

Coding Notes:

Codes are for reference only and are not all-inclusive.

- **A codes** represent transportation services (including ambulance), and other medical services and supplies.
- **B codes** represent enteral and parenteral therapy.
- **C codes** identify items that may qualify for "pass through" payments under the hospital outpatient prospective payment system (OPPS). These codes are used exclusively for the OPPS purposes and are only valid for claims submitted by hospital outpatient departments.
- **G codes** are temporary codes used to identify procedures/professional services. In many but not all cases, these codes are reviewed and later changed to a CPT code.
- **J codes** are used to identify drugs administered in other than an oral method. J3490, J3590, J8999 and J9999 reflect drugs that are not otherwise classified and may be replaced by specific codes in the future.
- **K codes** are temporary DME codes.
- **L codes** are used to report orthotics and prosthetics.
- **P codes** are used to report pathology and laboratory services.
- **Q codes** are temporary codes used to identify services that would not be given a CPT code, such as drugs, biologicals, and other types of medical equipment or services, and which are not identified by national level II HCPCS codes.
- **S codes** are temporary codes used by private insurers to report drugs, services, and supplies for which there are no national codes but for which codes are needed to implement policies, programs, or claims processing. They are not payable by Medicare.
- **XXXXT codes** are considered Category III codes, representing temporary codes for emerging technology, services and procedures.

Item/Service	Codes
Hospital/Skilled Nursing Facility	
Hospital Services - Inpatient and Outpatient Observation	
<u>Urgent/Emergency Inpatient & Outpatient Observation Services:</u>	
o <u>Health First Hospitals</u> - The authorization process is integrated into the hospital admission process.	
o <u>Other Hospitals</u> – Authorization from HFHP is required for post-stabilization care. Notification required at admission.	
<u>Elective Inpatient & Outpatient Observation Services:</u>	
o <u>Health First Hospitals</u> - The authorization process is integrated into the hospital admission process.	
o <u>Other Hospitals</u> – Prior authorization from HFHP is required.	
Skilled Nursing Facility (SNF) Services	
<u>Inpatient SNF Services</u>	
o Prior authorization is required.	
<u>Outpatient Services During a Non-Covered Stay</u>	
o Covered physician, diagnostic, and rehab services provided during a long-term or custodial stay require prior authorization.	
Diagnostic Testing	
Laboratory Services	
Genetic Testing (not covered under Brevard County employee plan)	
All covered genetic testing requires prior authorization. Specific codes include 81200 - 81408 and S3713 - S3890 , but tests may be reported with non-specific molecular diagnostic codes.	
Mobile Cardiac Outpatient Telemetry (MCOT)	
External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days	93228, 93229
Radiology Services	
High Tech Imaging (Magnetic Resonance, CT, Nuclear Cardiology tests)	
See American Imaging Management (AIM) Authorization List at www.HealthFirstHealthPlans.org .	
Computed tomographic (CT) colonography (virtual colonoscopy)	74263

Item/Service	Codes
Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries (DaTscan)	A9584
Routine Obstetric Ultrasounds (>2)	
For procedure codes 76801 - 76817 , up to two are covered without prior authorization. Auth not required for >2 ultrasounds for high-risk pregnancies (identified by diagnosis codes below).	
High-risk Dx codes currently include: 622.5, 630, 631, 632, 633.00-633.91, 640.00-640.93, 642.00 - 642.94, 643.00-643.93, 644.00-644.21, 645.1, 645.2, 646.00-646.93, 647.00-647.94, 648.00-648.94, 649.00 - 649.73, 651.00-651.93, 652.00-652.93, 653.00 - 653.93, 654.00-654.94, 655.00-655.93, 656.00-656.93, 657.00-657.03, 658.00-658.93, 659.50 - 659.93, 678.00 - 678.03, 679.00 - 679.13, 663.00 - 663.93, 764.00-764.99, 766.0-766.22, 768	
Durable Medical Equipment and Prosthetic Devices**	
With a physician order and appropriate clinical documentation, the authorization process may be facilitated by a contracted DME supplier.	
Bone Growth Stimulators (External)	
Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	E0747
Osteogenesis stimulator, electrical, noninvasive, spinal applications	E0748
Osteogenesis stimulator, electrical, surgically implanted	E0749
Osteogenesis stimulator, low intensity ultrasound, noninvasive	E0760
Cochlear Implants/Auditory Brainstem Implants/Bone Anchored Hearing Aids	
Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	69710
Removal or repair of electromagnetic bone conduction hearing device in temporal bone	69711
Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	69714
Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	69715
Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	69717
Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	69718
Cochlear device implantation, with or without mastoidectomy	69930
Cochlear device, includes all internal and external components	L8614
Cochlear implant, external speech processor, component, replacement	L8627
Cochlear implant, external controller component, replacement	L8628
Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	L8629
Auditory osseointegrated device, includes all internal and external components	L8690
Auditory osseointegrated device, external sound processor, replacement	L8691
Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	L8692
Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	S2230
Implantation of auditory brain stem implant	S2235
Continuous Glucose Monitoring and Supplies	
Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	A9276
Transmitter; external, for use with interstitial continuous glucose monitoring system	A9277
Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	A9278
Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	95250
Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	95251
CPAP/BiPAP Devices - See Home Respiratory Equipment	
Cranial Remolding Orthotic	S1040
Diabetic Test Supplies - Non-Preferred (Blood Glucose Monitors and Testing Supplies)	
All monitors not listed below prior authorization.	
<ul style="list-style-type: none"> · Abbott's Freestyle Lite · Freestyle Freedom Lite · Precision Xtra 	

