

AETNA BETTER HEALTH® OF KENTUCKY

Change to provider processes

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To: Network Providers

Fax: <<location fax>>

RE: Provider Process Changes for PA Requirements

Your partnership with Aetna Better Health of Kentucky (Aetna) is important. That is why we are happy to tell you **about some important changes in provider processes. These are part of the ongoing efforts Aetna is implementing** to improve your provider experience.

You can expect these changes to be effective on **February 1, 2018**.

See what's changing

Be sure to read through the change for the following process.

Removal of prior authorization requirements

- To help reduce administrative burden, Aetna is removing prior authorization from 526 codes, listed below, effective February 1, 2018. These codes will be updated on the provider portal as of February 1, 2018.

To visit the Aetna provider portal, please visit: <http://aetnabetterhealth-kentucky.aetna.com/>

Program	Category	CPT®/HCPCS	CPT® / HCPCS Description	Payment Group
Ultrasound	US	76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode	Ultrasound
Ultrasound	US	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation	Ultrasound
Ultrasound	US	76604	Ultrasound, chest, (includes mediastinum) real time with image documentation	Ultrasound
Ultrasound	US	76700	Ultrasound, abdominal, B-scan and/or real time with image documentation; complete	Ultrasound
Ultrasound	US	76705	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited	Ultrasound
Ultrasound	US	76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete	Ultrasound
Ultrasound	US	76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited	Ultrasound
Ultrasound	US	76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	Ultrasound
Ultrasound	US	76800	Ultrasound, spinal canal and contents	Ultrasound

Ultrasound	US	76830	Ultrasound, transvaginal	Ultrasound
Ultrasound	US	76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	Ultrasound
Ultrasound	US	76856	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation, complete	Ultrasound
Ultrasound	US	76857	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation, limited or follow-up	Ultrasound
Ultrasound	US	76870	Ultrasound, scrotum and contents	Ultrasound
Ultrasound	US	76872	Ultrasound, transrectal	Ultrasound
Ultrasound	US	76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Ultrasound
Ultrasound	US	76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Ultrasound
Ultrasound	US	76885	Ultrasound, infant hips, real time with image documentation; dynamic (requiring physician or other qualified health care professional manipulation)	Ultrasound
Ultrasound	US	76886	Ultrasound, infant hips, real time with image documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	Ultrasound
Ultrasound	US	76970	Ultrasound study follow-up (specify)	Ultrasound
Ultrasound	US	76999	Unlisted ultrasound procedure	Ultrasound
Ultrasound	US	93880	Duplex scan of extracranial arteries; complete bilateral study	Ultrasound
Ultrasound	US	93882	Duplex scan of extracranial arteries; unilateral or limited study	Ultrasound
Ultrasound	US	93886	Transcranial Doppler study of the intracranial arteries; complete study	Ultrasound
Ultrasound	US	93888	Transcranial Doppler study of the intracranial arteries; limited study	Ultrasound
Ultrasound	US	93890	Transcranial Doppler study of the intracranial arteries; vasoreactive study	Ultrasound
Ultrasound	US	93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	Ultrasound
Ultrasound	US	93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	Ultrasound
Ultrasound	US	93922	Limited bilateral noninvasive physiologic studies of upper or lower arteries	Ultrasound
Ultrasound	US	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries	Ultrasound
Ultrasound	US	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing	Ultrasound
Ultrasound	US	93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	Ultrasound
Ultrasound	US	93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	Ultrasound
Ultrasound	US	93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	Ultrasound
Ultrasound	US	93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	Ultrasound
Ultrasound	US	93965	Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	Ultrasound
Ultrasound	US	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	Ultrasound
Ultrasound	US	93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	Ultrasound
Ultrasound	US	93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	Ultrasound
Ultrasound	US	93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	Ultrasound

Ultrasound	US	93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	Ultrasound
Ultrasound	US	93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; limited study	Ultrasound
Ultrasound	US	93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	Ultrasound
Ultrasound	US	93981	Duplex scan of arterial inflow and venous outflow of penile vessels; limited study	Ultrasound
Ultrasound	US	93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	Ultrasound
Ultrasound	US	93998	Unlisted noninvasive vascular diagnostic study	Ultrasound
Ultrasound	US	G0389	Ultrasound, B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	Ultrasound
Ultrasound	US	76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	Ultrasound
Ultrasound	US	C9744	ULTRASOUND ABDOMINAL WITH CONTRAST	Ultrasound

