedure** | 25820 | ARTHRODESIS WRIST; LIMITED WO BONE GFT |
| **Outpatient Procedure** | 25825 | ARTHRODESIS WRIST; W/AUTOGFT |
| **Outpatient Procedure** | 27130 | ARTHROPLASTY ACETABULAR & PROX FEM PROSTH REPLAC |
| **Outpatient Procedure** | 27132 | CONVERSION PREV HIP TO TOTAL HIP REPLAC W/WO GFT |
| **Outpatient Procedure** | 27134 | Repair, Revision, and/or Reconstruction Procedures on the Pelvis and Hip Joint - |
| **Outpatient Procedure** | 27299 | UNLISTED PROC PELVIS/HIP JT |
| **Outpatient Procedure** | 27412 | Autologous chondrocyte implantation, knee |
| **Outpatient Procedure** | 27415 | Osteochondral allograft, knee, open |
| **Outpatient Procedure** | 27416 | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) |
| **Outpatient Procedure** | 27447 | ARTHROPLASTY KNEE CONDYLE & PLATEAU; MED & LAT |
| **Outpatient Procedure** | 27486 | REVIS TOT KNEE ARTHROPL W/WO ALLOGFT; 1 COMPON |
| **Outpatient Procedure** | 27487 | REVIS TOT KNEE ARTHROPLAS; FEM & WHOLE TIB COMP |
| **Outpatient Procedure** | 27700 | ARTHROPLASTY ANK |
| **Outpatient Procedure** | 27702 | ARTHROPLASTY ANK; W/IMPLNT (TOT ANK) |
| **Outpatient Procedure** | 27703 | ARTHROPLASTY ANK; REVIS TOT ANK |
| **Outpatient Procedure** | 27704 | REMOV ANK IMPLNT |
| **Outpatient Procedure** | 29866 | autograft[s]) |
| **Outpatient Procedure** | 29867 | osteochondral allograft (eg, mosaicplasty) |
| **Outpatient Procedure** | 29868 | ARTHROSCOPY KNEE SURG; MENISCAL TPLNT MED/LAT |
| **Outpatient Procedure** | 29870 | ARTHROSCOPY KNEE DX W/WO SYNOVIAL BX (SEP PRO) |
| **Outpatient Procedure** | 30120 | Excision or surgical planing of skin for rhinophyma |
| **Outpatient Procedure** | 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip |
| **Outpatient Procedure** | 30410 | RHINOPLASTY PRIM; COMPLT-EXT PARTS-ELEVAT TIP |
| **Outpatient Procedure** | 30420 | RHINOPLASTY PRIMARY; INCL MAJOR SEPTAL REPR |
| **Outpatient Procedure** | 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) |
| **Outpatient Procedure** | 30435 | RHINOPLASTY SECNDRY; INTERMED REVIS |
| **Outpatient Procedure** | 30450 | RHINOPLASTY SECNDRY; MAJOR REVIS |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Outpatient Procedure** | 30460 | lengthening; tip only |
| **Outpatient Procedure** | 30468 | RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT |
| **Outpatient Procedure** | 30520 | SEPTOPLASTY/SMR W/WO CARTIL SCORING/REPLAC W/GFT |
| **Outpatient Procedure** | 30620 | SEPTAL/OTHER INTRANASAL DERMATOPLASTY |
| **Outpatient Procedure** | 30630 | REPR NASAL SEPTAL PERFORATIONS |
| **Outpatient Procedure** | 31295 | NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS |
| **Outpatient Procedure** | 31296 | NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS |
| **Outpatient Procedure** | 31297 | NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS |
| **Outpatient Procedure** | 31298 | NASAL/SINUS NDSC SURG W/DILATION FRNT AND SPHN SINUS |
| **Transplant** | 32850 | Donor pneumonectomy(s) (including cold preservation), from cadaver donor |
| **Transplant** | 32851 | Lung transplant, single; without cardiopulmonary bypass |
| **Transplant** | 32852 | Lung transplant, single; with cardiopulmonary bypass |
| **Transplant** | 32853 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass |
| **Transplant** | 32854 | Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass |
| **Transplant** | 32855 | BACKBENCH STD PREP CADVR DONR LUNG ALLOGFT; UNI |
| **Transplant** | 32856 | BACKBENCH STD PREP CADVR DONR LUNG ALLOGFT; BIL |
| **Outpatient Procedure** | 33254 | OPERAT TISSUE ABLATION AND RECON OF ATRIA, LIMITED (EG, MOD MAZE PROC) |
| **Inpatient Hospital** | 33255 | OPERAT TISS ABL & RECON OF ATRIA, EXTEN (EG MAZE PROC) W/O CARDIO BYPASS |
| **Inpatient Hospital** | 33256 | WITH CARDIOPULMONARY BYPASS |
| **Inpatient Hospital** | 33257 | ABLATE ATRIA LMTD ADD-ON |
| **Inpatient Hospital** | 33258 | ABLATE ATRIA X10SV ADD-ON |
| **Inpatient Hospital** | 33259 | ABLATE ATRIA W/BYPASS ADD-ON |
| **Inpatient Hospital** | 33265 | ENDO, SRG OP TISS ABL & RECON OF ATRIA, LTD (MOD MAZ PROC), WO CRDIO BYP |
| **Inpatient Hospital** | 33266 | OP TISS ABL AND RECON OF ATRIA, EXTENSIVE (MAZE PROC) W/O CARDIO BYPASS |
| **Inpatient Hospital** | 33406 | REPLACEMENT AORTIC VALVE OPN |
| **Inpatient Hospital** | 33410 | REPLACEMENT AORTIC VALVE OPN |
| **Inpatient Hospital** | 33411 | REPLACEMENT OF AORTIC VALVE |
| **Inpatient Hospital** | 33412 | REPLAC AORTIC VALV; W/TRANSVENT AORTIC ANNULUS |
| **Inpatient Hospital** | 33413 | REPLAC AORTIC VALV; TRANSLOCAT AUTOLOG PULM VALV |
| **Inpatient Hospital** | 33542 | MYOCARDIAL RESECT |
| **Inpatient Hospital** | 33548 | SURG VENTR RSTRJ PX W/PROSTC PATCH PFRMD |
| **Inpatient Hospital** | 33858 | dissection |
| **Transplant** | 33930 | DONOR CARDIEC-PNEUMONEC W/PREP & MAINTEN-ALLOGFT |
| **Transplant** | 33933 | BACKBENCH STD PREP CADVER DONOR HRT/LUNG ALLOGFT |
| **Transplant** | 33935 | Heart-lung transplant with recipient cardiectomy-pneumonectomy |
| **Transplant** | 33940 | DONOR CARDIECT W/PREP & MAINTENANCE-ALLOGFT |
| **Transplant** | 33944 | BACKBENCH STD PREP CADVER DONOR HEART ALLOGFT |
| **Transplant** | 33945 | Heart transplant, with or without recipient cardiectomy |
| **Outpatient Procedure** | 36465 | NJX NONCMPND SCLRSNT 1 VEIN |
| **Outpatient Procedure** | 36466 | NJX NONCMPND SCLRSNT MLT VN |
| **Outpatient Procedure** | 36468 | NJX SCLRSNT SPIDER VEINS |
| **Outpatient Procedure** | 36470 | NJX SCLRSNT 1 INCMPTNT VEIN |
| **Outpatient Procedure** | 36471 | NJX SCLRSNT MLT INCMPTNT VN |
| **Outpatient Procedure** | 36473 | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN |
| **Outpatient Procedure** | 36474 | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS |
| **Outpatient Procedure** | 36475 | ENDOVENUS ABLAT TX INCOMPETENT VEIN EXT RF; 1 VN |
| **Outpatient Procedure** | 36476 | Endovenous ablation therapy - radiofrequency |
| **Outpatient Procedure** | 36478 | Endovenous ablation therapy - laser |
| **Outpatient Procedure** | 36479 | Endovenous ablation therapy - laser |
| **Outpatient Procedure** | 36482 | Endovenous chemical destruction vein arm or leg, 1st |
| **Outpatient Procedure** | 36483 | Endovenous chemical destruction vein arm or leg, subsequent |
| **Outpatient Procedure** | 37243 | VASC EMBOLIZE/OCCLUDE ORGAN |
| **Outpatient Procedure** | 37500 | Vascular endoscopy, surgical, with ligation of perforator veins subfascial (SEPS) |
| **Outpatient Procedure** | 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions |
| **Outpatient Procedure** | 37718 | Ligation, division, and stripping, short saphenous vein |
| **Outpatient Procedure** | 37722 | below |
| **Outpatient Procedure** | 37735 | and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia |
| **Outpatient Procedure** | 37760 | Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg |
| **Outpatient Procedure** | 37761 | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg |
| **Outpatient Procedure** | 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions |
| **Outpatient Procedure** | 37766 | STAB PHLEBECT VV 1 EXT >20 INCI |
| **Outpatient Procedure** | 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) |
| **Outpatient Procedure** | 37785 | Ligation, division, and/or excision of varicose vein cluster(s), 1 leg |
| **Transplant** | 38204 | MGMT RECIP HEM PRGNTR CELL DONR S&A |
| **Transplant** | 38205 | BLD-DRIV PRGNTR CELL HRV TPLNT;ALLO |
| **Transplant** | 38206 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous |
| **Transplant** | 38207 | Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage |
| **Transplant** | 38208 | washing, per donor |
| **Transplant** | 38209 | per donor |
| **Transplant** | 38210 | depletion |
| **Transplant** | 38211 | Transplant preparation of hematopoietic progenitor cells; tumor cell depletion |
| **Transplant** | 38212 | Transplant preparation of hematopoietic progenitor cells; red blood cell removal |
| **Transplant** | 38213 | Transplant preparation of hematopoietic progenitor cells; platelet depletion |
| **Transplant** | 38214 | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion |
| **Transplant** | 38215 | coat layer |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Transplant** | 38230 | Bone marrow harvesting for transplantation; allogeneic |
| **Transplant** | 38232 | Bone marrow harvesting for transplantation; autologous |
| **Transplant** | 38240 | Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor |
| **Transplant** | 38241 | Hematopoietic progenitor cell (HPC); autologous transplantation |
| **Transplant** | 38242 | Allogeneic lymphocyte infusions |
| **Transplant** | 38243 | Hematopoietic progenitor cell (HPC); HPC boost |
| **Outpatient Procedure** | 40500 | VERMILIONECTOMY W/MUCOS ADVANCEMENT |
| **Outpatient Procedure** | 41302 | each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 42145 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) |
| **Outpatient Procedure** | 42820 | TONSILLECTOMY & ADENOIDECTOMY; UNDER AGE 12 |
| **Outpatient Procedure** | 42821 | TONSILLECTOMY & ADENOIDECTOMY; AGE 12/OVER |
| **Outpatient Procedure** | 42825 | TONSILLECTOMY PRIM/SECNDRY; UNDER AGE 12 |
| **Outpatient Procedure** | 42826 | TONSILLECTOMY PRIM/SECNDRY; AGE 12/OVER |
| **Outpatient Procedure** | 43267 | Endoscopic retrograde cholangiopancreatography (ERCP) |
| **Outpatient Procedure** | 43485 | ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal |
| **Outpatient Procedure** | 43644 | (roux limb 150 cm or less) |
| **Outpatient Procedure** | 43645 | LAP GASTR RSTRCIV PROC;GASTR BYPS&SM INTST RECON |
| **Outpatient Procedure** | 43659 | UNLISTED LAPAROSCOPY PROCEDURE STOMACH |
| **Outpatient Procedure** | 43770 | gastric band and subcutaneous port components) |
| **Outpatient Procedure** | 43771 | LAPS GSTR RSTCV PX REVJ BAND |
| **Outpatient Procedure** | 43772 | LAPS GSTR RSTCV PX RMVL BAND |
| **Outpatient Procedure** | 43773 | removal and replacement of adjustable gastric restrictive device component only |
| **Outpatient Procedure** | 43774 | removal of adjustable gastric restrictive device and subcutaneous port components |
| **Outpatient Procedure** | 43775 | LAP SLEEVE GASTRECTOMY |
| **Outpatient Procedure** | 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty |
| **Outpatient Procedure** | 43843 | GAST RESTRICT WO BYP-MORBID OBES; NOT VERT BAND |
| **Outpatient Procedure** | 43845 | GASTRIC RESTRICTIVE PROC PARTIAL GASTRECTOMY |
| **Outpatient Procedure** | 43846 | Y gastroenterostomy |
| **Inpatient Hospital** | 43847 | GAST RESTRIC W/BYP-MORBID OBES; W/SM BOWEL RECON |
| **Outpatient Procedure** | 43848 | device (separate procedure) |
| **Outpatient Procedure** | 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only |
| **Outpatient Procedure** | 43887 | GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY |
| **Outpatient Procedure** | 43888 | GSTR RSTCV OPN RMVL&RPLCMT SUBQ PORT |
| **Outpatient Procedure** | 43999 | Unlisted procedure, stomach |
| **Transplant** | 44132 | Donor enterectomy (including cold preservation), open; from cadaver donor |
| **Transplant** | 44133 | Donor enterectomy (including cold preservation), open; partial, from living donor |
| **Transplant** | 44135 | Intestinal allotransplantation; from cadaver donor |
| **Transplant** | 44136 | Intestinal allotransplantation; from living donor |
| **Transplant** | 44137 | REMOVAL TRANSPLANTED INTESTINAL ALLOGFT COMPETE |
| **Inpatient Hospital** | 44141 | Under Excision Procedures on the Intestines (Except Rectum) |
| **Transplant** | 44715 | including mobilization and fashioning of the superior mesenteric artery and vein |
| **Transplant** | 44720 | anastomosis, each |
| **Transplant** | 44721 | anastomosis, each |
| **Transplant** | 47133 | DONOR HEPATECTOMY W/PREP/MAINT ALLOGFT; CADAVER |
| **Transplant** | 47135 | Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age |
| **Transplant** | 47140 |  |
| **Transplant** | 47141 |  |
| **Transplant** | 47142 | and VIII) |
| **Transplant** | 47143 | BCKBNCH STD PREP CD WHOLE LG;NO TRISEG/LOBE SPLT |
| **Transplant** | 47144 | BCKBNCH STD PREP CD WHOLE LIVR GFT; TRISEG SPLIT |
| **Transplant** | 47145 | BCKBNCH STD PREP CD WHOLE LIVR GFT; W/LOBE SPLIT |
| **Transplant** | 47146 | anastomosis, each |
| **Transplant** | 47147 | anastomosis, each |
| **Transplant** | 47399 | UNLISTED PROC LIVER |
| **Transplant** | 48160 | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells |
| **Transplant** | 48556 | Removal of transplanted pancreatic allograft |
| **Transplant** | 50300 | DONOR NEPHRECTOMY W/PREP/MAINT ALLOGFT; CADAVER |
| **Transplant** | 50320 | Donor nephrectomy (including cold preservation); open, from living donor |
| **Transplant** | 50323 | BACKBENCH STD PREP CADVER DONOR RENL ALLOGFT |
| **Transplant** | 50325 | including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal |
| **Transplant** | 50327 | anastomosis, each |
| **Transplant** | 50328 | anastomosis, each |
| **Transplant** | 50329 | anastomosis, each |
| **Transplant** | 50340 | Recipient nephrectomy (separate procedure) |
| **Transplant** | 50360 | RENAL ALLOTRANSPL; EXCLD DONOR & RECIP NEPHRECT |
| **Transplant** | 50365 | Renal allotransplantation, implantation of graft; with recipient nephrectomy |
| **Transplant** | 50370 | Removal of transplanted renal allograft |
| **Transplant** | 50380 | Renal autotransplantation, reimplantation of kidney |
| **Transplant** | 50547 | Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor |
| **Outpatient Procedure** | 54400 | NSRT PENILE PROSTH; NON-INFLATABLE |
| **Outpatient Procedure** | 54401 | INSRT PENILE PROSTH; INFLATABLE |
| **Outpatient Procedure** | 54405 | INSRT INFLATBL PENILE PROSTH W/PLCMT PUMP/CYLIND |
| **Outpatient Procedure** | 54406 | REMOVAL OF PENILE PROSTHESIS |
| **Outpatient Procedure** | 54408 | REPAIR OF PENILE PROSTHESIS |
| **Outpatient Procedure** | 54410 | REMOVEAL/REPLACEMENT OF PENILE PROSTHESIS |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Outpatient Procedure** | 54411 | REMOVAL/REPLACEMENT OF PENILE PROSTHESIS |
| **Outpatient Procedure** | 54415 | REMOVAL OF PENILE PROTHESIS |
| **Outpatient Procedure** | 54416 | REMOVAL/REPLACEMENT OF PENILE PROSTHESIS |
| **Outpatient Procedure** | 54420 | CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BILAT |
| **Outpatient Procedure** | 54680 | Transplantation of testis(es) to thigh (because of scrotal destruction) |
| **Outpatient Procedure** | 54840 | Excision Procedures on the Epididymis |
| **Outpatient Procedure** | 55175 | SCROTOPLASTY; SIMPL |
| **Outpatient Procedure** | 55970 | INTERSEX SURG; MALE TO FE |
| **Outpatient Procedure** | 55980 | INTERSEX SURG; FE TO MALE |
| **Inpatient Hospital** | 58150 | TOT ABD HYST W/WO REMOV TUBE(S) - OVARY(S) |
| **Inpatient Hospital** | 58152 | TOT ABD HYST; W/COLPO-URETHROCYSTOPEXY |
| **Inpatient Hospital** | 58180 | SUPRACERV ABD HYST W/WO REMOV TUBE(S) - OVARY(S) |
| **Outpatient Procedure** | 58260 | VAG HYST UTERUS 250 GRAMS OR LESS; |
| **Outpatient Procedure** | 58262 | VAG HYST UTRUS 250 GMS/<; REMV T&/O |
| **Outpatient Procedure** | 58263 | VAG HYST UTRUS 250 GM/<;REP ENTERCL |
| **Outpatient Procedure** | 58267 | VAG HYST 250 GM/<;CLPO-URTHRCYSTPXY |
| **Outpatient Procedure** | 58270 | VAG HYST UTRUS 250 GM/<;REP ENTROCL |
| **Outpatient Procedure** | 58275 | VAG HYST W/TOT/PART COLPECTOMY |
| **Outpatient Procedure** | 58280 | VAG HYST W/TOT/PART COLPECTOMY; W/REPR ENTEROCEL |
| **Outpatient Procedure** | 58285 | VAG HYST RADICAL |
| **Outpatient Procedure** | 58290 | VAG HYST UTERUS > 250 GRAMS; |
| **Outpatient Procedure** | 58291 | VAG HYST UTRUS>250 GMS; REMV T&/O |
| **Outpatient Procedure** | 58292 | VAG HYST UTRUS>250 GM; T&/O ENTROCL |
| **Outpatient Procedure** | 58294 | VAG HYST UTRUS >250 GM;REP ENTEROCL |
| **Outpatient Procedure** | 58541 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, UTERUS 250 G OR LESS |
| **Outpatient Procedure** | 58542 | WITH REMOVAL OF TUBE(S) AND/OR OVARY(S) |
| **Outpatient Procedure** | 58543 | LAP, SURG, SUPERACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G |
| **Outpatient Procedure** | 58544 | WITH REMOVAL OF TUBE(S) AND/OR OVARY(S) |
| **Outpatient Procedure** | 58550 | LAP SURG VAG HYST UTRUS 250 GMS/<; |
| **Outpatient Procedure** | 58552 | LAP VAG HYST UTRUS 250 GMS/<; T&/O |
| **Outpatient Procedure** | 58553 | LAP W/VAG HYST UTRUS > 250 GMS; |
| **Outpatient Procedure** | 58554 | LAP VAG HYST UTRUS>250 GM;REMV T&/O |
| **Outpatient Procedure** | 58570 | TLH UTERUS 250 G OR LESS |
| **Outpatient Procedure** | 58571 | TLH W/T/O 250 G OR LESS |
| **Outpatient Procedure** | 58572 | TLH UTERUS OVER 250 G |
| **Outpatient Procedure** | 58573 | TLH W/T/O UTERUS OVER 250 G |
| **Outpatient Procedure** | 58575 | LAPS TOT HYST RESJ MAL |
| **Outpatient Procedure** | 58661 | oophorectomy and/or salpingectomy |
| **Outpatient Procedure** | 58720 | Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) |
| **Outpatient Procedure** | 58940 | Oophorectomy, partial or total, unilateral or bilateral. |
| **Pain Management** | 62280 | therapeutic substance; subarachnoid |
| **Pain Management** | 62281 | epidural, cervical or thoracic |
| **Pain Management** | 62282 | epidural, lumbar, sacral (caudal) |
| **Pain Management** | 62320 | solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or |
| **Pain Management** | 62321 | with imaging guidance (ie, fluoroscopy or CT) |
| **Pain Management** | 62322 | solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or |
| **Pain Management** | 62324 | or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including |
| **Pain Management** | 62325 | with imaging guidance (ie, fluoroscopy or CT) |
| **Pain Management** | 62326 | or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including |
| **Pain Management** | 62327 | with imaging guidance (ie, fluoroscopy or CT) |
| **Pain Management** | 62350 | administration via an external pump or implantable reservoir/infusion pump; without laminectomy |
| **Pain Management** | 62351 | with laminectomy |
| **Pain Management** | 62355 | Removal of previously implanted intrathecal or epidural catheter |
| **Pain Management** | 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir |
| **Pain Management** | 62361 | nonprogrammable pump |
| **Pain Management** | 62362 | programmable pump, including preparation of pump, with or without programming |
| **Pain Management** | 62365 | Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion |
| **Pain Management** | 62367 | evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill |
| **Pain Management** | 62368 | with reprogramming |
| **Pain Management** | 62369 | with reprogramming and refill |
| **Outpatient Procedure** | 62380 | foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar |
| **Outpatient Procedure** | 63001 | facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical |
| **Outpatient Procedure** | 63003 | thoracic |
| **Outpatient Procedure** | 63005 | LAMINECT W/EXPLOR 1-2 VERTEB; LUMBAR EX SPONDYLO |
| **Outpatient Procedure** | 63011 | sacral |
| **Outpatient Procedure** | 63012 | equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) |
| **Outpatient Procedure** | 63015 | facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical |
| **Outpatient Procedure** | 63016 | thoracic |
| **Outpatient Procedure** | 63017 | LAMINECTOMY W/EXPLOR > 2 VERTEBRAL SEGMT; LUMBAR |
| **Outpatient Procedure** | 63020 | NECK SPINE DISK SURGERY |
| **Outpatient Procedure** | 63030 | LOW BACK DISK SURGERY |
| **Outpatient Procedure** | 63035 | SPINAL DISK SURGERY ADD-ON |
| **Outpatient Procedure** | 63040 | foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical |
| **Outpatient Procedure** | 63042 | LAMINOTOMY W/DECOMP NERV ROOT RE-EXPLOR; LUMBAR |
| **Outpatient Procedure** | 63043 | LAMINOTOMY ADDL CERVICAL |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Outpatient Procedure** | 63044 | LAMINOTOMY ADDL LUMBAR |
| **Outpatient Procedure** | 63045 | cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical |
| **Outpatient Procedure** | 63046 | thoracic |
| **Outpatient Procedure** | 63047 | LAM FACETECTOMY AND FORAMOTOMY 1 VRT SGM LUMBAR |
| **Outpatient Procedure** | 63048 | LAM FACETECTOMY AND FORAMOT 1 VRT SGM EA ADDL SGM |
| **Outpatient Procedure** | 63050 | LAMINOPLASTY CERV W/DECOMP SP CRD 2/> VERT SEG; |
| **Outpatient Procedure** | 63051 | LAMINOPLASTY CERV 2/> SEG; RECON POST BONY ELEM |
| **Outpatient Procedure** | 63055 | intervertebral disc), single segment; thoracic |
| **Outpatient Procedure** | 63056 | TRANSPEDICULAR APPROACH SNGL SEGMT; LUMBAR |
| **Outpatient Procedure** | 63057 | TRANSPEDICULAR APPROACH SNGL SEGMT; EA ADD SEGMT |
| **Outpatient Procedure** | 63064 | disc), thoracic; single segment |
| **Outpatient Procedure** | 63066 | each additional segment (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 63075 | cervical, single interspace |
| **Outpatient Procedure** | 63076 | DISKECTOMY ANT W/DECOMP; CERV EA ADD INTERSPACE |
| **Outpatient Procedure** | 63077 | thoracic, single interspace |
| **Outpatient Procedure** | 63078 | thoracic, each additional interspace (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 63081 | of spinal cord and/or nerve root(s); cervical, single segment |
| **Outpatient Procedure** | 63082 | VERTEBRAL CORPECTOMY-ANT; CERV EA ADD SEGMT |
| **Outpatient Procedure** | 63085 | decompression of spinal cord and/or nerve root(s); thoracic, single segment |
| **Outpatient Procedure** | 63086 | thoracic, each additional segment (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 63087 | decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment |
| **Outpatient Procedure** | 63088 | each additional segment (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 63090 | approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; |
| **Outpatient Procedure** | 63091 | each additional segment (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 63101 | decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, |
| **Outpatient Procedure** | 63102 | lumbar, single segment |
| **Outpatient Procedure** | 63103 | thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 63170 | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar |
| **Outpatient Procedure** | 63172 | Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space |
| **Outpatient Procedure** | 63173 | to peritoneal or pleural space |
| **Outpatient Procedure** | 63185 | Laminectomy with rhizotomy; 1 or 2 segments |
| **Outpatient Procedure** | 63190 | more than 2 segments |
| **Outpatient Procedure** | 63191 | Laminectomy with section of spinal accessory nerve |
| **Outpatient Procedure** | 63197 | thoracic |
| **Outpatient Procedure** | 63200 | Laminectomy, with release of tethered spinal cord, lumbar |
| **Outpatient Procedure** | 63250 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical |
| **Outpatient Procedure** | 63251 | thoracic |
| **Outpatient Procedure** | 63252 | thoracolumbar |
| **Outpatient Procedure** | 63265 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical |
| **Outpatient Procedure** | 63266 | thoracic |
| **Outpatient Procedure** | 63267 | lumbar |
| **Outpatient Procedure** | 63268 | sacral |
| **Outpatient Procedure** | 63270 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical |
| **Outpatient Procedure** | 63271 | thoracic |
| **Outpatient Procedure** | 63272 | lumbar |
| **Outpatient Procedure** | 63273 | sacral |
| **Outpatient Procedure** | 63275 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical |
| **Outpatient Procedure** | 63276 | extradural, thoracic |
| **Outpatient Procedure** | 63277 | extradural, lumbar |
| **Outpatient Procedure** | 63278 | extradural, sacral |
| **Outpatient Procedure** | 63280 | intradural, extramedullary, cervical |
| **Outpatient Procedure** | 63281 | intradural, extramedullary, thoracic |
| **Outpatient Procedure** | 63282 | intradural, extramedullary, lumbar |
| **Outpatient Procedure** | 63283 | intradural, sacral |
| **Outpatient Procedure** | 63285 | intradural, intramedullary, cervical |
| **Outpatient Procedure** | 63286 | intradural, intramedullary, thoracic |
| **Outpatient Procedure** | 63287 | intradural, intramedullary, thoracolumbar |
| **Outpatient Procedure** | 63290 | combined extradural-intradural lesion, any level |
| **Outpatient Procedure** | 63295 | in addition to code for primary procedure) |
| **Outpatient Procedure** | 63300 | segment; extradural, cervical |
| **Outpatient Procedure** | 63301 | extradural, thoracic by transthoracic approach |
| **Outpatient Procedure** | 63302 | extradural, thoracic by thoracolumbar approach |
| **Outpatient Procedure** | 63303 | extradural, lumbar or sacral by transperitoneal or retroperitoneal approach |
| **Outpatient Procedure** | 63304 | VERTEBRAL CORPECTOMY 1 SEGMT; INTRADURAL CERV |
| **Outpatient Procedure** | 63305 | intradural, thoracic by transthoracic approach |
| **Outpatient Procedure** | 63306 | intradural, thoracic by thoracolumbar approach |
| **Outpatient Procedure** | 63307 | intradural, lumbar or sacral by transperitoneal or retroperitoneal approach |
| **Outpatient Procedure** | 63308 | VERTEBRAL CORPECTOMY 1 SEGMT; EA ADD SEGMT |
| **Outpatient Procedure** | 63620 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion |
| **Outpatient Procedure** | 63621 | each additional spinal lesion (List separately in addition to code for primary procedure) |
| **Outpatient Procedure** | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural |
| **Outpatient Procedure** | 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural |
| **Outpatient Procedure** | 63661 | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed |
| **Outpatient Procedure** | 63662 | fluoroscopy, when performed |
| **Outpatient Procedure** | 63663 | including fluoroscopy, when performed |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Outpatient Procedure** | 63664 | via laminotomy or laminectomy, including fluoroscopy, when performed |
| **Outpatient Procedure** | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling |
| **Outpatient Procedure** | 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver |
| **Outpatient Procedure** | 63700 | Repair of meningocele; less than 5 cm diameter |
| **Outpatient Procedure** | 63702 | larger than 5 cm diameter |
| **Outpatient Procedure** | 63704 | Repair of myelomeningocele; less than 5 cm diameter |
| **Outpatient Procedure** | 63706 | larger than 5 cm diameter |
| **Outpatient Procedure** | 63707 | Repair of dural/cerebrospinal fluid leak, not requiring laminectomy |
| **Outpatient Procedure** | 63709 | Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy |
| **Outpatient Procedure** | 63710 | Dural graft, spinal |
| **Outpatient Procedure** | 63740 | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy |
| **Outpatient Procedure** | 63741 | percutaneous, not requiring laminectomy |
| **Outpatient Procedure** | 63744 | Replacement, irrigation or revision of lumbosubarachnoid shunt |
| **Outpatient Procedure** | 63746 | Removal of entire lumbosubarachnoid shunt system without replacement |
| **Pain Management** | 64480 | (List separately in addition to code for primary procedure) |
| **Pain Management** | 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint |
| **Pain Management** | 64494 | Paravertebral Spinal Nerves and Branches. |
| **Pain Management** | 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve |
| **Pain Management** | 64555 | peripheral nerve (excludes sacral nerve) |
| **Pain Management** | 64566 | Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming |
| **Pain Management** | 64568 | generator |
| **Outpatient Procedure** | 65760 | KERATOMILEUSIS |
| **Outpatient Procedure** | 65765 | KERATOPHAKIA |
| **Outpatient Procedure** | 65767 | EPIKERATOPLASTY |
| **Outpatient Procedure** | 65781 | limbal stem cell allograft (eg, cadaveric or living donor) |
| **Outpatient Procedure** | 67210 | Destruction Procedures on the Retina or Choroid |
| **Outpatient Procedure** | 67228 | Destruction Procedures on the Retina or Choroid- |
| **Outpatient Procedure** | 67715 | Canthotomy |
| **Outpatient Procedure** | 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) |
| **Outpatient Procedure** | 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) |
| **Outpatient Procedure** | 67902 | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia) |
| **Outpatient Procedure** | 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach |
| **Outpatient Procedure** | 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach |
| **Outpatient Procedure** | 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) |
| **Outpatient Procedure** | 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type) |
| **Outpatient Procedure** | 67911 | Correction of lid retraction |
| **Outpatient Procedure** | 67914 | Repair of ectropian |
| **Outpatient Procedure** | 67915 | Repair of ectropion; thermocauterization |
| **Outpatient Procedure** | 67916 | Repair of ectropion; excision tarsal wedge |
| **Outpatient Procedure** | 67917 | Repair of ectropion; extensive (eg, tarsal strip operations) |
| **Outpatient Procedure** | 67921 | SALPINGO-OOPHORECTOMY COMPLT/PART (SEPART PROC) |
| **Outpatient Procedure** | 67922 | Repair of entropion; thermocauterization |
| **Outpatient Procedure** | 67923 | Repair of entropion; excision tarsal wedge |
| **Outpatient Procedure** | 67924 | Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation) |
| **Outpatient Procedure** | 67950 | Canthoplasty |
| **Outpatient Procedure** | 69300 | Otoplasty, protruding ear, with or without size reduction |
| **Imaging** | 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) |
| **Imaging** | 70450 | Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck |
| **Imaging** | 70460 | CT HEAD/BRAIN; W/CONTRAST MATL |
| **Imaging** | 70470 | CT HEAD/BRAIN; W/O & W/CONTRST |
| **Imaging** | 70480 | CT ORBIT SELLA/EAR; W/O CONTRST |
| **Imaging** | 70481 | CT ORBIT SELLA/EAR; W/CONTRST |
| **Imaging** | 70482 | CT ORBIT SELLA/EAR; W/O&W/CONTRST |
| **Imaging** | 70486 | CT MAXLOFCE AREA; W/O CONTRAST MATL |
| **Imaging** | 70487 | CT MAXILLOFACIAL AREA; W/CONTRAST |
| **Imaging** | 70488 | CT MAXILLOFACIAL; W/O&W/CONTRST |
| **Imaging** | 70491 | CT SOFT TISSUE NECK; W/CONTRST |
| **Imaging** | 70492 | CT SFT TISS NCK; W/O&W/CONTRST |
| **Imaging** | 70498 | Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck |
| **Imaging** | 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) |
| **Imaging** | 70542 | with contrast material(s) |
| **Imaging** | 70544 | Magnetic resonance angiography, head; without contrast material(s) |
| **Imaging** | 70546 | without contrast material(s), followed by contrast material(s) and further sequences |
| **Imaging** | 70547 | Magnetic resonance angiography, neck; without contrast material(s) |
| **Imaging** | 70548 | with contrast material(s) |
| **Imaging** | 70549 | without contrast material(s), followed by contrast material(s) and further sequences |
| **Imaging** | 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material |
| **Imaging** | 70552 | MRI BRAIN; W/CONTRAST |
| **Imaging** | 70553 | MRI BRAIN; WO CONTRAST FOLLOWED BY CONTRAST |
| **Imaging** | 70554 | body part movement and/or visual stimulation, not requiring physician or psychologist administration |
| **Imaging** | 70555 | requiring physician or psychologist administration of entire neurofunctional testing |
| **Imaging** | 70557 | intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast |
| **Imaging** | 70558 | with contrast material(s) |
| **Imaging** | 70559 | without contrast material(s), followed by contrast material(s) and further sequences |
| **Imaging** | 71250 | DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Imaging** | 71260 | DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST |
| **Imaging** | 71270 | DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+ |
| **Imaging** | 71271 | COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C- |
| **Imaging** | 71550 | lymphadenopathy); without contrast material(s) |
| **Imaging** | 71551 | with contrast material(s) |
| **Imaging** | 71552 | without contrast material(s), followed by contrast material(s) and further sequences |
| **Imaging** | 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) |
| **Imaging** | 72125 | CT CERV SPINE; W/O CONTRST |
| **Imaging** | 72128 | CT T-SPINE; W/O CONTRST MATL |
| **Imaging** | 72141 | MRI SPINAL CANAL & CONTENTS CERV; WO CONTRAST |
| **Imaging** | 72146 | MRI SPINAL CANAL & CONTENTS THORACIC; WO CONTRST |
| **Imaging** | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material |
| **Imaging** | 72158 | MRI SPINAL CANAL WO THEN W/CONTRAST; LUMBAR |
| **Imaging** | 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) |
| **Imaging** | 72192 | CT PELVIS; W/O CONTRAST MATERIAL |
| **Imaging** | 72195 | MRI PELVIS; WO CONTRAST MAT 13.03 |
| **Imaging** | 72197 | without contrast material(s), followed by contrast material(s) and further sequences |
| **Imaging** | 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) |
| **Imaging** | 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) |
| **Imaging** | 73219 | with contrast material(s) |
| **Imaging** | 73220 | without contrast material(s), followed by contrast material(s) and further sequences |
| **Imaging** | 73221 | placement of localization device) radiological supervision and interpretation |
| **Imaging** | 73222 | with contrast material(s) |
| **Imaging** | 73223 | without contrast material(s), followed by contrast material(s) and further sequences |
| **Imaging** | 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) |
| **Imaging** | 73718 | MRI LOW EXTREM NOT JT WO CONTRAST 12.82 |
| **Imaging** | 73719 | with contrast material(s) |
| **Imaging** | 73720 | MRI LOWER EXTREM OTHER THAN JT |
| **Imaging** | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material |
| **Imaging** | 73722 | with contrast material(s) |
| **Imaging** | 73723 | without contrast material(s), followed by contrast material(s) and further sequences |
| **Imaging** | 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) |
| **Imaging** | 74150 | CMPT TOMOGRPH ABD; W/O CONTRST MATL |
| **Imaging** | 74160 | CMPT TOMOGRPH ABD; W/CONTRST MATL |
| **Imaging** | 74170 | CT ABD; W/O & W/CONTRST&OTH SECT |
| **Imaging** | 74174 | CT ANGIO ABD&PELV W/O&W/DYE |
| **Imaging** | 74176 | CT ABD & PELVIS W/O CONTRAST |
| **Imaging** | 74177 | CT ABD & PELV W/CONTRAST |
| **Imaging** | 74178 | CT ABD & PELV 1/> REGN |
| **Imaging** | 74182 | with contrast material(s) |
| **Imaging** | 74183 | without contrast material(s), followed by with contrast material(s) and further sequences |
| **Imaging** | 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) |
| **Imaging** | 74261 | CT COLONOGRAPHY, W/O DYE |
| **Imaging** | 74262 | CT COLONOGRAPHY, W/DYE |
| **Imaging** | 74712 | performed; single or first gestation |
| **Imaging** | 74713 | each additional gestation (List separately in addition to code for primary procedure) |
| **Imaging** | 75557 | Unlisted endocrine procedure, diagnostic nuclear medicine |
| **Imaging** | 75559 | whole body |
| **Imaging** | 75561 | Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine |
| **Imaging** | 75563 | multiple areas |
| **Imaging** | 75565 | procedure) |
| **Imaging** | 75572 | CT HRT W/3D IMAGE |
| **Imaging** | 75573 | CT HEART C+ CARDIAC STRUX AND MORPH CGEN HRT DS |
| **Imaging** | 75574 | CT ANGIO HRT W/3D IMAGE |
| **Imaging** | 75635 | CTA ABD-AIFP-RAD S&I-W/WO CONTRAST 11.45 |
| **Imaging** | 76145 | MEDICAL PHYSICS DOSE EVAL RADIATION EXPOS W/RPRT |
| **Imaging** | 76376 | 3D RENDER W/INTRP POSTPROCES |
| **Imaging** | 76380 | CMPT TOMOGRAPHY LTD/LOC F/U STUDY |
| **Imaging** | 76390 | Magnetic resonance spectroscopy |
| **Imaging** | 76497 | UNLISTED COMPUTED TOMOGRAPHY PROC |
| **Imaging** | 76498 | Unlisted magnetic resonance procedure (eg, diagnostic, interventional) |
| **Imaging** | 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral |
| **Imaging** | 77048 | detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; |
| **Imaging** | 77049 | detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; |
| **Imaging** | 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply |
| **Imaging** | 77371 | RAD TX DELIVERY, (SRS), COMPLETE COURSE OF TX OF CEREBRAL LES 1 SESSION |
| **Imaging** | 77373 | STEREOTACTIC BODY RAD THER, TX DELIV, PER FRACTION TO 1 OR MORE LESIONS |
| **Imaging** | 77385 | NTSTY MODUL RAD TX DLVR SMPL |
| **Imaging** | 77386 | NTSTY MODUL RAD TX DLVR CPLX |
| **Imaging** | 77520 | Proton treatment delivery; simple, without compensation |
| **Imaging** | 77522 | PROTON TX DELIV; SIMPL W/COMPENSATN 0 |
| **Imaging** | 77523 | PROTON BEAM DELIVERY ONE OR TWO TRMT AREAS |
| **Imaging** | 77525 | PROTON TX DELIV; COMPLX 0 |
| **Imaging** | 78305 | Bone and/or joint imaging; multiple areas |
| **Imaging** | 78399 | Unlisted musculoskeletal procedure, diagnostic nuclear medicine |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Imaging** | 78429 | wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed |
| **Imaging** | 78430 | motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or |
| **Imaging** | 78431 | motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or |
| **Imaging** | 78432 | study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, |
| **Imaging** | 78433 | study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, |
| **Imaging** | 78451 | quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when |
| **Imaging** | 78452 | multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| **Imaging** | 78453 | pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise |
| **Imaging** | 78454 | multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| **Imaging** | 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation |
| **Imaging** | 78466 | Myocardial imaging, infarct avid, planar; qualitative or quantitative |
| **Imaging** | 78468 | with ejection fraction by first pass technique |
| **Imaging** | 78469 | tomographic SPECT with or without quantification |
| **Imaging** | 78473 | with or without additional quantification |
| **Imaging** | 78481 | pharmacologic), wall motion study plus ejection fraction, with or without quantification |
| **Imaging** | 78483 | fraction, with or without quantification |
| **Imaging** | 78491 | Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress |
| **Imaging** | 78492 | multiple studies at rest and/or stress |
| **Imaging** | 78494 | or without quantitative processing |
| **Imaging** | 78499 | Unlisted cardiovascular procedure, diagnostic nuclear medicine |
| **Imaging** | 78599 | Unlisted respiratory procedure, diagnostic nuclear medicine |
| **Imaging** | 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation |
| **Imaging** | 78609 | perfusion evaluation |
| **Imaging** | 78800 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area |
| **Imaging** | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) |
| **Imaging** | 78812 | skull base to mid-thigh |
| **Imaging** | 78813 | whole body |
| **Imaging** | 78814 | correction and anatomical localization imaging; limited area (eg, chest, head/neck) |
| **Imaging** | 78815 | TUMOR IMAG PET W/CONCURRNT CT; SKUL BASE MID THI |
| **Imaging** | 78816 | TUMOR IMAG PET W/CONCURRNT CT; WHOLE BDY |
| **Imaging** | 78830 | RP LOCLZJ TUM SPECT W/CT 1 AREA 1 DAY IMAGING |
| **Injectables** | 80184 | PHENOBARBITAL |
| **Transplant** | 80197 | Therapeutic Drug Assays |
| **Molecular** | 80220 | DRUG ASSAY HYDROXYCHLOROQUINE |
| **Molecular** | 80324 | DRUG SCREEN AMPHETAMINES 1/2 |
| **Molecular** | 80325 | AMPHETAMINES 3OR 4 |
| **Molecular** | 80326 | AMPHETAMINES 5 OR MORE |
| **Molecular** | 80345 | DRUG SCREENING BARBITURATES |
| **Molecular** | 80346 | BENZODIAZEPINES1-12 |
| **Molecular** | 80347 | BENZODIAZEPINES 13 OR MORE |
| **Molecular** | 80348 | DRUG SCREENING BUPRENORPHINE |
| **Molecular** | 80349 | CANNABINOIDS NATURAL |
| **Molecular** | 80350 | CANNABINOIDS SYNTHETIC 1-3 |
| **Molecular** | 80351 | CANNABINOIDS SYNTHETIC 4-6 |
| **Molecular** | 80352 | CANNABINOID SYNTHETIC 7/MORE |
| **Molecular** | 80353 | DRUG SCREENING COCAINE |
| **Molecular** | 80354 | DRUG SCREENING FENTANYL |
| **Molecular** | 80356 | HEROIN METABOLITE |
| **Molecular** | 80357 | KETAMINE AND NORKETAMINE |
| **Molecular** | 80358 | DRUG SCREENING METHADONE |
| **Molecular** | 80359 | METHYLENEDIOXYAMPHETAMINES |
| **Molecular** | 80360 | METHYLPHENIDATE |
| **Molecular** | 80361 | OPIATES 1 OR MORE |
| **Molecular** | 80362 | OPIOIDS & OPIATE ANALOGS 1/2 |
| **Molecular** | 80363 | OPIOIDS & OPIATE ANALOGS 3/4 |
| **Molecular** | 80364 | OPIOID &OPIATE ANALOG 5/MORE |
| **Molecular** | 80365 | DRUG SCREENING OXYCODONE |
| **Molecular** | 80367 | DRUG SCREENING PROPOXYPHENE |
| **Molecular** | 80368 | SEDATIVE HYPNOTICS |
| **Molecular** | 80369 | SKELETAL MUSCLE RELAXANT 1/2 |
| **Molecular** | 80370 | SKEL MUSC RELAXANT 3 OR MORE |
| **Molecular** | 80371 | STIMULANTS SYNTHETIC |
| **Molecular** | 80372 | DRUG SCREENING TAPENTADOL |
| **Molecular** | 80373 | DRUG SCREENING TRAMADOL |
| **Molecular** | 81105 | CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, |
| **Molecular** | 81106 | (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common |
| **Molecular** | 81107 | complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion |
| **Molecular** | 81108 | CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, |
| **Molecular** | 81109 | receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene |
| **Molecular** | 81110 | CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene |
| **Molecular** | 81111 | IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion |
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**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Molecular** | 81112 | thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y) |
| **Molecular** | 81120 | (EG, R132H, R132C) |
| **Molecular** | 81121 | VARIANTS (EG, R140W, R172M) |
| **Molecular** | 81161 | performed |
| **Molecular** | 81162 | and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection |
| **Molecular** | 81163 | BRCA full sequence analysis |
| **Molecular** | 81164 | BRCA full duplication/deletion analysis (ie, detection of large gene rearrangements) |
| **Molecular** | 81165 | sequence analysis |
| **Molecular** | 81166 | duplication/deletion analysis (ie, detection of large gene rearrangements) |
| **Molecular** | 81167 | duplication/deletion analysis (ie, detection of large gene rearrangements) |
| **Molecular** | 81170 | resistance), gene analysis, variants in the kinase domain |
| **Molecular** | 81171 | evaluation to detect abnormal (eg, expanded) alleles |
| **Molecular** | 81172 | characterization of alleles (eg, expanded size and methylation status) |
| **Molecular** | 81173 | inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status), full gene |
| **Molecular** | 81174 | inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status), known |
| **Molecular** | 81175 | myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence |
| **Molecular** | 81176 | myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis |
| **Molecular** | 81177 | (eg, expanded) alleles |
| **Molecular** | 81178 | alleles |
| **Molecular** | 81179 | alleles |
| **Molecular** | 81180 | abnormal (eg, expanded) alleles |
| **Molecular** | 81181 | alleles |
| **Molecular** | 81182 | evaluation to detect abnormal (eg, expanded) alleles |
| **Molecular** | 81183 | alleles |
| **Molecular** | 81184 | evaluation to detect abnormal (eg, expanded) alleles |
| **Molecular** | 81185 | full gene sequence |
| **Molecular** | 81186 | known familial variant |
| **Molecular** | 81187 | evaluation to detect abnormal (eg, expanded) alleles |
| **Molecular** | 81188 | expanded) alleles |
| **Molecular** | 81189 | PROMOTER METHYLATION ANALYSIS |
| **Molecular** | 81190 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s) |
| **Molecular** | 81194 | NTRK TRANSLOCATION ANALYSIS |
| **Molecular** | 81200 | ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X) |
| **Molecular** | 81201 | analysis; full gene sequence |
| **Molecular** | 81202 | analysis; known familial variants |
| **Molecular** | 81203 | analysis; known familial variants |
| **Molecular** | 81204 | inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status) |
| **Molecular** | 81205 | gene analysis, common variants (eg, R183P, G278S, E422X) |
| **Molecular** | 81206 | or quantitative |
| **Molecular** | 81207 | or quantitative |
| **Molecular** | 81208 | or quantitative |
| **Molecular** | 81209 | BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant |
| **Molecular** | 81210 | variant(s) |
| **Molecular** | 81212 | and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants |
| **Molecular** | 81213 | BRCA1&2 UNCOM DUP/DEL VAR |
| **Molecular** | 81214 | BRCA1 FULL SEQ & COM DUP/DEL |
| **Molecular** | 81215 | familial variant |
| **Molecular** | 81216 | sequence analysis |
| **Molecular** | 81217 | known familial variant |
| **Molecular** | 81218 | gene sequence |
| **Molecular** | 81219 | CALR GENE COM VARIANTS |
| **Molecular** | 81221 | known familial variants |
| **Molecular** | 81222 | duplication/deletion variants |
| **Molecular** | 81223 | full gene sequence |
| **Molecular** | 81224 | T analysis (eg, male infertility) |
| **Molecular** | 81225 | common variants (eg, \*2, \*3, \*4, \*8, \*17) |
| **Molecular** | 81226 | common variants (eg, \*2, \*3, \*4, \*5, \*6, \*9, \*10, \*17, \*19, \*29, \*35, \*41, \*1XN, \*2XN, \*4XN) |
| **Molecular** | 81227 | common variants (eg, \*2, \*3, \*5, \*6) |
| **Molecular** | 81228 | number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization |
| **Molecular** | 81229 | number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities |
| **Molecular** | 81230 | variant(s) (eg, \*2, \*22) |
| **Molecular** | 81231 | variants (eg, \*2, \*3, \*4, \*5, \*6, \*7) |
| **Molecular** | 81232 | analysis, common variant(s) (eg, \*2A, \*4, \*5, \*6) |
| **Molecular** | 81233 | C481S, C481R, C481F) |
| **Molecular** | 81234 | (expanded) alleles |
| **Molecular** | 81235 | (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q) |
| **Molecular** | 81236 | myeloproliferative neoplasms) gene analysis, full gene sequence |
| **Molecular** | 81237 | analysis, common variant(s) (eg, codon 646) |
| **Molecular** | 81238 | F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence |
| **Molecular** | 81239 | expanded size) |
| **Molecular** | 81240 | F2 GENE |
| **Molecular** | 81241 | F5 GENE |
| **Molecular** | 81242 | variant (eg, IVS4+4A>T) |
| **Molecular** | 81243 | abnormal (eg, expanded) alleles |
| **Molecular** | 81244 | characterization of alleles (eg, expanded size and promoter methylation status) |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Molecular** | 81245 | (ITD) variants (ie, exons 14, 15) |
| **Molecular** | 81246 | (TKD) variants (eg, D835, I836) |
| **Molecular** | 81247 | variant(s) (eg, A, A-) |
| **Molecular** | 81248 | variant(s) |
| **Molecular** | 81249 | sequence |
| **Molecular** | 81250 | disease) gene analysis, common variants (eg, R83C, Q347X) |
| **Molecular** | 81251 | L444P, IVS2+1G>A) |
| **Molecular** | 81252 | gene sequence |
| **Molecular** | 81253 | known familial variants |
| **Molecular** | 81254 | common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)]) |
| **Molecular** | 81255 | 1278insTATC, 1421+1G>C, G269S) |
| **Molecular** | 81256 | HFE GENE |
| **Molecular** | 81257 | HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, |
| **Molecular** | 81258 | HbH disease), gene analysis; known familial variant |
| **Molecular** | 81259 | HbH disease), gene analysis; full gene sequence |
| **Molecular** | 81260 | (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P) |
| **Molecular** | 81261 | analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction) |
| **Molecular** | 81262 | analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot) |
| **Molecular** | 81263 | mutation analysis |
| **Molecular** | 81264 | analysis, evaluation to detect abnormal clonal population(s) |
| **Molecular** | 81265 | pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, |
| **Molecular** | 81266 | cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth |
| **Molecular** | 81267 | comparison to previously performed baseline analyses; without cell selection |
| **Molecular** | 81268 | with cell selection (eg, CD3, CD33), each cell type |
| **Molecular** | 81269 | HbH disease), gene analysis; duplication/deletion variants |
| **Molecular** | 81270 | JAK2 GENE |
| **Molecular** | 81271 | alleles |
| **Molecular** | 81272 | [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, |
| **Molecular** | 81273 | D816 variant(s) |
| **Molecular** | 81274 | characterization of alleles (eg, expanded size) |
| **Molecular** | 81275 | codons 12 and 13) |
| **Molecular** | 81276 | codon 61, codon 146) |
| **Molecular** | 81277 | number and loss-of-heterozygosity variants for chromosomal abnormalities |
| **Molecular** | 81279 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13) |
| **Molecular** | 81283 | IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant |
| **Molecular** | 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles |
| **Molecular** | 81285 | characterization of alleles (eg, expanded size) |
| **Molecular** | 81286 | gene sequence |
| **Molecular** | 81287 | PROMOTER METHYLATION ANALYSIS |
| **Molecular** | 81288 | Lynch syndrome) gene analysis; promoter methylation analysis |
| **Molecular** | 81289 | familial variant(s) |
| **Molecular** | 81290 | del6.4kb) |
| **Molecular** | 81291 | MTHFR GENE |
| **Molecular** | 81292 | Lynch syndrome) gene analysis; full sequence analysis |
| **Molecular** | 81293 | Lynch syndrome) gene analysis; known familial variants |
| **Molecular** | 81294 | Lynch syndrome) gene analysis, full sequence analysis or known famililial variants or duplication/deletion |
| **Molecular** | 81295 | Lynch syndrome) gene analysis; full sequence analysis |
| **Molecular** | 81296 | Lynch syndrome) gene analysis; known familial variants |
| **Molecular** | 81297 | Lynch syndrome) gene analysis; duplication/deletion variants |
| **Molecular** | 81298 | analysis; full sequence analysis |
| **Molecular** | 81299 | analysis; known familial variants |
| **Molecular** | 81300 | analysis; duplication/deletion variants |
| **Molecular** | 81301 | for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if |
| **Molecular** | 81302 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis |
| **Molecular** | 81303 | known familial variant |
| **Molecular** | 81304 | duplication/deletion variants |
| **Molecular** | 81305 | lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant |
| **Molecular** | 81306 | NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, \*2, \*3, \*4, \*5, \*6) |
| **Molecular** | 81307 | sequence |
| **Molecular** | 81308 | variant |
| **Molecular** | 81309 | cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20) |
| **Molecular** | 81310 | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants |
| **Molecular** | 81311 | variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61) |
| **Molecular** | 81312 | evaluation to detect abnormal (eg, expanded) alleles |
| **Molecular** | 81313 | antigen]) ratio (eg, prostate cancer) |
| **Molecular** | 81314 | [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18) |
| **Molecular** | 81315 | leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative |
| **Molecular** | 81316 | leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative |
| **Molecular** | 81317 | Lynch syndrome) gene analysis; full sequence analysis |
| **Molecular** | 81318 | Lynch syndrome) gene analysis; known familial variants |
| **Molecular** | 81319 | Lynch syndrome) gene analysis; duplication/deletion variants |
| **Molecular** | 81320 | R665W, S707F, L845F) |
| **Molecular** | 81321 | analysis; full sequence analysis |
| **Molecular** | 81322 | analysis; known familial variant |
| **Molecular** | 81323 | analysis; duplication/deletion variant |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Molecular** | 81324 | associated myeloid malignancy) gene analysis, targeted sequence analysis (eg, exons 3-8) |
| **Molecular** | 81325 | pressure palsies) gene analysis; full sequence analysis |
| **Molecular** | 81326 | pressure palsies) gene analysis; known familial variant |
| **Molecular** | 81327 | SEPT9 GENE PROMOTER METHYLATION ANALYSIS |
| **Molecular** | 81328 | Lynch syndrome) gene analysis; known familial variants |
| **Molecular** | 81329 | Lynch syndrome) gene analysis; duplication/deletion variants |
| **Molecular** | 81330 | analysis, common variants (eg, R496L, L302P, fsP330) |
| **Molecular** | 81331 | Willi syndrome and/or Angelman syndrome), methylation analysis |
| **Molecular** | 81332 | antitrypsin deficiency), gene analysis, common variants (eg, \*S and \*Z) |
| **Molecular** | 81333 | (eg, R124H, R124C, R124L, R555W, R555Q) |
| **Molecular** | 81334 | associated myeloid malignancy) gene analysis, targeted sequence analysis (eg, exons 3-8) |
| **Molecular** | 81335 | TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, \*2, \*3) |
| **Molecular** | 81336 | sequence |
| **Molecular** | 81337 | sequence variant(s) |
| **Molecular** | 81338 | common variants (eg, W515A, W515K, W515L, W515R) |
| **Molecular** | 81339 | sequence analysis, exon 10 |
| **Molecular** | 81340 | abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction) |
| **Molecular** | 81341 | abnormal clonal population(s); using direct probe methodology (eg, Southern blot) |
| **Molecular** | 81342 | evaluation to detect abnormal clonal population(s) |
| **Molecular** | 81343 | evaluation to detect abnormal (eg, expanded) alleles |
| **Molecular** | 81344 | (eg, expanded) alleles |
| **Molecular** | 81345 | targeted sequence analysis (eg, promoter region) |
| **Molecular** | 81346 | (eg, tandem repeat variant) |
| **Molecular** | 81347 | analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L) |
| **Molecular** | 81348 | gene analysis, common variants (eg, P95H, P95L) |
| **Molecular** | 81349 | CYTOG ALYS CHRMOML ABNOR LOW-PASS SEQ ALYS |
| **Molecular** | 81350 | common variants (eg, \*28, \*36, \*37) |
| **Molecular** | 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence |
| **Molecular** | 81352 | oncology) |
| **Molecular** | 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant |
| **Molecular** | 81355 | common variant(s) (eg, -1639G>A, c.173+1000C>T) |
| **Molecular** | 81357 | gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P) |
| **Molecular** | 81360 | syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs) |
| **Molecular** | 81361 | variant(s) (eg, HbS, HbC, HbE) |
| **Molecular** | 81362 | variant(s) |
| **Molecular** | 81363 | duplication/deletion variant(s) |
| **Molecular** | 81364 | sequence |
| **Molecular** | 81370 | HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1 |
| **Molecular** | 81372 | Notes: |
| **Molecular** | 81373 | HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each |
| **Molecular** | 81374 | HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B\*27), each |
| **Molecular** | 81375 | HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1 |
| **Molecular** | 81376 | HLA II TYPING 1 LOCUS LR |
| **Molecular** | 81377 | HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each |
| **Molecular** | 81378 | HLA I & II TYPING HR |
| **Molecular** | 81379 | HLA I TYPING COMPLETE HR |
| **Molecular** | 81380 | HLA I TYPING 1 LOCUS HR |
| **Molecular** | 81381 | each |
| **Molecular** | 81382 | HLA II TYPING 1 LOC HR |
| **Molecular** | 81383 | HLA II TYPING 1 ALLELE HR |
| **Molecular** | 81400 | such as restriction enzyme digestion or melt curve analysis) |
| **Molecular** | 81401 | Molecular pathology procedure level 2 |
| **Molecular** | 81402 | Molecular pathology procedure level 3 |
| **Molecular** | 81403 | >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or |
| **Molecular** | 81404 | scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation |
| **Molecular** | 81405 | Molecular pathology procedure, Level 6 |
| **Molecular** | 81406 | scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) |
| **Molecular** | 81407 | scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) |
| **Molecular** | 81408 | analysis) |
| **Molecular** | 81410 | arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, |
| **Molecular** | 81411 | duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1 |
| **Molecular** | 81412 | dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis |
| **Molecular** | 81413 | catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include |
| **Molecular** | 81414 | KCNQ1 |
| **Molecular** | 81415 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis |
| **Molecular** | 81416 | primary procedure) |
| **Molecular** | 81417 | condition/syndrome) |
| **Molecular** | 81419 | GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, |
| **Molecular** | 81420 | FETAL CHRMOML ANEUPLOIDY |
| **Molecular** | 81422 | syndrome), circulating cell-free fetal DNA in maternal blood |
| **Molecular** | 81425 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis |
| **Molecular** | 81427 | condition/syndrome) |
| **Molecular** | 81430 | analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, |
| **Molecular** | 81431 | GJB2 and GJB6 genes |
| **Molecular** | 81432 | hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Molecular** | 81433 | Duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11 |
| **Molecular** | 81434 | genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, |
| **Molecular** | 81435 | familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 |
| **Molecular** | 81436 | EPCAM, SMAD4, and STK11 |
| **Molecular** | 81437 | malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include |
| **Molecular** | 81438 |  |
| **Molecular** | 81439 | ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 |
| **Molecular** | 81440 | must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, |
| **Molecular** | 81442 | LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing |
| **Molecular** | 81443 | [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, |
| **Molecular** | 81445 | performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, |
| **Molecular** | 81448 | analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, |
| **Molecular** | 81450 | analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, |
| **Molecular** | 81455 | RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, |
| **Molecular** | 81460 | stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and |
| **Molecular** | 81465 | external ophthalmoplegia), including heteroplasmy detection, if performed |
| **Molecular** | 81470 | panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, |
| **Molecular** | 81471 | FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and |
| **Molecular** | 81479 | Unlisted molecular pathology procedure |
| **Molecular** | 81490 | prognostic algorithm reported as a disease activity score |
| **Molecular** | 81493 | peripheral blood, algorithm reported as a risk score |
| **Molecular** | 81500 | status, algorithm reported as a risk score |
| **Molecular** | 81503 | transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score |
| **Molecular** | 81504 | paraffin-embedded tissue, algorithm reported as tissue similarity scores |
| **Molecular** | 81506 | adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score |
| **Molecular** | 81507 | plasma, algorithm reported as a risk score for each Trisomy |
| **Molecular** | 81508 | maternal serum, algorithm reported as a risk score |
| **Molecular** | 81509 | maternal serum, algorithm reported as a risk score |
| **Molecular** | 81510 | maternal serum, algorithm reported as a risk score |
| **Molecular** | 81511 | maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical |
| **Molecular** | 81512 | hCG, DIA) utilizing maternal serum, algorithm reported as a risk score |
| **Molecular** | 81513 | NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG |
| **Molecular** | 81514 | NFCT DS BCT VAGINOSIS AND VAGINITIS DNA VAG FLU ALG |
| **Molecular** | 81518 | housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for |
| **Molecular** | 81519 | paraffin-embedded tissue, algorithm reported as recurrence score |
| **Molecular** | 81520 | housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk |
| **Molecular** | 81521 | genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related |
| **Molecular** | 81522 | housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score |
| **Molecular** | 81523 | ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31 |
| **Molecular** | 81525 | housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score |
| **Molecular** | 81529 | content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as |
| **Molecular** | 81535 | morphology, predictive algorithm reported as a drug response score; first single drug or drug combination |
| **Molecular** | 81536 | each additional single drug or drug combination (List separately in addition to code for primary procedure) |
| **Molecular** | 81538 | predictive algorithm reported as good versus poor overall survival |
| **Molecular** | 81539 | PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability |
| **Molecular** | 81540 | content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed |
| **Molecular** | 81541 | housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific |
| **Molecular** | 81542 | paraffin-embedded tissue, algorithm reported as metastasis risk score |
| **Molecular** | 81546 | algorithm reported as a categorical result (eg, benign or suspicious) |
| **Molecular** | 81551 | utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer |
| **Molecular** | 81552 | and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm |
| **Molecular** | 81554 | utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative |
| **Molecular** | 81595 | (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection |
| **Molecular** | 81596 | apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as |
| **Molecular** | 81599 | Unlisted multianalyte assay with algorithmic analysis |
| **Molecular** | 82077 | ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR AND BREATH IA |
| **Molecular** | 82232 | Beta 2 microglobulin |
| **Molecular** | 83080 | b-hyphenHexosamindase, each assay |
| **Molecular** | 83520 | quantitative, not otherwise specified |
| **Molecular** | 83992 | PHENCYCLIDINE |
| **Molecular** | 86812 | HLA TYPING; A B/C SNGL ANTIG |
| **Molecular** | 86813 | HLA TYPING; A B/C MX ANTIG |
| **Molecular** | 86816 | HLA TYPING; DR/DQ SNGL ANTIG |
| **Molecular** | 86817 | HLA TYPING; DR/DQ MX ANTIG |
| **Molecular** | 86821 | HLA TYPING; LYMPHOCYTE CULTURE MIX |
| **Molecular** | 86825 | HLA X-MATCH, NON-CYTOTOXIC |
| **Molecular** | 86826 | HLA X-MATCH, NON-CYT ADD-ON |
| **Molecular** | 86828 | HLA CLASS I&II ANTIBODY QUAL |
| **Molecular** | 86829 | HLA CLASS I/II ANTIBODY QUAL |
| **Molecular** | 86830 | HLA CLASS I PHENOTYPE QUAL |
| **Molecular** | 86831 | HLA CLASS II PHENOTYPE QUAL |
| **Molecular** | 86832 | HLA CLASS I HIGH DEFIN QUAL |
| **Molecular** | 86833 | HLA CLASS II HIGH DEFIN QUAL |
| **Molecular** | 86834 | HLA CLASS I SEMIQUANT PANEL |
| **Molecular** | 86835 | HLA CLASS II SEMIQUANT PANEL |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Molecular** | 87483 | CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25 |
| **Molecular** | 88230 | TISS CULTURE NON-NEOPLAS DISORD; LYMPHOCYTE |
| **Molecular** | 88233 | TISS CULTURE NON-NEOPLAS DISORD; SKIN/SOLID TISS |
| **Molecular** | 88235 | TISS CULTURE NON-NEOPLAS DISORD; AMNIOTIC FLUID |
| **Molecular** | 88240 | CRYOPRESERV-FREEZE & STORE CELLS EA CELL LINE |
| **Molecular** | 88241 | THAWING & EXPANSION FROZEN CELLS EA ALIQUOT |
| **Molecular** | 88245 | CHROMOSOME ANALY BREAK SYNDROM; SCE 20-25 CELLS |
| **Molecular** | 88248 | CHROMOSOME ANALY; BASELINE BREAKAGE |
| **Molecular** | 88249 | CHROMOSOME ANALY BREAK SYNDROM; CLASTOGEN STRESS |
| **Molecular** | 88261 | CHROMO ANALY; CT 5 CELLS 1 KARYOTYPE W/BANDING |
| **Molecular** | 88262 | CHROMO ANALY; CT 15-20 CELLS 2 KARYOTYPES W/BAND |
| **Molecular** | 88263 | CHROMO ANALY; CT 45 CEL MOSAICISM 2 KARYO W/BAND |
| **Molecular** | 88264 | CHROMOSOME ANALY; ANALY 20-25 CELLS |
| **Molecular** | 88267 | CHROMO ANALY AMNIO FLUID CT 15 CELLS 1 KARYOTYPE |
| **Molecular** | 88269 | CHROMO ANALY AMNIO FLUID CELLS CT 6-12 COLONIES |
| **Molecular** | 88271 | MOLEC CYTOGEN; DNA PROBE EA |
| **Molecular** | 88272 | MOLEC CYTOGEN; CHROMOSOM IN SITU HYBRID 3-5 CELL |
| **Molecular** | 88273 | MOLEC CYTOGEN; CHROMOSOM HYBRID 10-30 CELLS |
| **Molecular** | 88274 | MOLEC CYTOGEN; INTERPHASE IN SITU HYBRID 25-99 |
| **Molecular** | 88275 | MOLEC CYTOGEN; INTERPHASE IN SITU HYBRID 100-300 |
| **Molecular** | 88280 | CHROMOSOME ANALY; ADD KARYOTYPES EA STUDY |
| **Molecular** | 88283 | CHROMOSOME ANALY; ADD SPECIALIZED BANDING TECH |
| **Molecular** | 88285 | CHROMOSOME ANALY; ADD CELLS COUNTED EA STUDY |
| **Molecular** | 88289 | CHROMOSOME ANALY; ADD HIGH RESOLUTION STUDY |
| **Molecular** | 88291 | CYTOGEN & MOLEC CYTOGEN INTERPT & REPORT |
| **Molecular** | 88299 | UNLISTED CYTOGENETIC STUDY |
| **Molecular** | 89250 | CULTURE OOCYTE/EMBRYO < 4 DAYS |
| **Molecular** | 89251 | CULT OOCYTE/EMBRYO <4 DAY CO-CULT |
| **Molecular** | 89253 | ASSISTED EMBRYO HATCHING-MICROTECH |
| **Molecular** | 89254 | OOCYTE ID FROM FOLLICULAR FLUID |
| **Molecular** | 89255 | PREP EMBRYO FOR TRANSFER |
| **Molecular** | 89257 | SPERM ID FROM ASPIR (OTH THAN SEMINAL FLUID) |
| **Molecular** | 89258 | CRYOPRESERVATION EMBRYO(S) |
| **Molecular** | 89259 | CRYOPRESERVATION; SPERM |
| **Molecular** | 89260 | SPERM ISOLATN; SIMPL PREP-INSEM/DX W/SEMEN ANAL |
| **Molecular** | 89261 | SPERM ISOLATN; CMPLX PREP-INSEM/DX W/SEMEN ANAL |
| **Molecular** | 89264 | SPERM ID FROM TESTIS TISS-FRESH/CRYOPRESERV |
| **Molecular** | 89268 | INSEMINATION OF OOCYTES |
| **Molecular** | 89272 | EXT CULT OOCYTE/EMBRYO 4-7 DAYS |
| **Molecular** | 89280 | ASSTD OOCYTE FERTILIZ |
| **Molecular** | 89281 | ASSTD OOCYTE FERTILIZ > 10 OOCYTES |
| **Molecular** | 89290 | BX OOCYTE/EMB BLASTOMERE |
| **Molecular** | 89291 | BX OOCYTE/EMB BLASTOMERE >5 EMB |
| **Molecular** | 89300 | SEMEN ANAL; PRESENCE/MOTILITY INCL HUHNER TEST |
| **Molecular** | 89310 | SEMEN ANALYSIS; MOTILITY AND COUNT |
| **Molecular** | 89320 | SEMEN ANALY; COMPLT |
| **Molecular** | 89321 | SEMEN ANAL-SPERM PRESENCE/MOTIL 0 |
| **Molecular** | 89322 | SEMEN ANAL STRICT CRITERIA |
| **Molecular** | 89325 | SPERM ANTIB |
| **Molecular** | 89329 | SPERM EVAL; HAMSTER PENETRATION TEST |
| **Molecular** | 89330 | SPERM; CERV MUCOS PENETRAT W/WO SPINNBARKEIT |
| **Molecular** | 89331 | RETROGRADE EJACULATION ANAL |
| **Molecular** | 89335 | CRYOPRES REPRODIVE TISS TESTICULAR |
| **Molecular** | 89337 | CRYOPRESERVATION OOCYTE(S) |
| **Molecular** | 89342 | STORAGE, (PER YEAR), EMBRYO(S) |
| **Molecular** | 89343 | STORAGE, SPERM/SEEMEN |
| **Molecular** | 89344 | STORAGE TISS TESTICULAR/OVARIAN |
| **Molecular** | 89346 | STORAGE OOCYTE |
| **Molecular** | 89352 | THAWING OF CRYOPRESERVED EMBRYO |
| **Molecular** | 89353 | THAW CRYOPRES SPERM/SEM EA ALIQUOT |
| **Molecular** | 89354 | THAW CRYOPRES TISS TESTICULR/OVARN |
| **Molecular** | 89356 | THAW CRYOPRES OOCYTES EA ALIQUOT |
| **Molecular** | 89398 | UNLISTED REPROD MED LAB PROC |
| **Therapy** | 90865 | interview) |
| **Therapy** | 90870 | ELEC-CONVULS THERAP; SNGL SEIZURE |
| **Outpatient Procedure** | 91110 | GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I AND R |
| **Outpatient Procedure** | 91111 | GI TRACT IMAGING INTRALUMINAL ESOPHAGUS WI AND R |
| **Therapy** | 92507 | TX SPEECH/LANG/VOICE/COMMUN/AUD DISORDER; INDIV |
| **Therapy** | 92508 | Treatment of speech, language, voice communication and/or auditory; group |
| **Therapy** | 92526 | TX SWALLOWING DYSFUNCT &/OR ORAL FUNCT-FEEDING |
| **Therapy** | 92610 | EVAL ORL&PHARYNGEAL SWALLWING FUNCT |
| **Therapy** | 92611 | MOT FLUORO EVAL SWALLW CINE/VIDEO |
| **Outpatient Procedure** | 92805 | physiological measurements of sleep during multiple trials to assess sleepiness |
| **Outpatient Procedure** | 92806 | respiratory effort (eg, thoracoabdominal movement) |
| **Imaging** | 93303 | TRANSTHORACIC ECHO-CONGEN CARDIAC ANOM; COMPLT |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Imaging** | 93306 | cardiac blood flow and hemodynamics |
| **Imaging** | 93320 | DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; COMPLT |
| **Imaging** | 93325 | DOPPLER ECHO COLOR FLOW VELOCITY MAPPING |
| **Imaging** | 93351 | STRESS TTE COMPLETE |
| **Outpatient Procedure** | 94779 | Pulmonary Diagnostic Testing and Therapies |
| **Outpatient Procedure** | 95782 | attended by a technologist |
| **Outpatient Procedure** | 95783 | initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist |
| **Outpatient Procedure** | 95805 | MX SLEEP LATENCY TEST-MX TRIALS-ASSESS SLEEPINES |
| **Outpatient Procedure** | 95807 | SLEEP STDY VENT-RESP-ECG-O2 SAT-ATTENDED TECH |
| **Outpatient Procedure** | 95808 | POLYSOM ANY AGE 1-3> PARAM |
| **Outpatient Procedure** | 95810 | POLYSOM 6/> YRS 4/> PARAM |
| **Outpatient Procedure** | 95811 | POLYSOM 6/>YRS CPAP 4/> PARM |
| **Imaging** | 95965 | MAGNETOENCEPHALOGRAPHY |
| **Imaging** | 95966 | MAGNETOENCEPHALOGRAPHY |
| **Imaging** | 95967 | MAGNETOENCEPHALOGRAPHY |
| **Therapy** | 97010 | APPLIC MODAL 1/> AREAS; HOT/COLD PACKS |
| **Therapy** | 97012 | APPLIC MODAL 1/> AREAS; TRACTION-MECH |
| **Therapy** | 97014 | APPLIC MODAL 1/> AREAS; ELEC STIM |
| **Therapy** | 97016 | App modality one or more areas; vasopneumatic devices |
| **Therapy** | 97024 | App modality one or more areas; diathermy |
| **Therapy** | 97026 | App modality one or more areas; infrared |
| **Therapy** | 97028 | App modality one or more areas; ultraviolet |
| **Therapy** | 97032 | App modality one or more areas; electrical stimulation |
| **Therapy** | 97033 | App modality one or more areas; iontophoresis |
| **Therapy** | 97034 | App modality one or more areas; contrast baths |
| **Therapy** | 97035 | App modality one or more areas; ultrasound |
| **Therapy** | 97036 | App modality one or more areas; Hubbardd tank |
| **Therapy** | 97039 | Unlisted modality |
| **Therapy** | 97110 | THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES |
| **Therapy** | 97112 | THERAP PROC 1/> AREAS EA 15 MIN; BALANCE/COORDIN |
| **Therapy** | 97113 | THERAP PROC 1/> AREAS EA 15 MIN; AQUATIC THERAP |
| **Therapy** | 97116 | THERAP PROC 1/> AREAS EA 15 MIN; GAIT TRAINING |
| **Therapy** | 97124 | Massage, (stroking, compression, percussion) |
| **Therapy** | 97129 | THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES |
| **Therapy** | 97130 | THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES |
| **Therapy** | 97140 | Manual therapy techniques |
| **Therapy** | 97150 | Therapeutic procedures; group |
| **Intensive Outpatient** | 97153 | ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN |
| **Therapy** | 97161 | PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS |
| **Therapy** | 97162 | PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS |
| **Therapy** | 97163 | PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS |
| **Therapy** | 97165 | OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS |
| **Therapy** | 97530 | Therapeutic activities |
| **Therapy** | 97533 | Sensory Integrative techniques |
| **Therapy** | 97535 | Self-care/home mgmt. |
| **Therapy** | 97537 | Community/work reintegration |
| **Therapy** | 97542 | WHEELCHAIR MGMT/PROPULSION TRAIN-EA 15 MIN |
| **Therapy** | 97545 | WORK HARDENING/CONDITIONING; INIT 2 HR |
| **Therapy** | 97602 | WOUND(S) CARE NON-SELECTIVE |
| **Therapy** | 97750 | PHYS PERFORMANCE TEST/MEASUR W/REPORT EA 15 MIN |
| **Therapy** | 97760 | Orthotic(s) mgmt. and training |
| **Therapy** | 97761 | Prosthetic(s) training |
| **Therapy** | 97799 | UNLISTED PHYS MEDS/REHAB SERV/PROC |
| **Outpatient Procedure** | 98783 | POLYSOM <6 YRS CPAP/BILVL |
| **Therapy** | 98940 | Chiropractic manip TX; Spinal 1-2 regions |
| **Therapy** | 98941 | Chiropractic manip TX; Spinal 3-4 regions |
| **Therapy** | 98942 | Chiropractic manip TX; Spinal 5 regions |
| **Outpatient Procedure** | 99183 | therapy, per session |
| **Skilled Nursing Facility** | 99304 | Initial nursing facility care, per day, for the evaluation and management of a patient |
| **Skilled Nursing Facility** | 99305 | Initial nursing facility care, per day, for the evaluation and management of a patient |
| **Skilled Nursing Facility** | 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient |
| **Skilled Nursing Facility** | 99307 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, |
| **Skilled Nursing Facility** | 99308 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, |
| **Skilled Nursing Facility** | 99309 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, |
| **Skilled Nursing Facility** | 99310 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, |
| **Skilled Nursing Facility** | 99315 | Nursing facility discharge day management; 30 minutes or less |
| **Skilled Nursing Facility** | 99316 | Nursing facility discharge day management; more than 30 minutes |
| **Skilled Nursing Facility** | 99318 | Evaluation and management of a patient involving an annual nursing facility assessment |
| **Transplant** | 99499 | Transplant Evaluation (Outpt Auth) |
| **Molecular** | 0002U | ONC CLRCT 3 UR METAB ALG PLP |
| **Molecular** | 0003U | ONC OVAR 5 PRTN SER ALG SCOR |
| **Molecular** | 0005U | ONCO PRST8 3 GENE UR ALG |
| **Molecular** | 0007U | RX TEST PRSMV UR W/DEF CONF |
| **Molecular** | 0009U | ONC BRST CA ERBB2 AMP/NONAMP |
| **Molecular** | 0010U | NFCT DS STRN TYP WHL GEN SEQ |
| **Molecular** | 0011U | RX MNTR LC-MS/MS ORAL FLUID |
| **Molecular** | 0012U | whole blood, report of specific gene rearrangement(s) |
| **Molecular** | 0013U | sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s) |
| **Molecular** | 0014U | sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s) |

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| **Molecular** | 0016U | ONC HMTLMF NEO RNA BCR/ABL1 |
| **Molecular** | 0017M | Hybridization Of 20 Genes, Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Cell Of Origin |
| **Molecular** | 0017U | sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected |
| **Transplant** | 0018M | cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score |
| **Molecular** | 0018U | algorithm reported as positive or negative result for moderate to high risk of malignancy. (ThyGenx formerly |
| **Molecular** | 0019U | ONC RNA TISS PREDICT ALG |
| **Molecular** | 0021U | ONC PRST8 DETCJ 8 AUTOANTB |
| **Molecular** | 0022U | interrogation for sequence variants and rearrangements, reported as presence/absence of variants |
| **Molecular** | 0023U | Oncology (Acute myelogenous leukemia) DNA, genotyping of internal tandem duplication |
| **Molecular** | 0026U | thyroid nodule, algorithmic analysis reported as categorical result (Positive, high probability of malignancy or |
| **Molecular** | 0027U | 15 |
| **Molecular** | 0029U | RX METAB ADVRS TRGT SEQ ALYS |
| **Molecular** | 0030U | RX METAB WARF TRGT SEQ ALYS |
| **Molecular** | 0031U | CYP1A2 GENE |
| **Molecular** | 0032U | COMT GENE |
| **Molecular** | 0033U | HTR2A HTR2C GENES |
| **Molecular** | 0034U | TPMT NUDT15 GENES |
| **Molecular** | 0036U | XOME TUM AND NML SPEC SEQ ALYS |
| **Molecular** | 0037U | sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and |
| **Molecular** | 0040U | BCR/ABL1 GENE MAJOR BP QUAN |
| **Molecular** | 0045U | ONC BRST DUX CARC IS 12 GENE |
| **Molecular** | 0046U | FLT3 GENE ITD VARIANTS QUAN |
| **Molecular** | 0047U | ONC PRST8 MRNA 17 GENE ALG |
| **Molecular** | 0048U | ONC SLD ORG NEO DNA 468 GENE |
| **Molecular** | 0049U | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative |
| **Molecular** | 0050U | interrogation for sequence variants, copy number variants or rearrangements |
| **Molecular** | 0051U | RX MNTR DRUGS PRESENT LC-MS/MS UR/BLD 31 RX PNL |
| **Molecular** | 0053U | ONC PRST8 CA FISH ALYS 4 GEN |
| **Molecular** | 0054U | RX MNTR 14+ DRUGS AND SBSTS |
| **Molecular** | 0055U | CARD HRT TRNSPL 96 DNA SEQ |
| **Molecular** | 0056U | rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s) |
| **Molecular** | 0060U | maternal blood |
| **Molecular** | 0070U | common and select rare variants (ie, \*2, \*3, \*4, \*4N, \*5, \*6, \*7, \*8, \*9, \*10, \*11, \*12, \*13, \*14A, \*14B, \*15, \*17, |
| **Molecular** | 0076U | CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL/MLT |
| **Molecular** | 0078U | PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS |
| **Molecular** | 0079U | CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF |
| **Molecular** | 0080U | ONC LUNG 5 CLINICAL RISK FACTORS ALG PRBLTY MAL |
| **Molecular** | 0082U | RX TST DEF 90+ RX/SBSTS UR REPRT PRES/ABS EA RX |
| **Molecular** | 0083U | ONC RSPSE CHEMOTX RX MOTILITY CNTRST TOMOGRAPHY |
| **Molecular** | 0084U | RBC DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG |
| **Molecular** | 0087U | CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG |
| **Molecular** | 0088U | TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG |
| **Molecular** | 0089U | ONC MLNMA GEN XPRS PRFL RTQPCR PRAME AND LINC00518 |
| **Molecular** | 0090U | ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENES ALG |
| **Molecular** | 0092U | ONC LUNG 3 PRTN BMRK IA PLSM ALG RSK SCOR MALIG |
| **Molecular** | 0093U | RX MNTR 65 COM DRUGS LC-MS/MS UR DETC/NOT DETC |
| **Molecular** | 0094U | GENOME RAPID SEQUENCE ANALYSIS |
| **Outpatient Procedure** | 0095T | RMVL TOT DISC ARTHRP ANT APPR EA NTRSPC |
| **Outpatient Procedure** | 0098T | REVJ TOT DISC ARTHRP ANT APPR EA NTRSPC |
| **Outpatient Procedure** | 0101T | Extracorporeal shock wave involving musculoskeletal system, not otherwise specified |
| **Molecular** | 0101U | HERED COLON CA DO GEN SEQ ALYS PANEL 15 GENES |
| **Outpatient Procedure** | 0102T | lateral humeral epicondyle |
| **Molecular** | 0102U | HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES |
| **Molecular** | 0103U | HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES |
| **Molecular** | 0105U | NEPHROLOGY CKD ECLIA TUMOR NECROSIS ALG RKFD |
| **Molecular** | 0108U | GI BARRETTS ESOPH QUAN IMMUNOLABEL 9 PRTN BMRK |
| **Molecular** | 0111U | ONCOLOGY COLON CANCER TRGT KRAS AND NRAS GENE ALYS |
| **Molecular** | 0112U | IADI TRGT SEQ ALYS 16S AND 18S RRNA GENES |
| **Molecular** | 0113U | ONCOLOGY PRST8 MEAS PCA3 AND TMPRSS2-ERG UR AND PSA SRM |
| **Molecular** | 0114U | GI BARRETTS ESOPHAGUS VIM AND CCNA1 MTHYLTN ALYS ALG |
| **Molecular** | 0117U | PAIN MGMT ALYS 11 ENDOGENOUS ANALYTES URINE ALG |
| **Molecular** | 0118U | TRANSPLANTATION MED QUAN DON-DRV CLL-FR DNA PLSM |
| **Molecular** | 0120U | hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, |
| **Molecular** | 0129U | hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, |
| **Molecular** | 0130U | HEREDITARY COLON CA DO TRGT MRNA SEQ ALYS PANEL |
| **Molecular** | 0131U | HERED BRST CA RLTD DO TRGT MRNA SEQ ALYS 13 GENE |
| **Molecular** | 0132U | HERED OVA CA RLTD DO TRGT MRNA SEQ ALYS 17 GENE |
| **Molecular** | 0133U | HERED PRST8 CA RLTD DO TRGT MRNA SEQ ALYS 11 GEN |
| **Molecular** | 0143U | DRUG ASSAY DEF 120+ RX/METABOLITES URINE W/MRM |
| **Molecular** | 0144U | DRUG ASSAY DEF 160+ RX/METABOLITES URINE W/MRM |
| **Molecular** | 0145U | DRUG ASSAY DEF 65+ RX/METABOLITES URINE W/MRM |
| **Molecular** | 0146U | DRUG ASSAY DEF 80+ RX/METABOLITES URINE W/MRM |
| **Molecular** | 0147U | DRUG ASSAY DEF 85+ RX/METABOLITES URINE W/MRM |
| **Molecular** | 0148U | DRUG ASSAY DEF 100+ RX/METABOLITES URINE W/MRM |
| **Molecular** | 0149U | DRUG ASSAY DEF 60+ RX/METABOLITES URINE W/MRM |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Molecular** | 0150U | DRUG ASSAY DEF 120+ RX/METABOLITES URINE W/MRM |
| **Molecular** | 0153U | ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES |
| **Molecular** | 0154U | ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS |
| **Molecular** | 0155U | ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS |
| **Molecular** | 0156U | COPY NUMBER SEQUENCE ANALYSIS |
| **Molecular** | 0157U | APC GENE MRNA SEQUENCE ANALYSIS |
| **Molecular** | 0158U | MLH1 GENE MRNA SEQUENCE ANALYSIS |
| **Molecular** | 0159U | MSH2 GENE MRNA SEQUENCE ANALYSIS |
| **Molecular** | 0160U | MSH6 GENE MRNA SEQUENCE ANALYSIS |
| **Molecular** | 0161U | PMS2 GENE MRNA SEQUENCE ANALYSIS |
| **Molecular** | 0162U | HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL |
| **Molecular** | 0163U | ONC CLRCT SCR BIOCHEM ELISA 3 PLSM/SRM PRTN ALG |
| **Molecular** | 0169U | NUDT15 AND TPMT GENE ANALYSIS COMMON VARIANTS |
| **Molecular** | 0170U | NEURO ASD RNA NEXT-GNRJ SEQ SALIVA ALG ALYS |
| **Molecular** | 0171U | TARGETED GENOMIC SEQUENCE ALYS PNL DNA 23 GENES |
| **Molecular** | 0172U | ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG |
| **Molecular** | 0173U | PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 14 GENES |
| **Molecular** | 0174U | ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT |
| **Molecular** | 0175U | PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 15 GENES |
| **Molecular** | 0177U | ONC BRST CA DNA PIK3CA GEN ALYS 11 GEN VRNT PLSM |
| **Molecular** | 0179U | ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN |
| **Molecular** | 0180U | ABO GNOTYP ALYS SANGER/CHAIN SEQ ABO 7 EXONS |
| **Molecular** | 0181U | CO GNOTYP GENE ANALYSIS AQP1 EXON 1 |
| **Molecular** | 0182U | CROM GNOTYP GENE ANALYSIS CD55 EXONS 1-10 |
| **Molecular** | 0183U | DI GNOTYP GENE ANALYSIS SLC4A1 EXON 19 |
| **Molecular** | 0184U | DO GNOTYP GENE ANALYSIS ART4 EXON 2 |
| **Molecular** | 0185U | FUT1 GNOTYP GENE ANALYSIS FUT1 EXON 4 |
| **Molecular** | 0186U | FUT2 GNOTYP GENE ANALYSIS FUT2 EXON 2 |
| **Molecular** | 0187U | FY GNOTYP GENE ANALYSIS ACKR1 EXONS 1-2 |
| **Molecular** | 0188U | GE GNOTYP GENE ANALYSIS GYPC EXONS 1-4 |
| **Molecular** | 0189U | GYPA GNOTYP GENE ALYS GYPA INTRONS 1 5 EXON 2 |
| **Molecular** | 0190U | GYPB GNOTYP ALYS GYPB INTRON 1 5 PSEUDOEXON 3 |
| **Molecular** | 0191U | IN GNOTYP GENE ANALYSIS CD44 EXONS 2 3 6 |
| **Molecular** | 0192U | JK GNOTYP GENE ANALYSIS SLC14A1 GEN PRMTR EXON 9 |
| **Molecular** | 0193U | JR GNOTYP GENE ANALYSIS ABCG2 EXONS 2-26 |
| **Molecular** | 0194U | KEL GNOTYP GENE ANALYSIS KEL EXON 8 |
| **Molecular** | 0195U | KLF1 TARGETED SEQUENCING |
| **Molecular** | 0196U | LU GNOTYP GENE ANALYSIS BCAM EXON 3 |
| **Molecular** | 0197U | LW GNOTYP GENE ANALYSIS ICAM4 EXON 1 |
| **Molecular** | 0198U | RHD AND RHCE GNOTYP SANGER/CHAIN SEQ RHD 1-10 AND |
| **Molecular** | 0199U | SC GNOTYP GENE ANALYSIS ERMAP EXONS 4 12 |
| **Molecular** | 0200U | XK GNOTYP GENE ANALYSIS XK EXONS 1-3 |
| **Molecular** | 0201U | YT GNOTYP GENE ANALYSIS ACHE EXON 2 |
| **Molecular** | 0203U | genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification |
| **Molecular** | 0204U | NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not |
| **Molecular** | 0205U | gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age- |
| **Molecular** | 0206U | (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each |
| **Molecular** | 0207U | immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease |
| **Molecular** | 0208U | aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma |
| **Molecular** | 0209U | structural changes and areas of homozygosity for chromosomal abnormalities |
| **Molecular** | 0211U | embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor |
| **Molecular** | 0212U | including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and |
| **Molecular** | 0213U | including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and |