Item/Service	Codes
See "Pump - Infusion" section for details on insulin pumps and supplies	
Elastic Garments, Belts, Sleeves or Coverings	
Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	A4466
Enteral/Parenteral Nutrition	
Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, ta	B4034
Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	B4035
Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	B4036
Nasogastric tubing with stylet	B4081
Nasogastric tubing without stylet	B4082
Stomach tube - Levine type	B4083
Gastrostomy/jejunostomy tube, standard, any material, any type, each	B4087
Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	B4088
Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4149
Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4150
Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4152
Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4153
Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4154
Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	B4155
Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4157
Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	B4158
Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	B4159
Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4160
Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4161
Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4162
Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	B4164
Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	B4168
Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	B4172

Item/Service	Codes
Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	B4176
Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix	B4178
Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	B4180
Parenteral nutrition solution, per 10 grams lipids	B4185
Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	B4189
Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	B4193
Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	B4197
Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	B4199
Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	B4216
Parenteral nutrition supply kit; premix, per day	B4220
Parenteral nutrition supply kit; home mix, per day	B4222
Parenteral nutrition administration kit, per day	B4224
Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmine - premix	B5000
Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - FreAmine HBC, HepatAmine - premix	B5100
Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	B5200
Enteral nutrition infusion pump - without alarm	B9000
Enteral nutrition infusion pump - with alarm	B9002
Parenteral nutrition infusion pump, portable	B9004
Parenteral nutrition infusion pump, stationary	B9006
NOC for enteral supplies	B9998
NOC for parenteral supplies	B9999
Parenteral infusion pump, stationary, single, or multichannel	E0791
NON-COVERED ENTERAL/PARENTERAL NUTRITION SUPPLIES (Authorization not required.)	
Food thickener, administered orally, per oz	B4100
Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	B4102
Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	B4103
Additive for enteral formula (e.g., fiber)	B4104
Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	S9340
Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	S9341
Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	S9342
Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	S9343
Home infusion therapy; total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	S9364
Home infusion therapy; total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	S9365
Home infusion therapy; total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	S9366
Home infusion therapy; total parenteral nutrition (TPN); more than two liter but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	S9367

Item/Service	Codes
Home infusion therapy; total parenteral nutrition (TPN); more than two liter but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	S9368
External Defibrillator	
External defibrillator with integrated electrocardiogram analysis	E0617
Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	K0606
Replacement battery for automated external defibrillator, garment type only, each	K0607
Replacement garment for use with automated external defibrillator, each	K0608
Replacement electrodes for use with automated external defibrillator, garment type only, each	K0609
Home PT/INR Monitor	
Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician	G0248
Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria	G0249
Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria	G0250
Home Respiratory Equipment, including oxygen, CPAP/BIPAP equipment	
<i>All home respiratory equipment requires prior auth.</i>	
Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	E0424 - E0487
Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	E0425
Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	E0430
Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	E0431
Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	E0433
Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	E0434
Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	E0435
Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	E0439
Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	E0440
Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	E0441
Stationary oxygen contents, liquid, 1 month's supply = 1 unit	E0442
Portable oxygen contents, gaseous, 1 month's supply = 1 unit	E0443
Portable oxygen contents, liquid, 1 month's supply = 1 unit	E0444
Oximeter device for measuring blood oxygen levels noninvasively	E0445
Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	E0446
Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	E0450
Oxygen tent, excluding croup or pediatric tents	E0455
Chest shell (cuirass)	E0457
Chest wrap	E0459
Negative pressure ventilator; portable or stationary	E0460
Volume control ventilator, without pressure support mode, may include pressure control mode, used with noninvasive interface (e.g., mask)	E0461
Rocking bed, with or without side rails	E0462
Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	E0463

Item/Service	Codes
Pressure support ventilator with volume control mode, may include pressure control mode, used with noninvasive interface (e.g., mask)	E0464
Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	E0470
Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	E0471
Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	E0472
Percussor, electric or pneumatic, home model	E0480
Spirometer, electronic, includes all accessories	E0487
Intermittent Positive Pressure Breathing (IPPB) Machine and Equipment	E0500
Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmete	E0550
Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	E0555
Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	E0560
Humidifier, nonheated, used with positive airway pressure device	E0561
Humidifier, heated, used with positive airway pressure device	E0562
Compressor, air power source for equipment which is not self-contained or cylinder driven	E0565
Nebulizer, with compressor	E0570
Aerosol compressor, battery powered, for use with small volume nebulizer	E0571
Aerosol compressor, adjustable pressure, light duty for intermittent use	E0572
Ultrasonic/electronic aerosol generator with small volume nebulizer	E0574
Nebulizer, ultrasonic, large volume	E0575
Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	E0580
Nebulizer, with compressor and heater	E0585
Respiratory suction pump, home model, portable or stationary, electric	E0600
Continuous airway pressure (CPAP) device	E0601
Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	E1354
Stand/rack	E1355
Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	E1356
Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	E1357
Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	E1358
Immersion external heater for nebulizer	E1372
Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	E1390
Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	E1391
Portable oxygen concentrator, rental	E1392
Durable medical equipment, miscellaneous	E1399
Oxygen and water vapor enriching system with heated delivery	E1405
Oxygen and water vapor enriching system without heated delivery	E1406
Portable gaseous oxygen system, rental, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing, for cluster headaches	K0741
Portable oxygen contents, gaseous, 1 month's supply = 1 unit, for cluster headaches, for initial months supply or to replace used contents	K0742
Hospital Beds (All)	
Hospital bed, fixed height, with any type side rails, with mattress	E0250
Hospital bed, fixed height, with any type side rails, without mattress	E0251
Hospital bed, variable height, hi-lo, with any type side rails, with matt	E0255
Hospital bed, variable height, hi-lo, with any type side rails, without mattress	E0256
Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	E0260
Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	E0261
Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	E0265

Item/Service	Codes
Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	E0266
Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	E0270
Mattress, innerspring	E0271
Mattress, foam rubber	E0272
Powered pressure-reducing air mattress	E0277
Hospital bed, fixed height, without side rails, with mattress	E0290
Hospital bed, fixed height, without side rails, without mattress	E0291
Hospital bed, variable height, hi-lo, without side rails, with mattress	E0292
Hospital bed, variable height, hi-lo, without side rails, with mattress	E0293
Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	E0294
Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	E0295
Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	E0296
Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	E0297
Pediatric crib, hospital grade, fully enclosed	E0300
Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	E0301
Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	E0302
Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	E0303
Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	E0304
Bedside rails, half-length	E0305
Bedside rails, full-length	E0310
Safety enclosure frame/canopy for use with hospital bed, any	E0316
Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	E0328
Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	E0329
Neurostimulators	
Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation	E0720
	E0730
Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	
Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	E0731
Incontinence treatment system, pelvic floor stimulator, monitor, sensor, and/or trainer	E0740
Neuromuscular stimulator for scoliosis	E0744
Neuromuscular stimulator, electronic shock unit	E0745
Electromyography (EMG), biofeedback device	E0746
Implantable neurostimulator electrode, each	L8680
Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	L8681
Implantable neurostimulator radiofrequency receiver	L8682
Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	L8683
Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	L8684
Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	L8685
Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	L8686
Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	L8687
Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	L8688
External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	L8689

Item/Service	Codes
Other Orthopedic Devices	
Static str toe dev ext/flex	E1831
Orthotic Devices	
<p>For contracted suppliers and approved locations, authorization is only required for the items listed below. Approved locations include Emergency Departments, Urgent Care Clinics, Outpatient Rehabilitation Facilities, Large Group Practice Offices, and Physician Offices with the following specialties: Primary Care, Podiatry, Orthopedics, Pain Management, Physical Medicine & Rehab, Rheumatology, Surgery.</p> <p>For all other providers, prior authorization is required for all covered orthotic devices, including those not listed below.</p> <p>Note: Authorization is not required for non-covered orthotic devices, including those non-covered by Medicare and those used solely for athletic purposes. These items are not covered under any circumstance.</p>	
Cervical, collar, molded to patient model	L0170
Hip-Knee Ankle-Foot (HKAFO)	L2040 - L2090
Ankle-Foot (AFO)	L2106 - L2116
Knee Ankle-Foot (KAFO)	L2126 - L2136
Additions	L2180 - L2850, L2999, K0672
Orthopedic Inserts	L3000 - L3170
Orthopedic Footwear	L3201 - L3214, L3224 - L3265
Orthopedic Footwear - Lifts	L3300 - L3334
Orthopedic Footwear - Wedges	L3340 - L3420
Orthopedic Footwear - Heels	L3430 - L3485
Orthopedic Footwear - Other Additions	L3500 - L3595
Orthopedic Footwear - Modifications	L3600 - L3649
Elbow Orthotic (EO)	L3702 - L3762
Elbow-Wrist-Hand	L3763 - L3764
Elbow-Wrist-Hand-Finger	L3765 - L3766
Wrist-Hand-Finger (WHFO)	L3904
Miscellaneous Upper Extremity Orthoses	L3999
Replacement parts	L4000 - L4130
Repairs	L4205 - L4210
Other Lower Limb Orthoses	L4360 - L4398
Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS Code	L9900
Prosthetic Devices	
Partial Foot	L5000, L5010, L5020
Ankle	L5050, L5060
Below Knee	L5100, L5105
Knee Disarticulation	L5150, L5160
Above Knee	L5200, L5210, L5220, L5230
Hip Disarticulation	L5250, L5270
Hemipelvectomy	L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460
Initial Prosthesis	L5500, L5505

Item/Service	Codes
Preparatory Prosthesis	L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600
Additions: Lower Extremity	L5610 - L5617
Additions: Test Sockets	L5618 - L5629
Additions: Socket Variations	L5630 - L5653
Additions: Socket Insert and Suspension	L5654 - L5699
Replacements	L5700 - L5707
Additions: Exoskeletal Knee-Shin System	L5710 - L5782
Component Modification	L5785, L5790, L5795
Additions: Endoskeletal Kee-Shin System	L5810 - L5999
Partial Hand	L6000, L6010, L6020, L6025
Wrist Disarticulation	L6050, L6055
Below Elbow	L6100, L6110, L6120, L6130
Elbow Disarticulation	L6200, L6205
Above Elbow	L6250
Shoulder Disarticulation	L6300, L6310, L6320
Interscapular Thoracic	L6350, L6360, L6370
Immediate and Early Postsurgical Procedures	L6380, L6382, L6384, L6386, L6388
Molded Socket	L6400, L6450, L6500, L6550, L6570
Preparatory Socket	L6580, L6582, L6584, L6586, L6588, L6590
Additions: Upper Limb	L6600 - L6698
Terminal Device	L6703 - L6722
Addition to Terminal Device	L6805, L6810, L6880, L6881, L6882
Replacement Socket	L6883, L6884, L6885
Hand Restoration	L6890, L6895, L6900, L6905, L6910, L6915
External Power	L6920 - L6975
Electric Hand and Accessories	L7007, L7008, L7009, L7040, L7045
Electronic Elbow and Accessories	L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7260, L7261
Battery Components	L7360, L7362, L7364, L7366, L7367, L7368

Item/Service	Codes
Additions to Upper Extremity Prosthesis	L7400, L7401, L7402, L7403, L7404, L7405, L7499
Repairs	L7510, L520
Male Prosthetic	L7600, L7900
Breast prosthesis, mastectomy bra	L8000, L8001, L8002 (Auth not required for contracted providers.)
Breast prosthesis, mastectomy sleeve	L8010 (Auth not required for contracted providers.)
External breast prosthesis garment, with mastectomy form, post mastectomy	L8015 (Auth not required for contracted providers.)
Breast prosthesis, mastectomy form	L8020 (Auth not required for contracted providers.)
Breast prosthesis, silicone or equal, without integrated adhesive	L8030 (Auth not required for contracted providers.)
Breast prosthesis, silicone or equal, with integrated adhesive	L8031 (Auth not required for contracted providers.)
Nipple prosthesis, reusable, any type, each	L8032 (Auth not required for contracted providers.)
Custom breast prosthesis, post mastectomy, molded to patient model	L8035 (Auth not required for contracted providers.)
Breast prosthesis, not otherwise specified	L8039 (Auth not required for contracted providers.)
Face and Ear Prosthetics	L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049
Trusses	L8300, L8310, L8320, L8330
Prosthetic Socks	L8400, L8410, L8415, L8417, L8420, L8430, L8435, L8440, L8460, L8465, L8470, L8480, L8485, L8499

Item/Service	Codes
Larynx and Trachea Prosthetics and Accessories	L8500, L8501, L8505, L8507, L8509, L8510, L8511, L8512, L8513, L8514, L8515
Breast Implant	L8600
Injectable bulking agent, collagen implant, urinary tract	L8603 (Auth not required for urologists, gynecologists, and urogynecologists)
Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract	L8604
Injectable bulking agent, synthetic implant, urinary tract	L8606 (Auth not required for urologists, gynecologists, and urogynecologists)
Eye and Ear Implants and Accessories	L8609 - L8629
Upper Extremity Implants	L8630, L8631
Lower Extremity Implant	L8641, L8659
Interphalangeal Implants	L8658, L8659
Cardiovascular Implant	L8670
Neurostimulator and Accessories	L8680 - L8689
Miscellaneous Prosthetics and Accessories	L8690 - L9900
Oscillatory Devices for Airway Clearance	
Intrapulmonary percussive ventilation system and related accessories	E0481
High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	E0483
High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	E0484
Prosthetic Devices - all external prosthetic devices require prior authorization.	
Pumps - Infusion	
Insulin pumps	E0784
Refill kit for implantable infusion pump	A4220
Supplies for maintenance of drug infusion catheter, per week (list drug separately)	A4221
Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	A4222
Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	A4223
The following insulin pump supplies <u>do not</u> require prior authorization when obtained from Minimed. Authorization is required when obtained from any other provider.	
Infusion set for external insulin pump, nonneedle cannula type	A4230
Infusion set for external insulin pump, needle type	A4231
Syringe with needle for external insulin pump, sterile, 3 cc	A4232
Alcohol wipes, per box	A4245
Skin barrier, wipes or swabs, each	A5120
Transparent Film	A6257
Insulin pump syringe cartridge	K0552
Enteral/Parenteral Nutrition infusion pumps* , **	See Enteral/ Parenteral Nutrition
Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	E0780
Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	E0781
Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	E0782
Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	E0783

Item/Service	Codes
External ambulatory infusion pump, insulin	E0784
Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	E0785
Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	E0786
Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	K0455
Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	49419
Pumps - Lymphedema	
Pneumatic compressor, nonsegmental home model	E0650
Pneumatic compressor, segmental home model without calibrated gradient pressure	E0651
Pneumatic compressor, segmental home model with calibrated gradient pressure	E0652
Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	E0655
Segmental pneumatic appliance for use with pneumatic compressor, trunk	E0656
Segmental pneumatic appliance for use with pneumatic compressor, chest	E0657
Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	E0660
Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	E0665
Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	E0666
Segmental pneumatic appliance for use with pneumatic compressor, full leg	E0667
Segmental pneumatic appliance for use with pneumatic compressor, full arm	E0668
Segmental pneumatic appliance for use with pneumatic compressor, half leg	E0669
Segmental gradient pressure pneumatic appliance, full leg	E0671
Segmental gradient pressure pneumatic appliance, full arm	E0672
Segmental gradient pressure pneumatic appliance, half leg	E0673
Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	E0675
Intermittent limb compression device (includes all accessories), not otherwise specified	E0676
Seat/Patient Lift Mechanisms	
Sling or seat, patient lift, canvas or nylon	E0621
Patient lift, bathroom or toilet, not otherwise classified	E0625
Seat lift mechanism incorporated into a combination lift-chair mechanism	E0627
Separate seat lift mechanism for use with patient-owned furniture, electric	E0628
Separate seat lift mechanism for use with patient-owned furniture, nonelectric	E0629
Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	E0630
Patient lift, electric, with seat or sling	E0635
Multipositional patient support system, with integrated lift, patient accessible controls	E0636
Combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels	E0637
Standing frame system, one position (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels	E0638
Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	E0639
Patient lift, fixed system, includes all components/accessories	E0640
Standing frame system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	E0641
Standing frame system, mobile (dynamic stander), any size including pediatric	E0642
Scooters	
All scooters require prior authorization.	
Snore Guards (Oral Appliances)	
Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	E0485
Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	E0486
Speech Tech Aids	
Communication board, nonelectronic augmentative or alternative communication device	E1902
Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time	E2500

Item/Service	Codes
Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	E2502
Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	E2504
Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	E2506
Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	E2508
Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	E2510
Speech generating software program, for personal computer or personal digital assistant	E2511
Accessory for speech generating device, mounting system	E2512
Accessory for speech generating device, not otherwise classified	E2599
Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	V5336
Vacuum Erection Devices	
Male vacuum erection system	L7900
Wheelchairs and Accessories (power and manual)	
All wheelchairs require prior authorization, including E0950-E1298, E2201-E2397, E2601-E2621, E2622-E2625, K0001-K0108,	
Wound Vacuum Devices (negative pressure devices)	
Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	A6550
Pediatric Services	
Autism Services**	
Initial treatment plan and any requested services must be approved in advance.	
Nemours Pediatric Specialists	
All services require prior authorization.	
ORHS Pediatric Specialists	
All services require prior authorization.	
Physical, Occupational and Speech Therapy for Children Under 9 Years of Age	
Prior authorization required for all therapy services, except the initial evaluation.	
Select Items and Services	
Dental/Maxillofacial Services*	
All covered dental/maxillofacial services require prior auth.	
EECP (Enhanced External Counterpulsation)	
Cardioassist-method of circulatory assist; external	92971
External counterpulsation, per treatment session	G0166
Erectile Dysfunction Treatment, including treatment of Peyronie's Disease	
Penile revascularization, artery, with or without vein graft	37788
Excision of penile plaque (Peyronie disease)	54110
Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	54111
Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	54112
Injection procedure for Peyronie disease	54200
Injection procedure for Peyronie disease; with surgical exposure of plaque	54205
Injection procedure for corpora cavernosography	54230
Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	54231
Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	54235
Insertion of penile prosthesis; non-inflatable (semi-rigid)	54400
Insertion of penile prosthesis; inflatable (self-contained)	54401
Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	54405
Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	54406
Repair of component(s) of a multi-component, inflatable penile prosthesis	54408
Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	54410

Item/Service	Codes
Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	54411
Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	54415
Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	54416
Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	54417
Corpora cavernosography, radiological supervision and interpretation	74445
Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J0275
Also see injectable drugs for ED Treatment	
Hyperbaric Oxygen (HBO) Therapy	
Physician attendance and supervision of hyperbaric oxygen therapy, per session	99183
Topical hyperbaric oxygen chamber, disposable	A4575
Hyperbaric Oxygen Therapy	Revenue Code 413
Infertility Diagnostic Services*	
Only covered with authorization for Brevard County employee plan	
Implantation Services	
Neurostimulator Implantation/Revision/Replacement	
Gastric	
Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	95980
Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	95981
Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	95982
Intracranial	
Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	61850
Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	61860
Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	61863
Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	61864
Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	61867
Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	61870
Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical	61875
Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	61885
Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	61886
Revision or removal of cranial neurostimulator pulse generator or receiver	61888
Peripheral	

Item/Service	Codes
Percutaneous implantation of neurostimulator electrode array; cranial nerve	64553
Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	64555
Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	64561
Percutaneous implantation of neurostimulator electrode array; neuromuscular	64565
Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	64566
Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	64568
Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	64569
Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	64570
Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	64575
Incision for implantation of neurostimulator electrode array; neuromuscular	64580
Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	64581
Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	64590
Spinal	
Percutaneous implantation of neurostimulator electrode array, epidural	63650
Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	63655
Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	63663
Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	63664
Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	63685
Subcutaneous	
Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin). Note: Include code for pellet in auth request.	11980
Pump Implantation	Implantation of all infusion pumps
Prosthetic Device Implantation	Implantation of all prosthetic devices
Intacs (Implantation of intrastomal corneal ring segments)	0099T
M2A Capsule Endoscopies	
Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report	91110
Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	91111
Obesity Surgery	
Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	43644
Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	43645
Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	43770
Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	43771
Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	43772
Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	43773

Item/Service	Codes
Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	43774
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	43775
Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	43842
Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	43843
Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	43845
Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	43846
Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	43847
Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	43848
Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	43860
Gastric restrictive procedure, open; revision of subcutaneous port component only	43886
Gastric restrictive procedure, open; removal of subcutaneous port component only	43887
Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	43888
Laparoscopy, surgical; implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)	0155T
Laparoscopy, surgical; revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)	0156T
Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)	0157T
Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)	0158T
Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	S2083
Physical, Occupational, and Speech Therapy for Individuals 9 Years of Age and Older	
Prior authorization is required for more than 20 speech, physical, or occupational therapy visits per episode of care per calendar year. (Brevard County TPA plans no longer require authorization for first 20 visits.)	
Pulmonary Rehabilitation Services	
Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)	G0237
Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)	G0238
Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)	G0239
Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services	G0302
Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	G0303
Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services	G0304
Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services	G0305
Pulmonary rehabilitation program, nonphysician provider, per diem	S9473
Reconstructive or Potentially Cosmetic Procedures	
Excision of skin and subcutaneous tissue (includes lipectomy and panniculectomy)	
Cervicoplasty	15819
Rhytidectomy; forehead	15824
Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	15825
Rhytidectomy; glabellar frown lines	15826
Rhytidectomy; cheek, chin, and neck	15828
Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	15829
Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	15830

Item/Service	Codes
Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	15832
Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	15833
Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	15834
Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	15835
Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	15836
Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	15837
Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	15838
Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	15839
Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	15847
Blepharoplasty	
Blepharoplasty, lower eyelid;	15820
Blepharoplasty, lower eyelid; with extensive herniated fat pad	15821
Blepharoplasty, upper eyelid;	15822
Blepharoplasty, upper eyelid; with excessive skin weighting down lid	15823
Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	67900
Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	67901
Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	67902
Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	67903
Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	67904
Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	67906
Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	67908
Reduction of overcorrection of ptosis	67909
Repair of ectropion; excision tarsal wedge	67916
Repair of ectropion; extensive (eg, tarsal strip operations)	67917
Repair of entropion; excision tarsal wedge	67923
Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	67924
Mammoplasty	
Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	11920
Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	11921
Replacement of tissue expander with permanent prosthesis	11970
Removal of tissue expander(s) without insertion of prosthesis	11971
Mastopexy	19316
Reduction mammoplasty	19318
Mammoplasty, augmentation; without prosthetic implant	19324
Mammoplasty, augmentation; with prosthetic implant	19325
Removal of intact mammary implant	19328
Removal of mammary implant material	19330
Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	19340
Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	19342
Nipple/areola reconstruction	19350
Correction of inverted nipples	19355
Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	19357
Open periprosthetic capsulotomy, breast	19370
Periprosthetic capsulectomy, breast	19371
Revision of reconstructed breast	19380
Preparation of moulage for custom breast implant	19396
Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	S2066
Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	S2067

Item/Service	Codes
Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	S2068
Mastectomy for gynecomastia	19300
Otoplasty, protruding ear, with or without size reduction	69300
Rhinoplasty	
Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	30400
Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	30410
Rhinoplasty, primary; including major septal repair	30420
Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	30430
Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	30435
Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	30450
Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	30460
Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	30462
Skin/Wound Care	
Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	97605
Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	97606
Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	96910
Photochemotherapy; psoralens and ultraviolet A (PUVA)	96912
Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	96913
Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	96920
Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	96921
Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	96922
Suction pump, home model, portable, for use on wounds	K0743
Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	K0744
Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches	K0745
Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	K0746
Select wound care procedures	
Electrical stimulation for non-healing ulcers	G0281
Electromagnetic therapy for non-healing ulcers	G0329
Skin (Dermal) Substitutes	
Skin substitute, not otherwise specified	Q4100
Apligraf, per sq cm	Q4101
Oasis wound matrix, per sq cm	Q4102
Oasis burn matrix, per sq cm	Q4103
Integra bilayer matrix wound dressing (BMWD), per sq cm	Q4104
Integra dermal regeneration template (DRT), per sq cm	Q4105
Dermagraft, per sq cm	Q4106
GRAFTJACKET, per sq cm	Q4107
Integra matrix, per sq cm	Q4108
PriMatrix, per sq cm	Q4110
GammaGraft, per sq cm	Q4111
Cymetra, injectable, 1 cc	Q4112
GRAFTJACKET Express, injectable, 1 cc	Q4113
Integra flowable wound matrix, injectable, 1 cc	Q4114

Item/Service	Codes
AlloSkin, per sq cm	Q4115
AlloDerm, per sq cm	Q4116
HYALOMATRIX, per sq cm	Q4117
MatriStem micromatrix, 1 mg	Q4118
MatriStem wound matrix, per sq cm	Q4119
MatriStem burn matrix, per sq cm	Q4120
TheraSkin, per sq cm	Q4121
Dermacell, per square centimeter	Q4122
Alloskin RT, per square centimeter	Q4123
Oasis Ultra Tri-Layer Wound Matrix, per square centimeter	Q4124
Arthroflex, per square centimeter	Q4125
Memoderm, per square centimeter	Q4126
Talymed, per square centimeter	Q4127
FlexHD of Allopatch HD, per square centimeter	Q4128
Unite Biomatrix, per square centimeter	Q4129
Strattice TM, per square centimeter	Q4130
Application of tissue cultured allogeneic skin substitute or dermal substitute; for use on lower limb, includes the site preparation and debridement if performed; first 25 sq cm or less	G0440
Application of tissue cultured allogeneic skin substitute or dermal substitute; for use on lower limb, includes the site preparation and debridement if performed; each additional 25 sq cm	G0441
Sleep Apnea/Snoring Treatment	
Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	41530
Uvullectomy, excision of uvula	42140
UPPP (Uvulopalatopharyngoplasty)	42145
Laser-assisted uvulopalatoplasty (LAUP)	S2080
Substance Abuse-Related Services	
Urinary Incontinence Procedures	
Relessa®	
Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	53860
Posterior Tibial Nerve Stimulation	
Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	64566
Sacral Nerve Stimulation	
Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	64561
Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	64581
Revision or removal of peripheral neurostimulator electrodes	64585
Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	64590
Revision or removal of peripheral neurostimulator pulse generator or receiver	64595
Varicose Vein Treatment	
Injection of sclerosing solution; single vein	36470
Injection of sclerosing solution; multiple veins, same leg	36471
Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	36475
Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	36476
Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	36478
Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	36479
Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	37700
Ligation, division, and stripping, short saphenous vein	37718

Item/Service	Codes
Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	37722
Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	37765
Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	37766
Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	37780
Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	37785
Spinal Procedures	
Total Disc Arthroplasties	
Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	22856
Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	22857
Removal of Total Disc Arthroplasties	
Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	22864
Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	22865
Revision, Incl. Replacement of Total Disc Arthroplasties	
Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	22861
Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	22862
Spinal Fusion	
Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	22548
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	22551
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	22552
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	22554
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	22556
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	22585
Arthrodesis, posterior technique, craniocervical (occiput-C2)	22590
Arthrodesis, posterior technique, atlas-axis (C1-C2)	22595
Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	22600
Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)	22610
Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	22612
Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	22614
Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	22630
Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	22632
Spinal Instrumentation	
Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	22840