Master CPT	Master CPT Description
19328	REMOVAL INTACT MAMMARY IMPLANT
19330	REMOVAL MAMMARY IMPLANT MATERIAL
21243	ARTHRO TMPRMAND JOINT W/PROSTHETIC REPLACEMENT
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ
43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN
97112	THER PX 1/GT AREAS EACH 15 MIN NEUROMUSC REEDUCA
99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION
E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE
E0619	APNEA MONITOR WITH RECORDING FEATURE
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE
E2101	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE
G0177	TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS
K0065	SPOKE PROTECTORS EACH
K0073	CASTER PIN LOCK EACH
K0105	IV HANGER EACH

Master CPT	Master CPT Description
A9282	WIG ANY TYPE EACH
A9285	INVERSION/EVERSION CORRECTION DEVICE
A9286	HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA
A9300	EXERCISE EQUIPMENT
A9586	FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI
A9599	RADIOPHRM DX BETA-AMYLOID PET IMAG PR S DOSE NOS
A9281	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA
S0390	ROUTINE FOOT CARE; PER VISIT
20912	CARTILAGE GRAFT NASAL SEPTUM
97545	WORK HARDENING/CONDITIONING 1ST 2 HR
97546	WORK HARDENING/CONDITIONING EACH HOUR
A4890	CONTRACTS REPAIR&MAINTENANCE HEMODIAL EQUIPMENT
A9270	NONCOVERED ITEM OR SERVICE
S0596	PHAKIC INTRAOCULAR LENS CORRECT REFRACTIVE ERROR
S9381	DEL/SRVC HI RISK REQ ESCORT/EXTRA PROTECT VISIT
S9444	PARENTING CLASSES NON-PHYSICIAN PER SESS
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN
S9446	PT ED NOC NON-PHYSICIAN PROVIDER GROUP SESSION

S9447	INFANT SAFETY CLASSES NON-PHYSICIAN PER SESSION
S9449	WEIGHT MANAGEMENT CLASSES NON-PHYS PER SESSION
S9451	EXERCISE CLASSES NON-PHYSICIAN PER SESSION
S9452	NUTRITION CLASSES NON-PHYSICIAN PER SESSION
S9453	SMOKING CESSATION CLASSES NON-PHYSICIAN PER SESS
S9454	STRESS MGMT CLASSES NON-PHYSICIAN PER SESSION
S9900	SRVC JOURNAL-LISTED CS PRACT HEALING PER DIEM
S9901	SERVICES BY A JOURNAL-LISTED CS NURSE PER HR
S9970	HEALTH CLUB MEMBERSHIP ANNUAL
S9975	TRANSPLANT REL LODG MEALS & TRNSPRT PER DIEM
S9976	LODGING PER DIEM NOT OTHERWISE SPECIFIED
S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED
S9986	NOT MEDICALLY NECESSARY SERVICE
S9988	SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL
S9989	SRVC PROVIDED OUTSIDE UNITED STATES OF AMERICA
S9990	SERVICES PROVIDED AS PART PHASE II CLIN TRIAL
S9991	SERVICES PROVIDED AS PART PHASE III CLIN TRIAL
S9992	TRNSPRT COSTS CLIN TRIAL PRTCP & ONE CAREGIVER
S9994	LODNGNG COSTS CLINICAL TRIAL PRTCP&ONE CAREGIVR
S9996	MEALS CLIN TRIAL PRTCP&ONE CAREGIVER/COMPANION
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS
15776	PUNCH GRAFT HAIR TRANSPLANT GT 15 PUNCH GRAFTS
15786	ABRASION 1 LESION
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS
64550	APPLICATION SURFACE NEUROSTIMULATOR
58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG
58615	OCCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES
58670	LAPAROSCOPY FULGURATION OVIDUCTS
58671	LAPAROSCOPY W/PLMT OCCCLUSION DEVICE OVIDUCTS
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI
58943	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY
58950	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO
58951	RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD
58952	RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING
58953	BSO W/OMENECTOMY TAH&RAD DEBULKING DISSECTION
58954	BSO W/OMENECTOMY TAH DEBULKING W/LMPHADECTOMY
58956	BSO W/TOT OMENECTOMY & HYSTERECTOMY MALIGNANC
58957	RESEJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS
55450	LIGATION PRQ VAS DEFERENS UNI/BI SPX
S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS
L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR
E0935	CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY
E0936	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX
33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX
92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL
92538	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL
E0765	FDA APPRVD NRV STIM W/REPL BATTERY TX NAUSA&VOMIT
E1701	REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX
E1702	REPL MSR SCLS JAW MOTION REHAB SYSTEM PKG 200
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT
20983	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD
22505	MANIPULATION SPINE REQUIRING ANESTHESIA

