

Oscar Health, Inc.

Prior Authorization List

Effective Date: 01 July 2025

This document is a quick guide for your office to use for prior authorization with patients enrolled in Oscar Health, Inc. Individual insurance plans.

You can use this document as an overview of best practices working with Oscar. It will be your reference for Current Procedural Terminology (CPT®) codes for services, programs and prescriptions that require approval for coverage.



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Prior Authorizations

Certain services require prior authorization before Oscar will cover their costs. Generally, in-network health care providers submit prior authorization requests on behalf of their patients, although Oscar members may contact their Concierge team at 1-855-672-2755 for Oscar Plans to initiate authorization requests in some out-of-network cases. The prior authorization process is part of the Utilization Review (UR) activities performed by Oscar. Utilization Review is the assessment performed to determine if a medical, behavioral, or pharmacy service meets Oscar's medical necessity criteria for coverage.

Please note, prior authorizations through the Utilization Review process are not intended to provide medical advice or medical care. Medical advice and care should be discussed with treating providers.

Prior Authorization Submission: Medical

To confirm authorization requirements for a specific code or service, or to submit an authorization request, in-network Health Care Providers can use Oscar's Provider Portal at <https://provider.hioscar.com> or call 1-855-672-2755 for Oscar Plans. Providers can use this same phone number to request authorization and check the status of an existing authorization. For services where Oscar delegates utilization review, you will be transferred to or instructed to contact the appropriate vendor. For authorization requests handled by Oscar, providers may also request authorization by faxing the Authorization Request Form located in the Provider Manual to 1-844-965-9053 or 1-855-449-4485 for California Commercial plans.

Oscar requires the requesting provider to submit the following information when requesting an authorization:

- Member information (name, Oscar ID, date of birth).
- Facility (if applicable).
- Referring and treating provider name, National Provider Identifier (NPI), and Taxpayer Identification Number (TIN).
- Treatment information including diagnostic and/or procedure codes, requested amount and length of treatment(s).

Clinical information relevant to the authorization request will be requested and may include clinical notes including consultation notes, labs, radiology, and other health pertinent information.

All determinations or requests for more information in order to make an initial UR determination are made in a timely fashion appropriate for the member's specific condition, not to exceed the timeframes required by NCQA, state, and/or federal regulations. Decisions are communicated both verbally and/or in writing to providers and members, as required by regulations.

Prior-Authorization Submission: Pharmacy

Oscar plans use CVS/caremark to provide and coordinate the outpatient prescription drug benefit. Formularies are dynamic documents and can be accessed at <https://www.hioscar.com/search/>.

- For Oscar plans, a drug authorization can be initiated at <https://www.covermymeds.com/epa/caremark> or faxed to Oscar: 844-814-2259 for Specialty Drug requests, or 1-844-814-2258 for Non-Specialty Drug requests.
- For California, requests can be faxed to CVS: 1-866-249-6155.

Definitions

Utilization Review

A system for Prospective, Concurrent, or Retrospective review of the Medical Necessity and appropriateness of health care services and a system for Prospective, Concurrent, or Retrospective review to determine the Experimental or Investigational nature of health care services. The term does not include a review in response to an elective request for clarification of coverage.

Prospective Review

A request for Precertification conducted prior to a health care service, admission or treatment in accordance with Oscar's requirement that the health care service, admission or course of treatment, in whole or in part, be approved prior to its provision.

Concurrent Review

A Utilization Review for ongoing health care or for an extension of treatment beyond previously approved health care conducted during a patient's hospital stay or course of treatment.

Retrospective Review

For the purposes of this UM Program, any review, for coverage purposes, of Medical Necessity conducted after services have been provided to a member. A form of Utilization Review for health care services that have been provided to a member. Retrospective Review does not include review of services for which Prospective or Concurrent Utilization Review was previously conducted or should have been previously conducted.

Health Care Provider

A person, corporation, facility, or institution that is:

- Licensed by a state to provide or is otherwise lawfully providing health care services; and
- Eligible for independent reimbursement for those health care services.

Includes a doctor of medicine, osteopathic medicine, optometry, dentistry, podiatry, or chiropractic who is licensed and authorized to practice.

Reporting

Oscar tracks the number of prior authorization requests received, and makes available prior authorization approval and denial rates on a yearly basis. Please find these statistics posted under www.hioscar.com/forms.

Prior Authorization List

Summary of Changes

The following outlines the additions and removals made to the Prior Authorization List from the previous version to the current version. These changes apply to all states for Individual Oscar Health Plans.

Additions

Short Description	CPT® Codes	Effective Date
Drugs - Miscellaneous Therapeutic Classes	Q5147, J3392	01 Jul 2025

Removals

Short Description	CPT® Codes	Effective Date
Antiemetics	J2405	01 Jul 2025

Antineoplastics and Adjunctive Therapies	J9037, J9247	01 Jul 2025
Complement Inhibitors	J1300	01 Jul 2025
Skin Substitute or Mesh	Q4231	01 Jul 2025

Current Prior Authorization List

The below is the prior authorization list effective as of the date listed on the cover-sheet of this document.

Short Description	CPT® Codes
Monitored Anesthesia	00731, 00732, 00811, 00812, 00813, 01939, 01939, 01940, 01940, 01941, 01941, 01942, 01942
Integumentary System - Injection of Filling Material	11950, 11951, 11952, 11954
Excision and Skin Grafting on Integumentary System	15002, 15003, 15004, 15005, 15040, 15050, 15100, 15101, 15110, 15111, 15115, 15116, 15120, 15121, 15130, 15131, 15135, 15136, 15150, 15151, 15152, 15155, 15156, 15157, 15200, 15201, 15220, 15221, 15240, 15241, 15260, 15261, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15760, 15769, 15770, 15771, 15772, 15773, 15774
Integumentary System - Biologic Implant/Explant	15777
Removal of Excessive Skin and Tissue	15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839
Reconstruction of Eyelid	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950
Integumentary System - Suction Lipectomy	15876, 15877, 15878, 15879

Integumentary System - Unlisted Procedures	15999, 17999
Localization of Breast	19294, 19294, 19296, 19296, 19297, 19297, 19298, 19298
Cartilage Graft	20910, 20912
Spine - Harvest of Tissue or Bone	20930, 20930, 20931, 20931, 20936, 20936, 20937, 20937, 20938, 20938
Electrical Bone Healing Device Procedures	20974, 20974, 20975, 20975, 20979
Musculoskeletal System - Unlisted Procedures	20999
Arthrotomy of Head	21010
Head - Condylectomy	21050
Head - Meniscectomy	21060
Head - Coronoidectomy	21070
Head - Surgical Preparation of Prosthesis	21077, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088
Head - External Fixation Implant/Explant (Surgical Procedures)	21100, 21110
Injection of Dye into Head	21116
Prosthesis Implant/Explant in Head	21125, 21270
Bone Graft to Head	21127, 21210, 21215
Reconstruction of Midface	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188
Reconstruction of Jaw or Cheek Bone	21193, 21194, 21195, 21196, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21261, 21263
Head - Osteotomy	21198, 21199, 21206

Head - Osteoplasty	21208, 21209
Reconstruction of Temporomandibular Joint	21240, 21242, 21243
Head - Unlisted Procedures	21499
Reconstruction of Joint of Neck and Thorax	21685
Percutaneous Vertebroplasty	22510, 22510, 22511, 22512, 22512, C7504, C7504, C7505, C7505
Percutaneous Vertebral Augmentation of Thoracic Spine	22513
Percutaneous Vertebral Augmentation of Lumbar Spine	22514
Percutaneous Vertebral Augmentation	22515, 22515, C7507, C7507, C7508, C7508
Percutaneous Intradiscal Electrothermal Annuloplasty	22526, 22526, 22527, 22527
Arthrodesis of Thoracic Spine	22532, 22556, 22610
Arthrodesis of Lumbar Spine	22533, 22558, 22612, 22630, 22633
Arthrodesis of Spine	22534, 22534, 22548, 22585, 22585, 22586, 22590, 22595, 22614, 22614, 22632, 22632, 22634, 22634, 22800, 22802, 22804, 22808, 22810, 22812
Arthrodesis of Cervical Spine	22551, 22552, 22552, 22554, 22600
Spinal Instrumentation Surgery	22840, 22841, 22841, 22842, 22842, 22843, 22843, 22844, 22844, 22845, 22845, 22846, 22846, 22847, 22847, 22848, 22848, 22849, 22850, 22852, 22853, 22853, 22854, 22854, 22855, 22859, 22859
Spinal Instrumentation Surgery of Cervical Spine	22856, 22858, 22858, 22861, 22861, 22864
Spinal Instrumentation Surgery of Lumbar Spine	22857, 22862, 22862, 22865

Spine - Unlisted Procedures	22899
Abdomen - Unlisted Procedures	22999
Excision of Bone from Shoulder	23000, 23000
Shoulder - Release of Muscle	23020, 23020, 23415, 23415
Claviculectomy	23120, 23120
Acromioplasty	23130, 23130
Reconstruction of Joint of Shoulder	23410, 23410, 23412, 23412, 23420, 23420, 23430, 23430
Shoulder - Muscle Transplant	23440
Capsulorrhaphy	23450, 23450, 23455, 23455, 23460, 23460, 23462, 23462, 23465, 23465, 23466
Arthroplasty of Shoulder	23470, 23472, 23473, 23474
Shoulder - Unlisted Procedures	23929
Upper Arm and Elbow - Unlisted Procedures	24999
Forearm and Wrist - Unlisted Procedures	25999
Injection into Pelvis and Hip Joint	27096, 27096, G0260, G0260
Hemiarthroplasty	27125
Arthroplasty of Pelvis and Hip Joint	27130, 27132, 27134, 27137, 27138
Arthrodesis of Pelvis and Hip Joint	27278, 27278
Pelvis and Hip Joint - Unlisted Procedures	27299
Arthrotomy of Thigh and Knee	27310, 27330, 27331, 27332, 27332, 27333, 27333, 27334, 27335, 27337, 27403
Thigh and Knee - Transplant of Bone	27412, 27415, 27415, 27416, 27416

Anterior Tibial Tubercleplasty	27418
Reconstruction of Knee Cap	27420, 27422, 27422, 27424
Thigh and Knee - Release of Joint	27425
Thigh and Knee - Reconstruction of Ligament	27427, 27427, 27428, 27428, 27429
Thigh and Knee - Quadricepsplasty	27430
Arthroplasty of Thigh and Knee	27437, 27438, 27440, 27440, 27441, 27441, 27442, 27443, 27443, 27445, 27446, 27447
Prosthesis Implant/Explant in Thigh and Knee	27486, 27487
Thigh and Knee - Unlisted Procedures	27599
Leg and Ankle Joint - Unlisted Procedures	27899
Foot and Toes - Ostectomy	28110
Tenotomy of Foot and Toes	28240
Reconstruction of Joint of Foot and Toes	28285, 28286
Reconstruction of Toe Deformity	28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28313
Arthrodesis of Foot and Toes	28750, 28755, 28760
Foot and Toes - Unlisted Procedures	28899
Upper Body - Application of Splints	29105, 29105, 29125, 29125, 29126, 29126, 29130, 29130, 29131, 29131
Upper Body - Application of Strapping	29200, 29200, 29240, 29240, 29260, 29260, 29280, 29280
Lower Body - Application of Splints	29505, 29505, 29515, 29515
Lower Body - Application of Strapping	29520, 29520, 29530, 29530, 29540, 29540, 29550, 29550, 29580, 29580

Application of Compression System to Leg	29581, 29581
Application of Compression System to Arm	29584, 29584
Arthroscopy of Head	29800, 29804
Arthroscopy of Shoulder	29805, 29805, 29806, 29806, 29807, 29807, 29819, 29819, 29820, 29820, 29821, 29821, 29822, 29822, 29823, 29823, 29824, 29824, 29825, 29825, 29826, 29826, 29827, 29827, 29828, 29828
Arthroscopy of Pelvis and Hip Joint	29860, 29860, 29861, 29861, 29862, 29862, 29863, 29863, 29866, 29866, 29914, 29914, 29915, 29915, 29916
Arthroscopy of Thigh and Knee	29867, 29867, 29868, 29870, 29870, 29871, 29873, 29873, 29874, 29874, 29875, 29875, 29876, 29876, 29877, 29877, 29879, 29879, 29880, 29880, 29881, 29881, 29882, 29882, 29883, 29883, 29884, 29884, 29885, 29885, 29886, 29886, 29887, 29887, 29888, 29888, 29889, 29889
Arthroscopy of Musculoskeletal System	29999
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Dilation of Sinus (Small Surgical Procedures)	31295, 31296, 31297
Dilation of Sinus (Surgical Procedures)	31298
Accessory Sinuses - Unlisted Procedures	31299
Larynx - Unlisted Procedures	31599
Catheter Implant/Explant into Trachea and Bronchi	31643, 31643
Trachea and Bronchi - Unlisted Procedures	31899
Lung and Pleura - Interstitial Device Procedures	32553, 32553

Lung and Pleura - Lung Transplant	32851, 32852, 32853, 32854
Lung and Pleura - Unlisted Procedures	32999
Pacemaker or Implantable Defibrillator Implant/Explant	33202, 33203, 33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33221, 33222, 33223, 33224, 33225, 33226, 33230, 33231, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 0823T, 0823T, 0824T, 0824T, 0825T, 0825T, 0861T, 0861T, 0862T, 0862T, 0863T, 0863T, C7537, C7538, C7539, C7540
Ablation for Arrhythmia	33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33261, 33265, 33266
Subcutaneous Cardiac Monitor Implant/Explant	33285, 33286
Transcatheter Aortic Valve Replacement	33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369
Transcatheter Mitral Valve Repair	33418, 33419
Heart and Pericardium - Heart / Lung Transplant	33935, 33945
Heart and Pericardium - Unlisted Procedures	33999
Angioscopy	35400
Injection of Sclerosant	36465, 36466, 36468, 36470, 36471
Ablation of Incompetent Vein (Surgical Procedures)	36475, 36476, 36478, 36479
Photopheresis	36522
Transcatheter Procedures and Treatments	37197, 37200, 37211, 37212, 37213, 37214, 37215, 37216, 37217, 37218
Lower Extremity Angiography and Angioplasty, with or without Stenting	37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231,

	37232, 37233, 37234, 37235, 0505T, C7531, C7531, C7534, C7534, C7535, C7535
Central Angiography and Angioplasty, with or without Stenting	37236, 37237, 37238, 37239, 37246, 37247, 37248, 37249, C7532
Vascular Embolization and Occlusion	37241, 37242, 37243, 37244, C9797, C9797
Vascular Ligation	37500, 37700, 37718, 37722, 37735, 37780
Ligation of Varicose Veins	37760, 37761, 37785
Venous Phlebectomy	37765, 37766
Arteries and Veins - Unlisted Procedures	37799
Lymph Nodes and Lymphatic Channels - Lymphadenectomy	38589
Lymph Nodes and Lymphatic Channels - Unlisted Procedures	38999
Mediastinum - Unlisted Procedures (Major Surgeries)	39499
Diaphragm - Unlisted Procedures	39599
Vestibule of Mouth - Vestibuoplasty	40899
Localization of Tongue and Floor of Mouth	41019, 41019
Tongue and Floor of Mouth - Unlisted Procedures	41599
Reconstruction of Tissue in Dentoalveolar Structure	41899
Uvulectomy	42140
Palatopharyngoplasty	42145
Ablation of Lesion from Palate and Uvula	42160
Palate and Uvula - Procedures	42299

Pharynx, Adenoids, and Tonsils - Unlisted Procedures	42999
Esophagus - Unlisted Procedures	43499
Gastrectomy	43631, 43632, 43633, 43634
Bariatric Surgery	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43845, 43886, 43887, 43888, C9784, C9785
Neurostimulator Implant/Explant into Stomach	43647, 43648, 43881, 43882
Stomach - Unlisted Procedures	43659, 43999
Bariatric Surgery with Gastric Bypass	43846, 43847, 43848
Transplant of Small Intestine	44135
Intestines - Unlisted Procedures (Major Surgeries)	44238
Small Intestine - Unlisted Procedures	44799
Colon - Unlisted Procedures	45399
Rectum - Unlisted Procedures (Surgical Procedures)	45999
Anus - Unlisted Procedures	46999
Transplant of Liver	47135
Liver - Unlisted Procedures	47379, 47399
Biliary Tract - Unlisted Procedures	47579, 47999
Pancreatectomy	48160
Pancreas - Unlisted Procedures	48999
Abdomen, Peritoneum, Omentum - Unlisted Procedures (Major Surgeries)	49329

Abdomen, Peritoneum, Omentum - Radiation Therapy Marker Implantation	49411, 49411, 49412, 49412
Hernioplasty, Herniorrhaphy, Herniotomy	49659
Abdomen, Peritoneum, Omentum - Unlisted Procedures	49999
Kidney - Renal Transplantation	50360, 50365
Kidney - Unlisted Procedures	50549
Ureter - Unlisted Procedures	50949
Urethroplasty	53400, 53405, 53410, 53415, 53420, 53425, 53430
Urethra - Unlisted Procedures	53899
Amputation of Penis	54120, 54125, 54130, 54135
Insertion or Removal of Penile Prosthesis	54400, 54401, 54405
Orchiectomy	54520, 54522, 54690
Prosthesis Implant/Explant in Testis	54660
Testis - Unlisted Procedures	54699
Scrotoplasty	55175, 55180
Electroejaculation	55870
Localization of Prostate	55875, 55875, 55876, 55876
Prostate - Unlisted Procedures	55899
Localization of Male Genital Systems	55920, 55920
Intersex Surgery	55970, 55980
Vulvectomy	56620, 56625, 56630, 56631, 56632, 56633, 56634, 56637, 56640

Reconstruction Of Introitus	56800
Clitoroplasty	56805
Vaginectomy	57106, 57107, 57109, 57110, 57111
Localization of Vagina	57155, 57155, 57156, 57156
Reconstruction of Tissue in Vagina	57291
Vagina - Graft of Tissue	57292, 57295, 57296, 57426
Vaginoplasty	57335
Hysterectomy	58150, 58152, 58180, 58200, 58210, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575
Radiation Capsule Implant/Explant into Uterus	58346, 58346
Unlisted Hysteroscopy	58579
Oviduct/Ovary - Unlisted Procedures	58679
In Vitro Fertilization	58970, 58974, 89255, 89268, 89280, 89281, S4011, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4037, S4042
Gamete and Zygote Intrafallopian Transfers	58976, S4013, S4014
Female Genital System - Unlisted Procedures	58999
Pregnancy Related - Unlisted Procedures	59899
Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body - Unlisted Procedures	60699
Stereotactic Treatment of Lesion in Skull, Meninges and Brain	61796, 61796, 61797, 61797, 61798, 61798, 61799, 61799

Stereotactic Radiosurgery Mapping in Skull, Meninges and Brain	61800, 61800
Neurostimulator Implant/Explant into Skull, Meninges and Brain	61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888
Injection of Medication into Spine and Spinal Cord	62280, 62280, 62281, 62281, 62282, 62282, 62320, 62320, 62321, 62321, 62322, 62322, 62323, 62323
Catheter Implant/Explant into Spine and Spinal Cord	62324, 62324, 62325, 62325, 62326, 62326, 62327, 62327, 62350, 62350, 62351, 62351
Spine and Spinal Cord - Pump Implant/Explant	62360, 62360, 62361, 62361, 62362, 62362
Laminectomy	62380, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63045, 63046, 63047, 63048, 63048, 63170, 63172, 63173, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 0274T, 0274T, 0275T, 0275T
Laminotomy	63030, 63035, 63035, 63040, 63042, 63043, 63043, 63044, 63044
Laminoplasty	63050, 63051
Transpedicular Approach for Spinal Decompression	63055, 63056, 63057, 63057
Spine and Spinal Cord - Discectomy	63075, 63076, 63076, 63077, 63078, 63081
Corpectomy	63082, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103
Insertion or Removal of Neurostimulator into Spine (Major Surgeries)	63650, 63650, 63655, 63655, 63685, 63685, 0784T, 0784T, 0785T, 0785T

Injection of Anesthetic	64451, 64451, 64479, 64479, 64480, 64480, 64483, 64483, 64484, 64484, 64510, 64510, 64520, 64520
Injection into Extracranial Nerve, Peripheral, Autonomic Nerve	64490, 64490, 64491, 64491, 64492, 64492, 64493, 64493, 64494, 64494, 64495, 64495
Neurostimulator Implant/Explant into Extracranial Nerve, Peripheral, Autonomic Nerve (Major Surgeries)	64553, 64555, 64561, 64566, 64568, 64569, 64570, 64575, 64580, 64581, 64585, 64590, 64595
Ablation of Nerve from Extracranial Nerve, Peripheral, Autonomic Nerve	64625, 64625, 0442T
Chemodenervation of Nerve of Extracranial Nerve, Peripheral, Autonomic Nerve	64633, 64633, 64634, 64634, 64635, 64635, 64636, 64636
Extracranial Nerve, Peripheral, Autonomic Nerve - Unlisted Procedures	64999
Keratomileusis	65760
Keratophakia	65765
Epikeratoplasty	65767
Radial Keratotomy	65771
Anterior Segment - Unlisted Procedures	66999
Ocular Adnexa - Unlisted Procedures	67299
Conjunctiva - Unlisted Procedures	68899
Otoplasty	69300
Reconstruction of Ear Canal	69320
Inner Ear - Hearing Device Implant/Explant	69930, S2235
MRI (Jaw)	70336, 70336
CT Scan (Head or Brain)	70450, 70450, 70460, 70460, 70470, 70470

CT Scan (Cranial Cavity)	70480, 70480, 70481, 70481, 70482, 70482
CT Scan (Face)	70486, 70486, 70487, 70487, 70488, 70488
CT Scan (Neck)	70490, 70490, 70491, 70491, 70492, 70492, 70498, 70498
CT Scan (Head)	70496, 70496
MRI (Face or Neck)	70540, 70540, 70542, 70542, 70543, 70543
MRI (Head)	70544, 70544, 70545, 70545, 70546, 70546
MRI (Neck)	70547, 70547, 70548, 70548, 70549, 70549
MRI (Brain)	70551, 70551, 70552, 70552, 70553, 70553, 70554, 70554, 70555, 70555, 0865T, 0865T, 0866T, 0866T
CT Scan (Chest)	71250, 71250, 71260, 71260, 71270, 71270, 71275, 71275
	71271, 71271, 0204U, 0204U, 0208U, 0208U, 0211U, 0211U, 0212U, 0212U, 0216U, 0216U, 0217U, 0217U, 0218U, 0218U, 0609T, 0609T, 0610T, 0610T, 0611T, 0611T, 0612T, 0612T, 0627T, 0627T, 0628T, 0628T, 0629T, 0629T, 0630T, 0630T, 0633T, 0633T, 0634T, 0634T, 0635T, 0635T, 0636T, 0636T, 0637T, 0637T, 0638T, 0638T, C9073, J9144, J9223, J9281, J9316, J9317, M0239, Q0239
MRI (Chest)	71550, 71550, 71551, 71551, 71552, 71552, 71555, 71555, C8909, C8909, C8910, C8910, C8911, C8911, C9791, C9791
CT Scan (Spine)	72125, 72125, 72126, 72126, 72127, 72127, 72128, 72128, 72129, 72129, 72130, 72130, 72131, 72131, 72132, 72132, 72133, 72133
MRI (Spine)	72141, 72141, 72142, 72142, 72146, 72146, 72147, 72147, 72148, 72148, 72149, 72149, 72156, 72156, 72157, 72157, 72158, 72158,

	72159, 72159, C8931, C8931, C8932, C8932, C8933, C8933
CT Scan (Pelvis)	72191, 72191, 72192, 72192, 72193, 72193, 72194, 72194
MRI (Pelvis)	72195, 72195, 72196, 72196, 72197, 72197, 72198, 72198, C8918, C8918, C8919, C8919, C8920, C8920
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Suction Pumps	A9272, E2000, K0743
Insulin Pumps	A9274, E0784, E0786
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	J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9211, J9214, J9215, J9216, J9217, J9218, J9225, J9227, J9228, J9229, J9245, J9246, J9248, J9249, J9258, J9259, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9271, J9272, J9273, J9274, J9280, J9286, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9311, J9312, J9313, J9314, J9318, J9319, J9320, J9321, J9322, J9323, J9324, J9325, J9328, J9330, J9331, J9331, J9340, J9345, J9347, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355, J9356, J9357, J9358, J9359, J9360, J9370, J9371, J9371, J9380, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q2017, Q2041, Q2043, Q2050, Q2053, Q2054, Q2055, Q2056, Q5107, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5123, Q5126, Q5129, Q5131
Diagnostic Products	A9573, A9596, A9596, A9601, A9601, A9602, A9608, A9609, A9800
Enteral Feeding Supplies	B4034, B4035, B4036, B4087, B4148, B9998
Enteral Formula	B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162
Parenteral Solution	B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B5000, B5100, B5200
Parenteral Solution Supplies	B4220, B4222, B4224, B9999
Enteral Pumps	B9002
Parenteral Pumps	B9004, B9006
Endovascular Catheter	C1600, C1600
Implantable Bone Void Filler	C1602

Implantable Aterial Bypass Graft	C1604
Cardiac Implants	C1721, C1722, C1764, C1777, C1779, C1785, C1786, C1824, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, E0616
Insertable Endoscopes	C1747
Nervous System - Neurostimulators	C1767, C1820, C1822, C1823, C1826, C1827, L8679, L8685, L8686, L8687, L8688
Infusion Pumps	C1772, C1891, C2626, E0782, E0783, E0791, K0455
Knee - Prostheses	C1776, L5150, L5160, L5312
Nervous System - Neurostimulator Accessories	C1778, C1787, C1816, L8682
Eye - Implantable Prostheses	C1783, L8609, L8610, L8612, L8613
Breast - Implantable Prostheses	C1789, L8600
Penis - Implantable Prostheses	C1813, C2622
Heart - Implantable Prostheses	C1817
Surgical Tools	C1889
Skin, Subcutaneous and Accessory Structure - Excisional Debridement (Small Surgical Procedures)	C7500, C7500
Arthrodesis of Hand and Finger	C7506, C7506
Exploration of Trachea and Bronchi	C7509, C7510, C7511, C7512, C7556
Access/Management of Dialysis Circuit	C7513, C7514, C7515, C7530
Coronary Angioplasty	C7533, C7533
Insertion or Removal of Catheter into Kidney	C7546, C7546, C7547, C7548
Stenting of Ureter	C7549, C7549

Cystourethroscopy with Biopsy	C7550, C7550
Excision of Tumor from Extracranial Nerve, Peripheral, Autonomic Nerve	C7551, C7551
Cystourethroscopy with Cystoscopy	C7554, C7554
Thyroidectomy	C7555
Biliary Tract - Endoscopic Retrograde Cholangiopancreatography	C7560
Behavioral Health Care Management	C7900, C7901, C7902, G0323
Neuromuscular Agents	C9075, J0585, J0586, J0587, J0588, J0589, J1301, J1304, J1413, J1426, J1428, J2326, J2508, J3399
Antivirals	C9077, J0248, J0739, J0741, J1746, S0145, S0148, S0148
Antihyperlipidemics	C9079, J1305, J1306
Hematological Agents	C9094, J1302, J1412, J2781, J2998, J7213, J9376
Ophthalmic Angiogenesis Inhibitors	C9097, J0177, J0178, J2503, J2777, J2778, J2779, J2782, Q5124, Q5128
Antiemetics	C9145, J0185, J1434, J1453, J1454, J1456, J1627, J2469
Dermatologicals	C9166, J7354
Enzyme Replacement Therapy Drugs	C9167, G0138, G0138, J1203
Ulcer Drugs	C9168, J1596
Unclassified Drugs	C9399, C9399, J3490, J3590
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Injection of Medication into Kidney	C9789, C9789
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Commode Chair	E0170
Hospital Beds	E0193, E0194, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0271, E0272, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0328, E0329, E0462
Light Therapy Devices	E0202, E0203, E0691, E0692, E0693, E0694
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Hydrocollator Units	E0225, E0239
Heating and Cooling Pad Accessories	E0236
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Portable Oxygen System	E0430, E0431, E0433, E0434, E0435, K0738
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Ventilators	E0465, E0466, E0467, E0468, E0481
CPAP Machine	E0470, E0470, E0471, E0471, E0601, E0601
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	E1225, E2204, E2228, E2293, E2298, E2301, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2341, E2342, E2343, E2351, E2358, E2359, E2362, E2368, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2397, E2614, E2616, E2620, E2621, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633
Manual Wheelchairs	E1161, E1220, E1229, E1231, E1234, E1235, K0005, K0008
Scooters	E1230, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0899
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Metabolic Modifiers	J0180, J0218, J0219, J0221, J0584, J0606, J1322, J1458, J1743, J1931, J2840, J3397
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Alpha-Proteinase Inhibitor (Human)	J0256, J0257
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Antiasthmatic and Bronchodilator Agents	J0517, J2182, J2356, J2357, J2786
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Dressings	L5400, L5410, L5420, L5430, L5450, L5460, L6380, L6382, L6384, L6386, L6388
Below Knee - Temporary Prostheses	L5500, L5510, L5520, L5530, L5535, L5540
Above Knee - Temporary Prostheses	L5505, L5560, L5570, L5580, L5585, L5590
Hip - Temporary Prostheses	L5595, L5600
Above Knee - Prosthesis Accessories	L5610, L5611, L5613, L5614, L5616, L5624, L5642, L5644, L5648, L5651, L5658, L5692, L5694, L5695, L5701, L5705, L5790, L5925, L5926, L5950, L5964
Knee - Prosthesis Accessories	L5615, L5617, L5622, L5631, L5640, L5650, L5652, L5653, L5656, L5673, L5679, L5681, L5683, L5696, L5697, L5698, L5706, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845,

	L5848, L5850, L5856, L5857, L5858, L5859, L5930
Ankle - Prosthesis Accessories	L5618, L5630, L5632, L5634, L5636, L5649, L5654, L5661, L5783, L5969, L5986
Below Knee - Prosthesis Accessories	L5620, L5629, L5637, L5638, L5639, L5645, L5646, L5647, L5655, L5665, L5666, L5668, L5670, L5671, L5672, L5676, L5677, L5678, L5680, L5682, L5684, L5685, L5686, L5688, L5690, L5704, L5785, L5910, L5940, L5962
Hip - Prosthesis Accessories	L5626, L5628, L5643, L5702, L5707, L5795, L5855, L5960, L5961, L5966
Lower Extremity - Prosthesis Accessories	L5699, L5781, L5782, L5920, L5968, L5982, L5984, L5985, L5988, L5991
Below Knee - Prosthesis Component Replacements	L5700
Ankle - Prosthesis Component Replacements	L5703
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Wrist - Prostheses	L6050, L6055, L6920, L6925, L7259
Below Elbow - Prostheses	L6100, L6110, L6120, L6130, L6400, L6930, L6935
Elbow - Prostheses	L6200, L6205, L6450, L6584, L6586, L6940, L6945, L7170, L7180, L7181, L7185, L7186, L7190, L7191
Above Elbow - Prostheses	L6250, L6500, L6950, L6955
Shoulder - Prostheses	L6300, L6310, L6320, L6550, L6960, L6965

Upper Torso - Prostheses	L6350, L6360, L6370, L6570, L6690, L6885, L6970, L6975
Wrist - Temporary Prostheses	L6580
Below Elbow - Temporary Prostheses	L6582
Shoulder - Temporary Prostheses	L6588, L6590
Upper Extremity - Prosthesis Accessories	L6600, L6605, L6610, L6611, L6632, L6641, L6642, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6686, L6691, L6692, L7402, L7405, L7499, L8415, L8435, L8465, L8485
Wrist - Prosthesis Accessories	L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6680
Elbow - Prosthesis Accessories	L6635, L6637, L6638, L6682, L6693, L6694, L6695, L6696, L6697, L6698
Shoulder - Prosthesis Accessories	L6640, L6645, L6646, L6647, L6648, L6650, L6684, L6689
Below Elbow - Prosthesis Accessories	L6687, L6688, L7400, L7403
Hand - Prostheses	L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6880, L7007, L7008, L7009, L7045
Hand - Prosthesis Accessories	L6805, L6810, L6881, L6882, L6915, L7040
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Osseointegrated Hearing Implants	L8690, L8691, L8692, L8693
Medicare Oncology Care Model Services	M0010
Heart - Prosthesis Component Replacements	Q0477, Q0479, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0488, Q0489, Q0490, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0499, Q0500, Q0501, Q0502, Q0503, Q0504, Q0506
Progestins	Q2042
Scleral Lenses	S0515
Refractive Surgery	S0800, S0810
Head - Remolding Orthoses	S1040

Not Applicable - Transcatheter Occlusion	S2095, S2095
General - Stem Cell Services / Procedures	S2142
Echosclerotherapy	S2202
Reusable Insulin Pens	S5560, S5561
Disposable Insulin Pens	S5570, S5571
Localization of Not Applicable	S8030, S8030
MRI (Bile System and Pancreas)	S8037, S8037
Nuclear Medicine (Breast)	S8080, S8080
Vertebroplasty	S9090
Home Health Services	S9122, T1021
Home Enteral Nutrition Therapy	S9340, S9341, S9342, S9343
Home Drug Therapy	S9563
Private Duty Nursing	T1000
Patient Attendant Transportation	T2001
Contact Lenses	V2526
Eye - Prostheses	V2623, V2627, V2629
Corneal Tissue Procurement	V2785
Ocular Grafts	V2790
External Hearing Aid	V5030, V5040, V5050, V5060, V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255,

	V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5267, V5298
Assistive Listening Devices	V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V5288, V5289, V5290
Speech Testing	V5364, V5364