| **Molecular** | 0214U | including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and |
| **Molecular** | 0215U | including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and |
| **Molecular** | 0216U | sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non- |
| **Molecular** | 0217U | changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely |
| **Molecular** | 0218U | deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and |
| **Molecular** | 0219U | protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug |
| **Molecular** | 0220U | immunohistochemical features, reported as a recurrence score |
| **Molecular** | 0221U | (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene |
| **Molecular** | 0222U | RH proximal promoter, exons 1-10, portions of introns 2-3 |
| **Molecular** | 0227U | RX ASSAY PRSMV 30+RX/METABLT UR LC-MS/MS MRM |
| **Molecular** | 0228U | ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ |
| **Molecular** | 0229U | BCAT1 PROMOTER METHYLATION ANALYSIS |
| **Molecular** | 0230U | AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS |
| **Molecular** | 0231U | CACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT |
| **Molecular** | 0232U | CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT |
| **Molecular** | 0233U | FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS |
| **Molecular** | 0234U | MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS |
| **Molecular** | 0235U | PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS |
| **Molecular** | 0236U | SMN1 AND SMN2 FUL GEN ALYS CHNG DUPL AND DELET AND INSJ |
| **Molecular** | 0237U | CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL |
| **Molecular** | 0238U | ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS |
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**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Molecular** | 0239U | TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311+ |
| **Molecular** | 0242U | 55-74 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, And Gene |
| **Molecular** | 0243U | OB PE BIOCHEM ASY PLCNTL GRWTH FACTR MAT SRM ALG |
| **Molecular** | 0244U | Nucleotide Variants, Insertions/Deletions, Copy Number Alterations, Gene Rearrangements, Tumor- |
| **Molecular** | 0245U | Using Next-Generation Sequencing, Fine Needle Aspirate, Report Includes Associated Risk Of Malignancy |
| **Molecular** | 0246U | At Least 51 Red Blood Cell Antigens |
| **Molecular** | 0247U | OB PRETERM BIRTH IBP4 SHBG QUAN MEAS MAT SRM PRS |
| **Molecular** | 0248U | ONC BRAIN SPHRD CLL CUL 12 RX PNL TUMOR RESPONSE |
| **Molecular** | 0249U | ONC BRST SEMIQ ALYS 32 PHSPRTN AND PRTN ANALYTE ALG |
| **Molecular** | 0250U | For Somatic Alterations (Snvs [Single Nucleotide Variant], Small Insertions And Deletions, One Amplification, |
| **Molecular** | 0252U | Reported As Normal (Euploidy), Monosomy, Trisomy, Or Partial Deletion/Duplications, Mosaicism, And |
| **Molecular** | 0253U | Generation Sequencing, Endometrial Tissue, Predictive Algorithm Reported As Endometrial Window Of |
| **Molecular** | 0254U | Embryonic Dna Genomic Sequence Analysis For Aneuploidy, And A Mitochondrial Dna Score In Euploid |
| **Molecular** | 0255U | microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of |
| **Molecular** | 0256U | with algorithmic analysis and interpretive report |
| **Molecular** | 0257U | Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood |
| **Molecular** | 0258U | skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis |
| **Molecular** | 0259U | inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic |
| **Molecular** | 0260U | insertions, translocations, and other structural variants by optical genome mapping |
| **Molecular** | 0261U | immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported |
| **Molecular** | 0262U | MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway |
| **Molecular** | 0263U | (ie, α-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, |
| **Molecular** | 0264U | insertions, translocations, and other structural variants by optical genome mapping |
| **Molecular** | 0265U | blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, |
| **Molecular** | 0266U | whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue |
| **Molecular** | 0267U | insertions, translocations, and other structural variants by optical genome mapping and whole genome |
| **Molecular** | 0268U | buccal swab, or amniotic fluid |
| **Molecular** | 0269U | blood, buccal swab, or amniotic fluid |
| **Molecular** | 0270U | or amniotic fluid |
| **Molecular** | 0271U | amniotic fluid |
| **Molecular** | 0272U | amniotic fluid, comprehensive |
| **Molecular** | 0273U | F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid |
| **Outpatient Procedure** | 0274T | or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect |
| **Molecular** | 0274U | amniotic fluid |
| **Outpatient Procedure** | 0275T | or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect |
| **Molecular** | 0275U | Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum |
| **Molecular** | 0276U | amniotic fluid |
| **Molecular** | 0277U | swab, or amniotic fluid |
| **Molecular** | 0278U | fluid |
| **Molecular** | 0279U | enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding |
| **Molecular** | 0280U | enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding |
| **Molecular** | 0281U | assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level |
| **Molecular** | 0282U | antigen phenotypes |
| **Molecular** | 0283U | von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma |
| **Molecular** | 0284U | immunosorbent assays (ELISA), plasma |
| **Molecular** | 0285U | ONC RSPSE RADJ CELL FR DNA PLASMA RADJ TOX SCORE |
| **Molecular** | 0286U | CEP72 NUDT15 AND TPMT GENE ANALYSIS COMMON VARIANTS |
| **Molecular** | 0287U | ONC THYR DNA AND MRNA NEXT-GEN SEQ ALYS 112 GEN ALG |
| **Molecular** | 0288U | ONC LUNG MRNA QUAN PCR ALYS 11 GEN AND 3 REF GEN ALG |
| **Molecular** | 0289U | NEURO ALZHEIMER MRNA GEN XPRSN PRFL RNA SEQ 24 |
| **Molecular** | 0290U | PAIN MGMT MRNA GEN XPRSN PRFL RNA SEQ 36 GENES |
| **Molecular** | 0291U | PSYC MOOD DO MRNA GEN XPRSN PRFL RNA SEQ 144 GEN |
| **Molecular** | 0292U | PSYC STRS DO MRNA GEN XPRSN PRFL RNA SEQ 72 GEN |
| **Molecular** | 0293U | PSYC SUICDL IDEA MRNA GEN XPRSN PRFL RNA SEQ 54 |
| **Molecular** | 0294U | LNGVTY AND MRTLTY RSK MRNA GEN XPRSN PRFL RNA 18 GEN |
| **Molecular** | 0295U | ONC BRST DUX CARC PRTN XPRSN PRFL IMHCHEM 7 PRTN |
| **Molecular** | 0296U | ONC ORL AND/OROP CA GEN XPRSN PRFL RNA 20 MLEC FEAT |
| **Molecular** | 0297U | ONC PAN TUM WHL GEN SEQ PAIRED MAL AND NML DNA SPEC |
| **Molecular** | 0298U | ONC PAN TUM WHL TRNS SEQ PAIRED MAL AND NML RNA SPEC |
| **Molecular** | 0299U | ONC PAN TUM WHL GEN OPT MAPG MAL AND NML DNA SPEC |
| **Molecular** | 0300U | ONC PAN TUM WHL GEN SEQ AND OPT GEN MAPG MAL AND NML DNA |
| **Therapy** | 0373T | ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME |
| **Outpatient Procedure** | 0402T | COLLAGEN CROSS-LINKING CORNEA AND PACHYMETRY |
| **Outpatient Procedure** | 0510T | Removal of sinus tarsi implant |
| **Outpatient Procedure** | 0511T | Removal and reinsertion of sinus tarsi implant |
| **Outpatient Procedure** | 0537T | development of genetically modified autologous CAR-T cells, per day |
| **Outpatient Procedure** | 0538T | transportation (eg, cryopreservation, storage) |
| **Outpatient Procedure** | 0539T | Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration |
| **Outpatient Procedure** | 0540T | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous |
| **Outpatient Procedure** | 0563T | and manual gland expression, bilateral |
| **Outpatient Procedure** | 0564T | primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a |
| **Transplant** | 0584T | PERCUTANEOUS ISLET CELL TRANSPLANT |
| **Transplant** | 0585T | LAPAROSCOPIC ISLET CELL TRANSPLANT |
| **Transplant** | 0586T | OPEN ISLET CELL TRANSPLANT |
| **Outpatient Procedure** | 0587T | electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Pain Management** | 0588T | receiver or pulse generator, including analysis, programming, and imaging guidance when performed, |
| **Pain Management** | 0589T | array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, |
| **Pain Management** | 0590T | electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off |
| **Therapy** | 0591T | Health and well-being coaching face-to-face; individual, initial assessment |
| **Therapy** | 0592T | Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes |
| **Therapy** | 0593T | Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes |
| **Outpatient Procedure** | 0600T | performed, percutaneous |
| **Outpatient Procedure** | 0601T | guidance, when performed, open |
| **Outpatient Procedure** | 0620T | stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound |
| **Outpatient Procedure** | 0621T | Trabeculostomy ab interno by laser; |
| **Outpatient Procedure** | 0622T | Trabeculostomy ab interno by laser; with use of ophthalmic endoscope |
| **Imaging** | 0623T | coronary disease, using data from coronary computed tomographic angiography; data preparation and |
| **Imaging** | 0624T | coronary disease, using data from coronary computed tomographic angiography; data preparation and |
| **Imaging** | 0625T | coronary disease, using data from coronary computed tomographic angiography; computerized analysis of |
| **Imaging** | 0626T | coronary disease, using data from coronary computed tomographic angiography; review of computerized |
| **Outpatient Procedure** | 0627T | bilateral injection, with fluoroscopic guidance, lumbar; first level |
| **Outpatient Procedure** | 0628T | bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code |
| **Outpatient Procedure** | 0629T | bilateral injection, with CT guidance, lumbar; first level |
| **Outpatient Procedure** | 0630T | bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for |
| **Outpatient Procedure** | 0631T | tissue oxygenation, with interpretation and report, per extremity |
| **Outpatient Procedure** | 0632T | heart catheterization, pulmonary artery angiography, and all imaging guidance |
| **Imaging** | 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material |
| **Imaging** | 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) |
| **Imaging** | 0635T | by contrast material(s) |
| **Imaging** | 0636T | material(s) |
| **Imaging** | 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) |
| **Imaging** | 0638T | by contrast material(s) |
| **Imaging** | 0639T | shunt, including ultrasound guidance, when performed |
| **Imaging** | 0640T | oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each |
| **Imaging** | 0641T | oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound |
| **Imaging** | 0642T | oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound |
| **Outpatient Procedure** | 0643T | left ventriculography when performed, arterial approach |
| **Outpatient Procedure** | 0644T | vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, |
| **Outpatient Procedure** | 0645T | heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision |
| **Outpatient Procedure** | 0646T | including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right |
| **Outpatient Procedure** | 0647T | documentation and report |
| **Imaging** | 0648T | multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained |
| **Imaging** | 0649T | multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with |
| **Imaging** | 0650T | adjustment of the implantable device to test the function of the device and select optimal permanently |
| **Imaging** | 0651T | positioning of capsule, with interpretation and report |
| **Outpatient Procedure** | 0652T | brushing or washing, when performed (separate procedure) |
| **Outpatient Procedure** | 0653T | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple |
| **Outpatient Procedure** | 0654T | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter |
| **Outpatient Procedure** | 0655T | MR-fused images or other enhanced ultrasound imaging |
| **Outpatient Procedure** | 0656T | Vertebral body tethering, anterior; up to 7 vertebral segments |
| **Outpatient Procedure** | 0657T | Vertebral body tethering, anterior; 8 or more vertebral segments |
| **Radiation** | 0658T | Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score |
| **Outpatient Procedure** | 0659T | revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, |
| **Outpatient Procedure** | 0660T | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach |
| **Outpatient Procedure** | 0661T | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant |
| **Outpatient Procedure** | 0662T | Scalp cooling, mechanical; initial measurement and calibration of cap |
| **Outpatient Procedure** | 0663T | addition to code for primary procedure) |
| **Outpatient Procedure** | 0664T | Donor hysterectomy (including cold preservation); open, from cadaver donor |
| **Outpatient Procedure** | 0665T | Donor hysterectomy (including cold preservation); open, from living donor |
| **Outpatient Procedure** | 0666T | Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor |
| **Outpatient Procedure** | 0667T | living donor |
| **Transplant** | 0668T | dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), |
| **Transplant** | 0669T | anastomosis, each |
| **Outpatient Procedure** | 0672T | bladder neck and proximal urethra for urinary incontinence |
| **Outpatient Procedure** | 0673T | Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance |
| **Outpatient Procedure** | 0674T | stimulation system for augmentation of cardiac function, including an implantable pulse generator and |
| **Outpatient Procedure** | 0675T | diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing |
| **Outpatient Procedure** | 0676T | diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing |
| **Outpatient Procedure** | 0677T | stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; |
| **Outpatient Procedure** | 0678T | stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; |
| **Outpatient Procedure** | 0680T | stimulation system for augmentation of cardiac function, with connection to existing lead(s) |
| **Outpatient Procedure** | 0686T | image guidance |
| **Outpatient Procedure** | 0687T | Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session |
| **Outpatient Procedure** | 0688T | data by physician or other qualified health care professional, with report, per calendar month |
| **Imaging** | 0689T | obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target |
| **Imaging** | 0690T | obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target |
| **Imaging** | 0691T | assessment of bone density when performed, data preparation, interpretation, and report |
| **Imaging** | 0692T | Therapeutic ultrafiltration |
| **Imaging** | 0693T | Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report |
| **Imaging** | 0694T | specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Imaging** | 0695T | electrical synchrony, cardiac resynchronization therapy device, including connection, recording, |
| **Imaging** | 0696T | electrical synchrony, cardiac resynchronization therapy device, including connection, recording, |
| **Imaging** | 0697T | multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained |
| **Imaging** | 0698T | multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with |
| **Injectables** | 0699T | Injection, posterior chamber of eye, medication |
| **Imaging** | 0701T | for primary procedure) |
| **Therapy** | 0702T | by a physician or other qualified health care professional; supply and technical support, per 30 days |
| **Therapy** | 0703T | by a physician or other qualified health care professional; management services by physician or other |
| **Therapy** | 0704T | education on use of equipment |
| **Therapy** | 0705T | data transmission with analysis, with a minimum of 18 training hours, each 30 days |
| **Therapy** | 0706T | qualified health care professional, per calendar month |
| **Injectables** | 0707T | lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic |
| **Injectables** | 0708T | Intradermal cancer immunotherapy; preparation and initial injection |
| **Injectables** | 0709T | procedure) |
| **Imaging** | 0710T | tomography angiography; including data preparation and transmission, quantification of the structure and |
| **Imaging** | 0711T | tomography angiography; data preparation and transmission |
| **Imaging** | 0712T | tomography angiography; quantification of the structure and composition of the vessel wall and assessment |
| **Imaging** | 0713T | tomography angiography; data review, interpretation and report |
| **Transportation** | A0130 | Wheelchair Van |
| **Transportation** | A0140 | Air travel (private or commercial) intra-or interstate, nonemergency transport |
| **Transportation** | A0426 | Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1) |
| **Transportation** | A0428 | Ambulance service, basic life support, non-emergency transport, (BLS) |
| **Transportation** | A0430 | Ambulance service, conventional air services, transport, one way (fixed wing) |
| **Transportation** | A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) |
| **Transportation** | A0432 | rural area, transport furnished by volunteer ambulance company which is prohibited by state law from billing |
| **Transportation** | A0434 | Specialty Care Transport (SCT) |
| **Transportation** | A0435 | Fixed wing air mileage |
| **Transportation** | A0436 | Rotary wing air mileage |
| **Transportation** | A0999 | Unlisted ambulance service |
| **DME** | A4520 | INCONTINENCE GARMENT ANY TYPE EACH |
| **DME** | A4535 | DISPBL LINER/SHIELD INCONTINENCE EA |
| **DME** | A4553 | NONDISP UNDERPADS ALL SIZES |
| **DME** | A4554 | DISPOSABLE UNDERPADS ALL SIZES (CHUX) |
| **DME** | A4660 | SPHYGMOMANOMETER/BP W/CUFF&STETH |
| **DME** | A4663 | BLOOD PRESSURE CUFF ONLY |
| **DME** | A4670 | AUTOMATIC BLOOD PRESSURE MONITOR |
| **DME** | A9277 | EXTERNAL TRANSMITTER CGM |
| **DME** | A9279 | EXTERNAL RECEIVER CGM SYS |
| **DME** | B4105 | In-line cartridge containing digestive enzyme(s) for enteral feeding, each |
| **Imaging** | C8908 | MAGNETIC RESONANCE IMAGING W/OUT CONTRAST |
| **Injectables** | C9399 | Unclassified drugs or biologicals |
| **Outpatient Procedure** | C9761 | Steerable Vacuum Aspiration Of The Kidney, Collecting System, Ureter, Bladder, And Urethra If Applicable |
| **DME** | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy). |
| **DME** | E0194 | AIR FLUIDIZED BED |
| **DME** | E0240 | BATH/SHOWER CHAIR W/WO WHLS ANY SZ |
| **DME** | E0260 | HOSP BED SEMI-ELEC W/ANY RAILS W/MATTRESS |
| **DME** | E0261 | HOSP BED SEMI-ELEC W/ANY RAILS WO MATTRESS |
| **DME** | E0277 | Powered pressure reducing air mattress |
| **DME** | E0294 | HOSP BED SEMI-ELECTRIC WO RAILS W/MATTRESS |
| **DME** | E0295 | HOSP BED SEMI-ELECTRIC WO RAILS WO MATTRESS |
| **DME** | E0300 | ENCLOSED PED CRIB HOSP GRADE |
| **DME** | E0301 | HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP>350 PDS/LESS OR = 600 /W/OUT MATT |
| **DME** | E0302 | HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP> 600 /W/OUT MATT |
| **DME** | E0303 | HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP>350 PDS/LESS OR = 600 /W MATT |
| **DME** | E0304 | HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP> 600 /W MATT |
| **DME** | E0329 | PED HOSPITAL BED SEMI/ELECT |
| **DME** | E0371 | Nonpowered advance pessure reducing overlay for mattress length and width |
| **DME** | E0372 | Powered air overlay for mattress, standard mattress length and width |
| **DME** | E0373 | Nonpowered advanced pressure reducing mattress |
| **DME** | E0466 | HOME VENT TYPE USED NON-INVASV INTF |
| **DME** | E0470 | RSPRTRY DVCE/BI-LVL PRESS CPLTY/WOUT BCKP RATE FTRE/W NNINVSV INTRFC |
| **DME** | E0472 | Respiratory Dvs.Bi-LVL Press CPLTY/W Bckp rate FTRE/W invsv intrfc |
| **DME** | E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA |
| **DME** | E0604 | HOSP GRADE ELEC BREAST PUMP |
| **DME** | E0630 | PATIENT LIFT HYDRAULIC |
| **DME** | E0635 | PATIENT LIFT ELECTRIC W/SEAT/SLING |
| **DME** | E0636 | MX PSTN PT SUPP SYS LIFT PT CNTRL |
| **DME** | E0637 | COMBINATION SIT TO STAND SYS |
| **DME** | E0640 | PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS |
| **DME** | E0641 | MULTI-POSITION STND FRAM SYS |
| **DME** | E0642 | DYNAMIC STANDING FRAME |
| **DME** | E0652 | PNEUMATIC COMPRESS SEGMENTAL W/GRADIENT PRESS |
| **DME** | E0668 | SEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL ARM |
| **DME** | E0740 | N-IMPL PELV FLR ELEC STIM CMPL SYS |
| **DME** | E0745 | NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT |
| **DME** | E0747 | O'GENIC STIM ELEC NONINVAS OTH THAN SPINE APPLIC |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **DME** | E0748 | OSTEOGENIC STIM-ELEC-NON INVAS-SPINE APPLICTNS |
| **DME** | E0760 | OSTEOGENESIS STIM-LOW INTENSITY US NON-INVASIVE |
| **DME** | E0764 | FUNCTIONAL NEUROMUSCULARSTIM |
| **DME** | E0766 | ELEC STIM CANCER TREATMENT |
| **DME** | E0770 | FUNCTIONAL ELECTRIC STIM NOS |
| **DME** | E0781 | AMBULATORY INFUSION PUMP 1/MULTI CHAN PT WEARS |
| **DME** | E0784 | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN |
| **DME** | E0986 | MAN W/C PUSH-RIM POWR SYSTEM |
| **DME** | E1007 | WHEELCHAIR/PWR SEATING SYS/CMBNTN TILT&RCLNE/ W MCHNCL SHEAR REDUCTION |
| **DME** | E1012 | WC ACCESS PWR SEAT SYS CNTR MNT EA |
| **DME** | E1161 | MANUAL ADLT SZ WC INCL TILT SPACE |
| **DME** | E1229 | WHEELCHAIR PEDIATRIC SIZE NOS |
| **DME** | E1230 | Power operated vehicle (three- or four-wheel non-highway) specify brand name and model number |
| **DME** | E1231 | WC PED SZ TILT-IN-SPACE RIGD W/SEAT |
| **DME** | E1232 | WC PED SZ TILT-IN-SPACE FOLD W/SEAT |
| **DME** | E1233 | WC PED SZ TILT-IN-SPCE RIGD NO SEAT |
| **DME** | E1234 | WC PED SZ TILT-IN-SPCE FOLD NO SEAT |
| **DME** | E1399 | DURABLE MEDICAL EQUPMENT MISCELLANEOUS |
| **DME** | E2300 | POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM |
| **DME** | E2311 | PWR WHEELCHAIR/ELEC CNCTN BETW WHEELCHAIR CNTRL&2> PWR SEATING SYS MTR |
| **DME** | E2313 | PWC HARNESS EXPAND CONTROL |
| **DME** | E2330 | PWR WHEELCHAIR/HEAD CNTRL INTRFCE/PRXMTY SWTCH MECHAN/N-PRPRTNL |
| **DME** | E2368 | Power wheelchair component, motor, replacement only |
| **DME** | E2373 | HAND/CHIN CTRL SPEC JOYSTICK |
| **DME** | E2374 | POWER WHEELCHR ACC HAND CHIN CONTROL INTFACE, STND REMOTE JOYSTICK |
| **DME** | E2375 | POWER WHEELCHR ACC NON-EXPAND CONTR INCL ALL REL ELECT & MOUNT |
| **DME** | E2376 | POWER WHEELCHR ACC EXPAND CONTR INCL ALL REL ELECT & MOUNT HARDW |
| **DME** | E2377 | POWER WHEELCHR ACC EXPAND CONTR INCL ALL REL ELECT & MOUNT HARDW |
| **DME** | E2378 | PW ACTUATOR REPLACEMENT |
| **DME** | E2402 | NEG PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE |
| **DME** | E8000 | GAIT TRAINER PED SZ POST SUPP W/ALL ACSS&CMPNTS |
| **DME** | E8001 | GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS&CMPNTS |
| **DME** | E8002 | GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS&CMPNTS |
| **Home Health** | G0151 | HOSPICE SETTING, EACH 15 MINUTES |
| **Home Health** | G0152 | HOSPICE SETTING, EACH 15 MINUTES |
| **Home Health** | G0153 | HEALTH OR HOSPICE SETTING, EACH 15 MINUTES |
| **Home Health** | G0155 | HHCP-SVS OF CSW,EA 15 MIN |
| **Home Health** | G0156 | MINUTES |
| **Home Health** | G0157 | HHC PT ASSISTANT EA 15 |
| **Home Health** | G0158 | Services performed by an OT assistant in the Home Health or Hospice Setting, each 15 minutes |
| **Home Health** | G0162 | Skilled services by a RN in Home Health or Hospice setting |
| **Therapy** | G0277 | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval |
| **Home Health** | G0299 | HOSPICE SETTING, EACH 15 MINUTES |
| **Home Health** | G0299/TD | Direct skilled nursing services of a registered nurse in the home health or hospice setting, each 15 minutes |
| **Home Health** | G0300 | HEALTH OR HOSPICE SETTING, EACH 15 MIN |
| **Transplant** | G0341 | Percutaneous islet cell transplant, includes portal vein catheterization and infusion |
| **Transplant** | G0342 | Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion |
| **Transplant** | G0343 | Laparotomy for islet cell transplant, includes portal vein catheterization and infusion |
| **Therapy** | G0409 | each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or |
| **Home Health** | G0494 | hospice setting |
| **Home Health** | G0495 | hospice setting |
| **Home Health** | G0496 | or hospice setting |
| **Intensive Outpatient** | H0015 | at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; |
| **Therapy** | H0031 | MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM |
| **Therapy** | H0032 | ACTIVITY THERAPY, PER 15 MINUTES |
| **Therapy** | H0046 | MENTAL HEALTH SERVICES NOS |
| **Therapy** | H2019 | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES |
| **Injectables** | J0121 | INJECTION OMADACYCLINE 1 MG |
| **Injectables** | J0135 | INJECTION ADALIMUMAB 20 MG |
| **Injectables** | J0179 | INJECTION BROLUCIZUMAB-DBLL 1 MG |
| **Injectables** | J0180 | INJECTION AGALSIDASE BETA 1 MG |
| **Injectables** | J0185 | Injection, aprepitant, 1 mg |
| **Injectables** | J0202 | INJECTION ALEMTUZUMAB 1 MG |
| **Injectables** | J0205 | INJ ALGLUCERASE PER 10 UNITS (CEREDASE) |
| **Injectables** | J0206 | INJ AMIFOSTINE 500 MG |
| **Injectables** | J0215 | INJECTION, ALEFACEPT, 0.5 MG |
| **Injectables** | J0220 | ALGLUCOSIDASE ALFA INJECTION |
| **Injectables** | J0221 | LUMIZYME INJECTION |
| **Injectables** | J0222 | INJECTION PATISIRAN 0.1 MG |
| **Injectables** | J0223 | INJECTION GIVOSIRAN 0.5 MG |
| **Injectables** | J0224 | Inj. Lumasiran, 0.5 Mg |
| **Injectables** | J0256 | ALPHA 1 PROTEINASE INHIBITOR |
| **Injectables** | J0257 | GLASSIA INJECTION |
| **Injectables** | J0291 | INJECTION PLAZOMICIN 5 MG |
| **Injectables** | J0364 | INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG |
| **Injectables** | J0480 | INJECTION BASILIXIMAB 20 MG |
| **Injectables** | J0481 | Injecection Anifrolumab-fnia 1 mg |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Injectables** | J0490 | BELIMUMAB INJECTION |
| **Injectables** | J0585 | INJECTION,ONABOTULINUMTOXINA |
| **Injectables** | J0586 | Injection, abobotulinumtoxinA |
| **Injectables** | J0587 | Injection rimabotulinumtoxinB |
| **Injectables** | J0588 | Injection, incobotulinumtoxin a, 1 unit |
| **Injectables** | J0604 | CINACALCET ORAL 1 MG |
| **Injectables** | J0606 | INJECTION ETELCALCETIDE 0.1 MG |
| **Injectables** | J0881 | INJECTION DARBEPOETIN ALFA 1 MICROGRAM NON-ESRD |
| **Injectables** | J0882 | Injection, darbepoetin alfa, 1 microgram |
| **Injectables** | J0897 | Injection, denosumab, 1 mg |
| **Injectables** | J1190 | INJ DEXRAZOXANE HYDROCHLORIDE PER 250 MG |
| **Injectables** | J1290 | ECALLANTIDE INJECTION |
| **Injectables** | J1300 | ECULIZUMAB INJECTION |
| **Injectables** | J1301 | INJECTION EDARAVONE 1 MG |
| **Injectables** | J1303 | INJECTION RAVULIZUMAB-CWVZ 10 MG |
| **Injectables** | J1305 | INJECTION EVINACUMAB-DGNB 5MG |
| **Injectables** | J1322 | ELOSULFASE ALFA, INJECTION |
| **Injectables** | J1324 | INJECTION, ENFUVIRTIDE, 1 MG |
| **Injectables** | J1325 | INJ EPOPROSTENOL 0.5 MG |
| **Injectables** | J1426 | INJECTION CASIMERSEN 10 MG |
| **Injectables** | J1427 | INJECTION VILTOLARSEN 10 MG |
| **Injectables** | J1428 | INJECTION ETEPLIRSEN 10 MG |
| **Injectables** | J1429 | INJECTION GOLODIRSEN 10 MG |
| **Injectables** | J1437 | INJECTION FERRIC DERISOMALTOSE 10 MG |
| **Injectables** | J1448 | INJECTION TRILACICLIB 1MG |
| **Injectables** | J1454 | INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG |
| **Injectables** | J1458 | INJECTION, GALSULFASE, 1 MG |
| **Injectables** | J1460 | INJ GAMMA GLOBULIN IM 1 CC |
| **Injectables** | J1554 | INJECTION IMMUNE GLOBULIN ASCENIV 500 MG |
| **Injectables** | J1555 | INJECTION IMMUNE GLOBULIN 100 MG |
| **Injectables** | J1556 | INJ, IMM GLOB BIVIGAM, 500MG |
| **Injectables** | J1557 | GAMMAPLEX INJECTION |
| **Injectables** | J1558 | INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG |
| **Injectables** | J1559 | HIZENTRA INJECTION |
| **Injectables** | J1560 | INJ GAMMA GLOBULIN IM OVER 10 CC |
| **Injectables** | J1561 | Injection, immune globulin, |
| **Injectables** | J1562 | VIVAGLOBIN, INJ |
| **Injectables** | J1566 | IMMUNE GLOBULIN, POWDER |
| **Injectables** | J1569 | Injection, immune globulin, (gammagard liquid), non-lyophilized, (e. g. liquid), 500 mg |
| **Injectables** | J1572 | FLEBOGAMMA INJECTION |
| **Injectables** | J1575 | INJ IG/HYALURONIDASE 100 MG IG |
| **Injectables** | J1595 | INJECTION, GLATIRAMER ACETATE, 20 MG |
| **Injectables** | J1602 | GOLIMUMAB FOR IV USE 1MG |
| **Injectables** | J1627 | INJ GRANISETRON EXT-RLSE 0.1 MG |
| **Injectables** | J1632 | INJECTION BREXANOLONE 1 MG |
| **Injectables** | J1640 | INJECTION, HEMIN, 1 MG |
| **Injectables** | J1645 | INJ DALTEPARIN SODIUM PER 2500 IU |
| **Injectables** | J1650 | Injection, enoxaparin sodium, 10 mg |
| **Injectables** | J1745 | Injection, infliximab, excludes biosimilar, 10 mg |
| **Injectables** | J1823 | Injection, Inebilizumab CDON 1 MG |
| **Injectables** | J1950 | Injection, leuprolide acetate (for depot suspension), per 3.75 mg |
| **Injectables** | J1951 | Inj Fensolvi 0.25 Mg |
| **Injectables** | J2182 | Injection, mepolizumab, 1 mg |
| **Injectables** | J2326 | Injection, nusinersen, 0.1 mg |
| **Injectables** | J2350 | INJECTION OCRELIZUMAB 1 MG |
| **Injectables** | J2354 | INJ OCTREOTIDE, NON-DEPOT FORM FOR SUBCTNS OR INTRVNS INJ 25 MG |
| **Injectables** | J2506 | INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG |
| **Injectables** | J2562 | PLERIXAFOR INJECTION |
| **Injectables** | J2778 | RANIBIZUMAB INJECTION |
| **Injectables** | J3357 | USTEKINUMAB FOR SUBQ INJECTION 1 MG |
| **Injectables** | J3398 | Injection, voretigene neparvovec-rzyi, 1 billion vector genomes |
| **Injectables** | J3399 | Injection, onasemnogene aneparvovec-xioi, per treatment up to 5x10^15 vecctor genomes |
| **Injectables** | J3489 | ZOLEDRONIC ACID 1MG |
| **Injectables** | J3490 | sodium ferric gluconate complex in sucrose injection |
| **Injectables** | J7318 | HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG |
| **Injectables** | J7321 | Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose |
| **Injectables** | J7326 | GEL-ONE |
| **Injectables** | J7327 | Hyaluronan or derivative, monovisc, for intra-articular injection, per dose |
| **Injectables** | J7511 | LYMPHOCYTE IMMUNE GLOBULIN |
| **Injectables** | J7517 | MYCOPHENOLATE MOFETIL, ORAL, 250 MG |
| **Injectables** | J7518 | MYCOPHENOLIC ACID ORAL 180 MG |
| **Injectables** | J9022 | INJECTION ATEZOLIZUMAB 10 MG |
| **Injectables** | J9035 | INJECTION BEVACIZUMAB 10 MG |
| **Injectables** | J9041 | INJECTION BORTEZOMIB 0.1 MG |
| **Injectables** | J9071 | INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG |
| **Injectables** | J9144 | INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ |

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| **ANG Category** | **CPT** | **Description** |
| **Injectables** | J9153 | Injection, liposomal, 1 mg daunorubicin |
| **Injectables** | J9173 | Injection, durvalumab, 10 mg, Outpatient |
| **Injectables** | J9217 | LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG |
| **Injectables** | J9228 | IPILIMUMAB INJECTION |
| **Injectables** | J9271 | INJECTION PEMBROLIZUMAB 1 MG |
| **Injectables** | J9299 | INJECTION NIVOLUMAB 1 MG |
| **Injectables** | J9303 | PANITUMUMAB INJECTION |
| **Injectables** | J9304 | INJECTION PEMETREXED PEMFEXY 10 MG |
| **Injectables** | j9306 | INJECTION, PERTUZUMAB, 1 MG |
| **Injectables** | J9308 | INJECTION RAMUCIRUMAB 5 MG |
| **Injectables** | J9312 | Injection, Rituximab, 10 mg |
| **Injectables** | J9314 | Romidepsin Non-Lyophilized |
| **Injectables** | J9348 | Inj. Naxitamab-Gqgk, 1 Mg |
| **Injectables** | J9353 | Inj. Margetuximab-Cmkb, 5 Mg |
| **Injectables** | J9354 | INJ, ADO-TRASTUZUMAB EMT 1MG |
| **DME** | K0005 | Ultra-lightweight wheelchair |
| **DME** | K0006 | Heavy-duty wheelchair |
| **DME** | K0007 | EXTRA HEAVY-DUTY WHEELCHAIR |
| **DME** | K0008 | CSTM MANUAL WHEELCHAIR/BASE |
| **DME** | K0009 | OTHER MANUAL WHEELCHAIR/BASE |
| **DME** | K0010 | STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR |
| **DME** | K0011 | STANDARD-WEIGHT FRAME POWER WHEELCHAIR W/CONTRL |
| **DME** | K0012 | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR |
| **DME** | K0013 | CUSTOM MOTORIZED/POWER WHEELCHAIR BASE |
| **DME** | K0014 | OTHER MOTORIZED/POWER WHEELCHAIR BASE |
| **DME** | K0739 | REPAIR/SVC DME NON-OXYGEN EQ |
| **DME** | K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds |
| **DME** | K0801 | Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds |
| **DME** | K0802 | Power operated vehicle, group 1 heavy duty, patient weight capacity 451 to 600 pounds |
| **DME** | K0806 | Powered operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds |
| **DME** | K0807 | K0807: Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds |
| **DME** | K0808 | K0808: Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds |
| **DME** | K0812 | POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED |
| **DME** | K0813 | POWER WHEELCHAIR, GRP 1 STD, PORTABLE, SLING/SOLID SEAT & |
| **DME** | K0816 | Power wheelchair, group 1 standard, captain’s chair, patient weight capacity up to and including 300 pounds |
| **DME** | K0821 | 300 pounds |
| **DME** | K0822 | pounds |
| **DME** | K0823 | Power wheelchair, group 2 standard, captain’s chair, patient weight capacity up to and including 300 pounds |