27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS
27280	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT
28890	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE
43210	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY
90880	HYPNOTHERAPY
92145	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI
92548	COMPUTERIZED DYNAMIC POSTUROGRAPY
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI
96000	COMPRES CPTN MTN ALYS VIDEO TAPING 3D KINEMATICS
96001	COMPRES CPTN MTN ALYS W/DYN PLNTR PRES MEAS WALKG
96002	DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC
96003	DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC
96004	PHYS/QHP R&I CPTN MTN ALYS WALK/FUNCJAL ACTV REPR
96931	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST
96932	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION
96933	RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES
96934	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD
96935	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL
96936	RCM CELULR & SUBCELULR SKN IMGNG I&R EA ADDL
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE
C1841	RETINAL PROSTH INCL ALL INTRL & EXTERNL CMPNT
C1842	RETINAL PROS ALL INT&EXT CMPNT; ADD-ON TO C1841
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH
C9727	INSERTION IMPL TO SOFT PALATE; MINIMUM 3 IMPL
C9734	FOCUSED U/S ABL/TX INT OTH THAN UT LEIOMYOMATA
C9741	RHC W/IMPLANTATION WIRELESS PRESS SENS PULM ART
E0221	INFRARED HEATING PAD SYSTEM
E0232	WOUND WARMING WOUND COVER
E0740	NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR
E0761	NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS
P2031	HAIR ANALYSIS
Q1004	NEW TECH IO LENS CATGY 4 DEFINED FEDERAL REG
Q1005	NEW TECH IO LENS CATGY 5 DEFINED FEDERAL REG
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT
S2348	DECOMP PERQ INTERVERT DISC RF ENERGY 1/MX LUMB
S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM
S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS
S8130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL
S8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION
S8948	APPLIC MODAL 1/MORE AREAS; LW-LEVL LASR; EA 15 M
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM
S9055	PROCUREN/OTH GROWTH FCT PREP PROMOTE WND HEALING
S9056	COMA STIMULATION PER DIEM
S9090	VERTEBRAL AXIAL DECOMPRESSION PER SESSION
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/GT DAYS
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY
62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/GT LEVELS LUMBAR
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC
62292	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC
S9152	SPEECH THERAPY RE-EVALUATION
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB
E1354	O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA

E1356	O2 ACCESS BATTERY PACK/CRTRDGE PRTBLE CONC REPL EA
E1357	O2 ACCESS BATTERY CHARGER PRTBLE CONC REPL EA
E1358	O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA
E1500	CENTRIFUGE FOR DIALYSIS
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH
95971	ELEC ALYS NSTIM PLS GEN SMPL SC/PERPH W/PRGRMG
95972	ELEC ALYS NSTIM PLS GEN CPLX SC/PERPH W/PRGRMG
A8002	HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES
A8003	HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES
69090	EAR PIERCING
64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS
64530	INJX ANES CELIAC PLEXUS W/VO RADIOLOGIC MONITRNG
95951	LOCALIZE CEREBRAL SEIZURE CABLE/RADIO EEG/VIDEO
15819	CERVICOPLASTY
15824	RHYTIDECTOMY FOREHEAD
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING
15826	RHYTIDECTOMY GLABELLAR FROWN LINES
15828	RHYTIDECTOMY CHEEK CHIN & NECK
15829	RHYTIDECTOMY SMAS FLAP
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE
17360	CHEMICAL EXFOLIATION ACNE
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES
19355	CORRECTION INVERTED NIPPLES
19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ
19364	BREAST RECONSTRUCTION FREE FLAP
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE
20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS
P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE
1999	01999-UNLISTED ANESTHESIA PROCEDURE
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE
19499	UNLISTED PROCEDURE BREAST
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE
21299	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD
21899	UNLISTED PROCEDURE NECK/THORAX
22899	UNLISTED PROCEDURE SPINE
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM
23929	UNLISTED PROCEDURE SHOULDER
24999	UNLISTED PROCEDURE HUMERUS/ELBOW
25999	UNLISTED PROCEDURE FOREARM/WRIST
26989	UNLISTED PROCEDURE HANDS/FINGERS
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT
27599	UNLISTED PROCEDURE FEMUR/KNEE
27899	UNLISTED PROCEDURE LEG/ANKLE
28899	UNLISTED PROCEDURE FOOT/TOES
29799	UNLISTED PROCEDURE CASTING/STRAPPING
29999	UNLISTED PROCEDURE ARTHROSCOPY
30999	UNLISTED PROCEDURE NOSE
31299	UNLISTED PROCEDURE ACCESSORY SINUSES
31599	UNLISTED PROCEDURE LARYNX
31899	UNLISTED PROCEDURE TRACHEA BRONCHI
32999	UNLISTED PROCEDURE LUNGS & PLEURA
33999	UNLISTED CARDIAC SURGERY
36299	UNLISTED PROCEDURE VASCULAR INJECTION
37799	UNLISTED PROCEDURE VASCULAR SURGERY
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM

38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM
39499	UNLISTED PROCEDURE MEDIASTINUM
39599	UNLISTED PROCEDURE DIAPHRAGM
40799	UNLISTED PROCEDURE LIPS
40899	UNLISTED PROCEDURE VESTIBULE MOUTH
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH
42299	UNLISTED PROCEDURE PALATE UVULA
42699	UNLISTED PX SALIVARY GLANDS/DUCTS
42999	UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS
43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS
43499	UNLISTED PROCEDURE ESOPHAGUS
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH
43999	UNLISTED PROCEDURE STOMACH
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM
44799	UNLISTED PROCEDURE SMALL INTESTINE
44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX
45399	UNLISTED PROCEDURE COLON
45999	UNLISTED PROCEDURE RECTUM
46999	UNLISTED PROCEDURE ANUS
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER
47399	UNLISTED PROCEDURE LIVER
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT
47999	UNLISTED PROCEDURE BILIARY TRACT
48999	UNLISTED PROCEDURE PANCREAS
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM
49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER
53899	UNLISTED PROCEDURE URINARY SYSTEM
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS
59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY
59899	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM
64999	UNLISTED PROCEDURE NERVOUS SYSTEM
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE
67599	UNLISTED PROCEDURE ORBIT
68399	UNLISTED PROCEDURE CONJUNCTIVA
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM
69399	UNLISTED PROCEDURE EXTERNAL EAR
69799	UNLISTED PROCEDURE MIDDLE EAR
69949	UNLISTED PROCEDURE INNER EAR
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA
76496	UNLISTED FLUOROSCOPIC PROCEDURE
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE
77299	UNLIS PX THER RADIOL CLINICAL TX PLANNING
77799	UNLISTED PROCEDURE CLINICAL BRACHY THERAPY
78199	UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE

78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE
79999	RP THERAPY UNLISTED PROCEDURE
81099	UNLISTED URINALYSIS PROCEDURE
86849	UNLISTED IMMUNOLOGY
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE
87999	UNLISTED MICROBIOLOGY
88099	UNLISTED NECROPSY PROCEDURE
88199	UNLISTED CYTOPATHOLOGY PROCEDURE
88299	UNLISTED CYTOGENETIC STUDY
88749	UNLISTED IN VIVO LABORTORY SERVICE
89240	UNLIS MISC PATH
90399	UNLISTED IMMUNE GLOBULIN
90749	UNLISTED VACCINE/TOXOID
90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE
92499	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE
93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE
94799	UNLISTED PULMONARY SERVICE/PROCEDURE
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SRVC/PX
96379	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PROCED
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC
99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT
99429	UNLISTED PREVENTIVE MEDICINE SERVICE
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE
99600	UNLISTED HOME VISIT SERVICE/PROCEDURE
A0999	UNLISTED AMBULANCE SERVICE
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS
A4421	OSTOMY SUPPLY; MISCELLANEOUS
A4649	SURGICAL SUPPLY; MISCELLANEOUS
A9280	ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS
B9998	NOC FOR ENTERAL SUPPLIES
B9999	NOC FOR PARENTERAL SUPPLIES
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
E1229	WHEELCHAIR PEDIATRIC SIZE NOS
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED
L5999	LOWER EXTREMITY PROSTHESIS NOS
L7499	UPPER EXTREMITY PROSTHESIS NOS
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED
L9900	ORTHO&PROS SPL ACSS&/SRVC CMPNT OTH HCPCS L CODE
S9542	HOME INJ TX NOC W/CARE COORDINATION PER DIEM
T1999	MISC TX ITEMS & SPL RETAIL PURCHASE NOC
T5999	SUPPLY NOT OTHERWISE SPECIFIED
V5274	ASSISTIVE LEARNING DEVICE NOS
V5299	HEARING SERVICE MISCELLANEOUS
E0274	OVER-BED TABLE
E0572	AROSL COMPRS ADJUSTBL PRSS LGHT DUTY INTERMIT USE
93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR
93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING
S0311	COMP MGMT & CARE COORD ADVANCED ILL PER CAL MO

S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED
A4520	INCONTINENCE GARMENT ANY TYPE EACH
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY
A4870	PLUMBING &OR ELEC WORK HOME HEMODIAL EQUIPMENT
19361	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL
S3902	BALLISTOCARDIOGRAM
11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/LT
11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC
11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC
11954	SUBCUTANEOUS INJECTION FILLING MATRL GT 10.0 CC
96020	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP