NMMIP PRIOR AUTHORIZATION CPT CODE LIST

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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
Outpatient Procedure	19316	Mastopexy
Outpatient Procedure	19318	Reduction Mammoplasty
Outpatient Procedure	19325	Breast augmentation with implant
Outpatient Procedure	19328	Removal of intact breast implant
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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	III)
Transplant	47141	IV)
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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)

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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)
Molecular	81245	(ITD) variants (ie, exons 14, 15)
Molecular	81246	(TKD) variants (eg, D835, I836)
Molecular	81247	variant(s) (eg, A, A-)

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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)

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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	94799	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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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)
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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	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	J0491	Injecection Anifrolumab-fnia 1 mg
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
Injectables	J1429	INJECTION GOLODIRSEN 10 MG
Injectables	J1437	INJECTION FERRIC DERISOMALTOSE 10 MG
Injectables	J1458	INJECTION, GALSULFASE, 1 MG
Injectables	J1595	INJECTION, GLATIRAMER ACETATE, 20 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	J2182	Injection, mepolizumab, 1 mg
Injectables	J2326	Injection, nusinersen, 0.1 mg
Injectables	J2350	INJECTION OCRELIZUMAB 1 MG
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	J9217 **	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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.

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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
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

NMMIP PRIOR AUTHORIZATION CPT CODE LIST

ANG Category	CPT	Description
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 nursing 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

Notes:

** Submission of a CPT code with two asterisks (**) will receive an automatic approval for one unit per request

* When a request for a CPT code with an asterisk (*) is submitted with one or more of the following cancer diagnosis codes, the provider will receive an automatic authorization for the requested CPT code.

C00.0	C08.0	C16.2	C24.8	C38.1	C44.310	C44.89	C51.0	C63.0-	C71.2	C80.0
C00.1	C08.1	C16.3	C24.9	C38.2	C44.311	C44.90	C51.1	C63.1-	C71.3	C80.1
C00.2	C08.9	C16.4	C25.0	C38.3	C44.319	C44.91	C51.2	C63.2	C71.4	C80.2
C00.3	C09.0	C16.5	C25.1	C38.4	C44.320	C44.92	C51.8	C63.7	C71.5	C88.9
C00.4	C09.1	C16.6	C25.2	C38.8	C44.321	C44.99	C51.9	C63.8	C71.6	C96.9
C00.5	C09.8	C16.9	C25.3	C39.0	C44.329	C47.0	C52	C63.9	C71.7	C96.Z
C00.6	C09.9	C17.0	C25.4	C39.9	C44.390	C47.1-	C53.0	C64.-	C71.8	
C00.8	C10.0	C17.1	C25.7	C40.0-	C44.391	C47.2-	C53.1	C65.-	C71.9	
C00.9	C10.1	C17.2	C25.8	C40.1-	C44.399	C47.3	C53.8	C66.-	C72.0	
C01	C10.2	C17.3	C25.9	C40.2-	C44.40	C47.4	C53.9	C67.0	C72.1	
C02.0	C10.3	C17.8	C26.0	C40.20	C44.41	C47.5	C54.0	C67.1	C72.2-	
C02.1	C10.4	C17.9	C26.1	C40.3-	C44.42	C47.6	C54.1	C67.2	C72.3-	
C02.2	C10.8	C18.0	C26.9	C40.8-	C44.49	C47.8	C54.2	C67.3	C72.4-	
C02.3	C10.9	C18.1	C30.0	C40.9-	C44.500	C47.9	C54.3	C67.4	C72.50	
C02.4	C11.0	C18.2	C30.1	C41.0	C44.501	C48.0	C54.8	C67.5	C72.59	
C02.8	C11.1	C18.3	C31.0	C41.1	C44.509	C48.1	C54.9	C67.6	C72.9	
C02.9	C11.2	C18.4	C31.1	C41.2	C44.510	C48.2	C55	C67.7	C73	
C03.0	C11.3	C18.5	C31.2	C41.3	C44.511	C48.8	C56.-	C67.8	C74.0-	
C03.1	C11.8	C18.6	C31.3	C41.4	C44.519	C49.0	C57.0-	C67.9	C74.1-	
C03.9	C11.9	C18.7	C31.8	C41.9	C44.520	C49.1-	C57.1	C68.0	C74.9-	
C04.0	C12	C18.8	C31.9	C44.00	C44.521	C49.2-	C57.2	C68.8	C75.0	
C04.1	C13.0	C18.9	C32.0	C44.01	C44.529	C49.3	C57.3	C68.9	C75.1	
C04.8	C13.1	C19	C32.1	C44.02	C44.590	C49.4	C57.4	C69.0-	C75.2	
C04.9	C13.2	C20	C32.2	C44.09	C44.591	C49.5	C57.7	C69.1-	C75.3	
C05.0	C13.8	C21.0	C32.3	C44.10-	C44.599	C49.6	C57.8	C69.2-	C75.4	
C05.1	C13.9	C21.1	C32.8	C44.11-	C44.60-	C49.8	C57.9	C69.3-	C75.5	
C05.2	C14.0	C21.2	C32.9	C44.12-	C44.61-	C49.9	C58	C69.4-	C75.8	
C05.8	C14.2	C21.8	C33	C44.13-	C44.62-	C50.0-	C60.0	C69.5-	C75.9	
C05.9	C14.8	C22.0	C34.0-	C44.19-	C44.69-	C50.1-	C60.1	C69.6-	C76.0	
C06.0	C15.3	C22.1	C34.1-	C44.20-	C44.70-	C50.2-	C60.2	C69.8-	C76.1	
C06.1	C15.4	C22.2	C34.2	C44.21-	C44.71-	C50.3-	C60.8	C69.9-	C76.2	
C06.2	C15.5	C22.8	C34.3-	C44.22-	C44.72-	C50.4-	C60.9	C70.0	C76.3	
C06.80	C15.8	C22.9	C34.8-	C44.29-	C44.79-	C50.5-	C61	C70.1	C76.4-	
C06.89	C15.9	C23	C34.9-	C44.300	C44.80	C50.6-	C62.0-	C70.9	C76.5-	
C06.9	C16.0	C24.0	C37	C44.301	C44.81	C50.8-	C62.1-	C71.0	C76.8	
C07	C16.1	C24.1	C38.0	C44.309	C44.82	C50.9-	C62.9-	C71.1	C77.0	

CPT Code Change Log	
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
5/10/2024	Additional codes: J0491 and 94799 Removed codes: 43485, 94779, 98783, and J0481
12/20/2024	Removed codes: J0180, J0185, J0202, J0480, J0490, J1448, J1454, J1460, J1554, J1555, J1556, J1557, J1558, J1559, J1560, J1561, J1562, J1566, J1569, J1572, J1575, J1602, J1627, J1950, J1951, J2354, J2506, J2562, J7511, J7517, J7518, J9022, J9035, J9041, J9071, J9144, J9153, J9173, J9228, J9271, J9299, J9303, J9304, J9306, J9308, J9312, J9314, J9348, J9353, J9354, J0973, J9437 Addition of auto authorization for the following imaging codes submitted with cancer diagnosis. Applicable diagnosis are listed at end of CPT code list: 70450, 70460, 70470, 72125, 72128, 71250, 74150, 71270, 74150, 74160, 74170, 78811, 78812, 78813, 78814, 78815, 78816
8/14/2025	Update for the following codes to receive auto authorization: 74177, 74170, 74178, 74160, 75635, 75574, 71275, 70496, 70498, 70460, 72194, 70492, 70491, 71270, 71260, 74174, 78431, 78816, 78814, 78815, J0585, J0897, J1426, J1745, J2778, J3489, J3490, J7318, J9217, Q5107, Q5108, Q5111, Q5114, Q5115, Q5118, Q5119