| **DME** | K0824 | Power wheelchair, group 2 heavy duty, sling/solid seat and back, patient weight capacity 301 to 450 pounds |
| **DME** | K0825 | Power wheelchair, group 2 heavy duty, captain’s chair, patient weight capacity 301 to 450 pounds |
| **DME** | K0826 | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds |
| **DME** | K0827 | Power wheelchair, group 2 very heavy duty, captain’s chair, patient weight capacity 451 to 600 pounds |
| **DME** | K0828 | or more |
| **DME** | K0829 | Power wheelchair, group 2 extra heavy duty, captain’s chair, patient weight capacity 601 pounds or more |
| **DME** | K0835 | and including 300 pounds |
| **DME** | K0837 | to 450 pounds |
| **DME** | K0838 | 450 pounds |
| **DME** | K0839 | capacity 451 to 600 pounds |
| **DME** | K0840 | capacity 601 pounds or more |
| **DME** | K0841 | to and including 300 pounds |
| **DME** | K0842 | including 300 pounds |
| **DME** | K0843 | 301 to 450 pounds |
| **DME** | K0848 | pounds |
| **DME** | K0849 | Power wheelchair, group 3 standard, captain’s chair, patient weight capacity up to and including 300 pounds |
| **DME** | K0850 | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds |
| **DME** | K0851 | Power wheelchair, group 3 heavy duty, captain’s chair, patient weight capacity 301 to 450 pounds |
| **DME** | K0852 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds |
| **DME** | K0853 | Power wheelchair, group 3 very heavy duty, captain’s chair, patient weight capacity 451 to 600 pounds |
| **DME** | K0854 | more |
| **DME** | K0855 | Power wheelchair, group 3 extra heavy duty, captain’s chair, patient weight capacity 601 pounds or more |
| **DME** | K0856 | and including 300 pounds |
| **DME** | K0857 | including 300 pounds |
| **DME** | K0858 | to 450 pounds |
| **DME** | K0859 | 450 pounds |
| **DME** | K0860 | capacity 451 to 600 pounds |
| **DME** | K0861 | to and including 300 pounds |
| **DME** | K0862 | 301 to 450 pounds |
| **DME** | K0863 | capacity 451 to 600 pounds |
| **DME** | K0864 | capacity 601 pounds or more |
| **DME** | K0877 | and including 300 pounds |
| **DME** | K0884 | to and including 300 pounds |
| **DME** | K0885 | including 300 pounds |
| **DME** | K0886 | 301 to 450 pounds |
| **DME** | K0890 | and including 125 pounds |
| **DME** | K0891 | to and including 125 pounds |

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| **ANG Category** | **CPT** | **Description** |
| **DME** | K0898 | Power wheelchair, not otherwise classified |
| **DME** | K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria |
| **DME** | L0112 | CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE |
| **DME** | L0170 | CERV COLLAR MOLDED TO PT MODEL |
| **DME** | L0190 | CERV MULT POST COLLAR OCCIP/MAND ADJ CERV BARS |
| **DME** | L0200 | CERV MULT POST COLLAR OCCIP/MAND ADJ CERV W/THOR |
| **DME** | L0456 | TLSO FLEX TRNK SC TO SCAP SPN PRFAB |
| **DME** | L0457 | TLSO FLEX TRNK SJ-SS PRE OTS |
| **DME** | L0458 | TLSO TRIPLANR 2 SHELL ANT-XIPHOID |
| **DME** | L0460 | TLSO TRIPLANR 2 SHELL ANT-STERNL |
| **DME** | L0462 | TLSO TRIPLANR 3 SHELL ANT-STERNL |
| **DME** | L0464 | TLSO TRIPLANR 4 SHELL ANT-STERNL |
| **DME** | L0468 | TLSO SAGIT-CORONAL FRME&APRON PRFAB |
| **DME** | L0469 | TLSO RIG FRAM PELVIC PRE OTS |
| **DME** | L0470 | TLSO TRIPLANAR FRME&APRON W/STRAP |
| **DME** | L0480 | TLSO TRIPLANR 1 PC NO INTERFCE CSTM |
| **DME** | L0482 | TLSO TRIPLANAR 1 PC W/INTERFCE CSTM |
| **DME** | L0484 | TLSO TRIPLANR 2 PC NO INTERFCE CSTM |
| **DME** | L0486 | TLSO TRIPLANAR 2 PC W/INTERFCE CSTM |
| **DME** | L0648 | LSO SAG R AN/POS PNL PRE OTS |
| **DME** | L1834 | Knee orthosis, without knee joint, rigid, custom-fabricated |
| **DME** | L1840 | Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated |
| **DME** | L1844 | polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated |
| **DME** | L1846 | polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated |
| **DME** | L1860 | Knee orthosis, modification of supracondylar prosthetic socket, custom-fabricated (sk) |
| **DME** | L1904 | KO MOD SUPRACONDYLAR PROS SOCKET MOLD TO PT |
| **DME** | L1907 | AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS |
| **DME** | L1940 | Ankle foot orthosis, plastic or other material, custom-fabricated |
| **DME** | L1945 | Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom-fabricated |
| **DME** | L1950 | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom-fabricated |
| **DME** | L1960 | AFO POST SOLID ANKLE MOLD TO PT MODEL PLASTIC |
| **DME** | L1970 | Ankle foot orthosis, plastic with ankle joint, custom-fabricated |
| **DME** | L1990 | AFO 2 UPRIGHT FREE PLANTAR SOLID STIRRUP |
| **DME** | L2000 | bar 'AK' orthosis), custom-fabricated |
| **DME** | L2005 | phase release, any type activation, includes ankle joint, any type, custom fabricated |
| **DME** | L2010 | orthosis), without knee joint, custom-fabricated |
| **DME** | L2020 | orthosis), custom-fabricated |
| **DME** | L2030 | orthosis), without knee joint, custom fabricated |
| **DME** | L2034 | control, with or without free motion ankle, custom fabricated |
| **DME** | L2036 | motion ankle, custom fabricated |
| **DME** | L2037 | motion ankle, custom fabricated |
| **DME** | L2038 | Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated |
| **DME** | L2106 | AFO FRACTURE/TIBIA ORTHOSIS THERMOPLASTIC MOLDED |
| **DME** | L2108 | AFO FRACTURE/TIBIA ORTHOSIS MOLD TO MODEL |
| **DME** | L2126 | KAFO FRACTURE/FEMORAL THERMOPLASTIC MOLD TO PT |
| **DME** | L2128 | KAFO FRACTURE/FEMORAL MOLD TO PT MODEL |
| **DME** | L2280 | ADD LOW EXT MOLDED INNER BOOT |
| **DME** | L2520 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted |
| **DME** | L5301 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM |
| **DME** | L5645 | ADD LOW EXT BELOW KNEE FLEX INNER EXT FRAME |
| **DME** | L5671 | lanyard, or equal), excludes socket insert |
| **DME** | L5673 | prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism |
| **DME** | L5700 | Replacement, socket, below knee, molded to patient model |
| **DME** | L5704 | REPLAC CUSTOM SHAPED COVER BELOW KNEE |
| **DME** | L5845 | ADD, ENDO, KNEE-SHIN SYST, STANCE FLEX ADJUS |
| **DME** | L5848 | ADDITION TO ENDOSKELETAL KNEE-SHIN SYST, FLUID STANCE EXT, DAMPEN |
| **DME** | L5856 | ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE |
| **DME** | L5857 | ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY |
| **DME** | L5858 | ADDN TO LOWER EXTREM PROSTH ENDOSKELETAL KNEE SHIN SYS STANCE PHASE ONLY |
| **DME** | L5940 | ADD BELOW KNEE ULTRA LIGHT MATERIAL |
| **DME** | L5962 | ADD ENDOSKELETAL SYST BK FLEX PROTECTIVE COVER |
| **DME** | L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature |
| **DME** | L5973 | ANK-FOOT SYS DORS-PLANT FLEX |
| **DME** | L5981 | All lower extremity prostheses, flex-walk system or equal |
| **DME** | L5986 | ALL LOW EXT PROS MULTI AXIAL ROTATION UNIT |
| **DME** | L6881 | AUTO GRASP FEATURE, ADDTN TO UP LIMB ELECTRIC PROSTHETIC TERMINA |
| **DME** | L6882 | MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB |
| **DME** | L6883 | REPLACE SOCKET BELOW ELBOW WRIST DISARTICULATION MOLDED TO PATIENT |
| **DME** | L6884 | REPLACE SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PAT, |
| **DME** | L6885 | REPLACE SOCKET SHOULDER DISARTICULATION INTERSCAPULAR MOLDED TO PATIENT |
| **DME** | L6890 | TERM DEVICE GLOVE FOR ABOVE PRODUCTION GLOVE |
| **DME** | L6895 | TERM DEVICE GLOVE FOR ABOVE CUSTOM GLOVE |
| **DME** | L6900 | HAND RESTORE PART HAND W/GLOVE THUMB/1 FINGER |
| **DME** | L6905 | HAND RESTORE PART HAND W/GLOVE MULT FINGERS |
| **DME** | L6910 | HAND RESTORE PART HAND W/GLOVE NO FINGERS |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **DME** | L6915 | HAND RESTORE REPLACEMENT GLOVE FOR ABOVE |
| **DME** | L6920 | WRIST DISARTIC SWITCH CONTROL TERM DEVICE |
| **DME** | L6930 | BELOW ELBOW SWITCH CONTROL TERM DEVICE |
| **DME** | L6935 | BELOW ELBOW MYOELECTRONIC CONTROL TERM DEVICE |
| **DME** | L6940 | ELBOW DISARTIC SWITCH CONTROL TERM DEVICE |
| **DME** | L6945 | ELBOW DISARTIC MYOELECTRONIC CONTROL TERM DEVICE |
| **DME** | L6950 | ABOVE ELBOW SWITCH CONTORL TERM DEVICE |
| **DME** | L6955 | ABOVE ELBOW MYOELECTRONIC CONTROL TERM DEVICE |
| **DME** | L6960 | SHOULDER DISARTIC SWITCH CONTROL TERM DEVICE |
| **DME** | L6965 | SHOULDER DISARTIC MYOELECTRONIC TERM DEVICE |
| **DME** | L6970 | INTERSCAPULAR/THORACIC SWITCH CONTROL TER DEV |
| **DME** | L6975 | INTERSCAPULAR/THORACIC MYOELECTRONIC TERM DEV |
| **DME** | L7007 | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT |
| **DME** | L7008 | ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC |
| **DME** | L7009 | ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT |
| **DME** | L7040 | PREHENSILE ACTUATOR, SWITCH CONTROLLED |
| **DME** | L7045 | ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC |
| **DME** | L7170 | ELECT ELBOW HOSMER SWITCH CONTROL |
| **DME** | L7180 | ELEC ELBOW-BOSTON/UT/OR EQ-MYOELECTRONICAL CNTRL |
| **DME** | L7181 | ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC |
| **DME** | L7185 | ELECT ELBOW ADOLESCENT VARIETY VILLAGE SWITCH |
| **DME** | L7186 | ELECT ELBOW CHILD VARIETY VILLAGE SWITCH CONTROL |
| **DME** | L7190 | ELECT ELBOW ADOLESCENT VARIETY VILL MYOELECTRON |
| **DME** | L7191 | ELECT ELBOW CHILD VARIETY VILLAGE MYOELECTRON |
| **DME** | L7364 | TWELVE VOLT BATTERY UTAH/EQU |
| **DME** | L7366 | BATTERY CHRGR 12 VOLT UTAH/E |
| **DME** | L7368 | LITHIUM ION BATTERY CHARGER |
| **DME** | L7404 | ADDN TO UP EXTREM PROSTH ABOVE ELBOW DISARTICULATION ACRYLIC MATERIAL |
| **DME** | L7405 | ADDN TO UP EXTREM PROSH SHOULDER DISARTIC INTERSCAP THORACIC ACRYLIC |
| **DME** | L7499 | UP EXT PROS NOS |
| **Injectables** | Q2041 | leukapheresis and dose preparation procedures, per therapeutic dose |
| **Injectables** | Q2042 | procedures , per therapeutic dose |
| **Injectables** | Q2043 | and all other preparatory procedures, per infusion |
| **Injectables** | Q2052 | demonstration |
| **Injectables** | Q2053 | Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose |
| **Home Health** | Q5001 | Hospice or home health care provided in patient's home/residence. |
| **Hospice** | Q5004 | HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY |
| **Injectables** | Q5104 | Injection, infliximab-abda, biosimilar, (renflexis), 10 mg |
| **Injectables** | Q5107 | INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG |
| **Injectables** | Q5108 | INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG |
| **Injectables** | Q5111 | INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG |
| **Injectables** | Q5112 | INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG |
| **Injectables** | Q5113 | INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG |
| **Injectables** | Q5114 | INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG |
| **Injectables** | Q5115 | INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG |
| **Injectables** | Q5116 | INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG |
| **Injectables** | Q5117 | INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG |
| **Injectables** | Q5118 | INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG |
| **Injectables** | Q5119 | INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG |
| **Injectables** | Q5120 | INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG |
| **Injectables** | Q5121 | INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG |
| **Injectables** | Q5122 | INJECTION PEGFILGRASTIM APGF BIOSIMILAR 0.5 MG |
| **Injectables** | Q5123 | INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG |
| **Injectables** | Q5124 | INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG |
| **Injectables** | Q5130 | INJECTION PEG-PBBK FYLNETRA BIOSIMILAR 0.5 MG |
| **DME** | S1040 | CRANIAL REMOULDING ORTHO, PEDS, RIGID W SOFT INTERFACE MAT, CUSTOM |
| **Transplant** | S2053 | Transplantation of small intestine and liver allografts |
| **Transplant** | S2054 | Transplantation of multivisceral organs |
| **Transplant** | S2055 | HARV DON MULTIVIS ORG/ALOGFTS CADAV |
| **Transplant** | S2060 | Lobar lung transplantation |
| **Transplant** | S2061 | Donor lobectomy (lung) for transplantation, living donor |
| **Transplant** | S2065 | Simultaneous pancreas kidney transplantation |
| **Outpatient Procedure** | S2066 | BRST RECON W GLUTEAL ARTERY PERF FLAP INCL HARVEST FLAP MICRO VASC TRANS |
| **Outpatient Procedure** | S2067 | BRST RECN W GLUTEAL ARTRY PERF FLP INCL HRVST FLP MICRO TRNS OF DNR SITE |
| **Outpatient Procedure** | S2068 | BREAST DIEP OR SIEP FLAP |
| **Outpatient Procedure** | S2083 | ADJ GASTRIC BAND DIAM SUBQ PORT INJ/ASPIR SALINE |
| **Transplant** | S2102 | Islet cell tissue transplant from pancreas; allogeneic |
| **Transplant** | S2103 | Adrenal tissue transplant to brain |
| **Outpatient Procedure** | S2118 | TOTAL HIP RESURFACING |
| **Transplant** | S2140 | Cord blood harvesting for transplantation, allogeneic |
| **Transplant** | S2142 | Cord blood-derived stem-cell transplantation, allogeneic |
| **Transplant** | S2150 | transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative |
| **Transplant** | S2152 | procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with |
| **Outpatient Procedure** | S2202 | ECHOSCLEROTHAP |
| **Molecular** | S3800 | GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS) |
| **Molecular** | S3840 | neoplasia type 2 |

**NMMIP PRIOR AUTHORIZATION CPT CODE LIST**

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| **ANG Category** | **CPT** | **Description** |
| **Molecular** | S3841 | Genetic testing for retinoblastoma |
| **Molecular** | S3842 | Genetic testing for von Hippel-Lindau disease |
| **Molecular** | S3844 | DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness |
| **Molecular** | S3845 | Genetic testing for alpha-thalassemia |
| **Molecular** | S3846 | Genetic testing for hemoglobin E beta-thalassemia |
| **Molecular** | S3849 | Genetic testing for Niemann-Pick Disease |
| **Molecular** | S3850 | Genetic testing for sickle cell anemia |
| **Molecular** | S3852 | DNA ANLYS/APOE EPILSON 4 ALLELE FOR SUSCEP ALZHEIMER'S DISEASE |
| **Molecular** | S3853 | Genetic testing for myotonic muscular dystrophy |
| **Molecular** | S3861 | GENETIC TEST BRUGADA |
| **Molecular** | S3865 | COMP GENET TEST HYP CARDIOMY |
| **Molecular** | S3866 | known HCM mutation in the family |
| **Molecular** | S3870 | CGH MICROARRAY TEST DD ASD &/OR ID |
| **Home Health** | S5105 | Day care services, center-based; services not included in program fee, per diem, Aide |
| **Home Health** | S9122 | (EXTENDED) |
| **Home Health** | S9123 | CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602CAN |
| **Home Health** | S9124 | NURSING CARE, IN THE HOME, BY LPN, PER HOUR (EXTENDED) |
| **Hospice** | S9125 | RESPITE HOME CARE PER DIEM |
| **DME** | S9433 | Medical food nutritionally complete, administered orally, providing 100% of nutritional intake |
| **Home Health** | S9810 | disease state management, not otherwise classified, per hour (do not use this code with any per diem code) |
| **Transportation** | S9960 | Ambulance service, conventional air services, nonemergency transport, one way (fixed wing) |
| **Transportation** | S9961 | Ambulance service, conventional air services, nonemergency transport, one way (rotary wing) |
| **Transplant** | S9975 | Transplant related lodging, meals and transportation, per diem |
| **Outpatient Procedure** | S9988 | SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL |
| **Outpatient Procedure** | S9990 | SERV PROVID/PHASE II CLIN TRIAL |
| **Outpatient Procedure** | S9991 | SERV PROVID/PHASE III CLIN TRIAL |
| **Home Health** | T1000 | PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES(RN) |
| **Home Health** | T1002 | RN SERVICES, UP TO 15 MINUTES |
| **Home Health** | T1003 | LPN/LVN SERVICES, UP TO 15 MINUTES |
| **Home Health** | T1004 | Services of a qualified nusring aide up to 15 min |
| **Home Health** | T1022 | VENTILATOR DEPENDENT, PER DAY |
| **Home Health** | T1024 | COORD CARE TO MULT OR SEV HANDICAPPED CHILDREN, PER ENCOUNTER |
| **Hospice** | T2042 | Hospice Routine Home Care |
| **Hospice** | T2042/U1 | Hospice Routine Home Care |
| **Hospice** | T2043 | Hospice Continuous Care |
| **Hospice** | T2044 | Hospice Inpatient Respite Care |
| **Hospice** | T2045 | Hospice General Inpatient Care |

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| CPT code changes | |
| Date of change | Changes made |
| 12/1/2023 | Original list |
| 1/1/2024 | Additional codes: 19318, 97537, 98940, 98941, 98942, E0784, and E0784  Removed codes: 78801, 78802, 78803, 78804, and 0191T |
| 2/21/2024 | Additional code: J1823 and Q5130 |
| 3/29/2024 | Additional code: G0158 |
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