Item/Service	Codes
Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	22841
Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	22842
Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	22843
Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	22844
Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	22845
Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	22846
Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	22847
Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	22848
Reinsertion of spinal fixation device	22849
Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	22850
Removal of Posterior Segmental Instrumentation	
Removal of posterior segmental instrumentation	22852
Thermal Intradiscal Procedures (TIPS)	
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	22526
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	22527
Unlisted procedure, spine	22899
Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)	62287
Unlisted procedure, nervous system	64999
Total Disc Arthroplasties	
Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	22856
Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	22857
Out-of-Network (OON) Services	
HMO Members	
With the exception of emergency care, urgently-needed care outside the service area, or renal dialysis for Medicare members,	
POS (Point of Service) Members	
All items and services on this list require authorization, regardless of the member's plan type (HMO or POS). For POS members, POS cost-share amounts apply unless the item or service is not available in-plan.	
Injectable/Implantable/Infusable Drugs See formulary for other drugs requiring authorization.	
Insertion, Removal & Reinsertion of Non-Biodegradable Implant	11981-11983
Unclassified Drug Codes:	
The following drugs reported as "unclassified drugs" (non-biologic) require prior authorization: - RELISTOR (methylnaltrexone) - SOMAVERT (pegvisomant) - VIMPAT (lacosamide) - Orphan drugs	J3490
All drugs reported as "unclassified biologics" require prior authorization.	J3590
ACTEMRA (tocilizumab)	J3262
ACTHAR GEL (corticotropin injection)	J0800
ACTIMMUNE (interferon gamma 1-b)	J9216

Item/Service	Codes
AFINITOR (everolimus)	J8561
ALPHANATE / Von Willebrand factor complex human	J7186
APOKYN (apomorphine)	J0364
ARANESP (darbepoetin alfa)	J0881, J0882
ARZERRA (Ofatumumab)	J9302
AVONEX (interferon Beta -1A)	J1826, Q3025
BENLYSTA (belimumab)	J0490
BERINERT (C1 esterase inhibitor (human))	J0597
BLOOD FACTORS:	
· Factor VIIa antihemophilic factor, recombinant	J7189
· Factor VIII antihemophilic factor, human	J7190
· Factor VIII antihemophilic factor, porcine	J7191
· Factor VIII antihemophilic factor, recombinant, NOS	J7192
· Factor VIII antihemophilic factor, recombinant (Xyntha)	J7185
· Factor IX antihemophilic factor, non-recombinant	J7193
· Factor IX complex	J7194
· Factor IX antihemophilic factor, recombinant	J7195
· Factor XIII antihemophilic factor, human	J7180
· Antithrombin III, human	J7197
· Anti Inhibitor	J7198
· Wilate Von Willebrand factor complex (human)	J7183, J7184, J7186, J7187, Q2041, C9267
BONIVA (ibandronate)	J1740
BOTOX (botulinum toxin Type A)	J0585
CAMPATH (alemtuzumab)	J9010
CAVERJECT (alprostadil)	J0270
CEREZYME (imuglucerase)	J1786
CIMZIA (certolizumab)	J0718
CINRYZE (C-1 inhibitor)	J0598
DEPO-CYT (cytarabine liposomal)	J9098
DIDRONEL (etidronate disodium)	J1436
DOLOPHINE (methadone injection)	J1230
DORIBAX (doripenem)	J1267
EMEND for Injection (fosaprepitant)	J1453
ENDRATE (edetate disodium)	J3520
ERBITUX (cetuximab)	J9055
ETHYOL (amifostine)	J0207
FERAHEME (ferumoxytol)	Q0138, Q0139
FLOLAN (epoprostenol sodium)	J1325
FOLOTYN (pralatrexate)	J9307
FUSILEV (levoleucovorin)	J0641
GLASSIA [alpha proteinase inhibitor (human)]	J0257
HALAVAN (eribulin mesylate)	J9179
HIZENTRA (immune globulin)	J1559
HYCAMTIN (topotecan)	J9351
ILARIS (canakinunab)	J0638
IMPLANON (etonogestrel implant)	J7307
INCRELEX (mecasermin)	J2170
INDIUM in-111 pentetretotide, diagnostic, per study dose, up to 6 millicuries.	A9572
INNOHEP (tinzaparin sodium)	J1655
ISTODAX (romidepsin)	J9315
IXEMPRA (ixabepilone)	J9207
JEVTANA (cabazitaxel)	J9043
KALBITOR (ecallantide)	J1290
KRYSTEXXA (pegloticase)	J2507

Item/Service	Codes
LEUKINE (sargramostim)	J2820
LEVULAN (aminolevulinic acid topical)	J7308
LUCENTIS (ranibizumab)	J2778
LUMIZYME (alglucosidas alfa)	J0221
MOZOBIL (injection plerixafor)	J2562
MYOBLOC (botulinum toxin type B)	J0587
MYLOTARG (gemtuzumab ozogamicin)	J9300
MYOZYME (alglucosidase alfa)	J0220
NEUMEGA (oprelvekin)	J2355
NOVANTRONE (mitoxantrone)	J9293
NOVAREL (gonadotropin)	J0725
NPLATE (romiplostim)	J2796
OFORTA (fludarabine phosphate)	J8562
OZURDEX (dexamethasone intravitreal implant)	J3357, J7312
papaverine HCl, up to 60 mg	J2440
phentolamine mesylate, up to 5 mg	J2760
PROLASTIN, ZEMAIRA (alpha 1-proteinase inhibitor, human)	J0256
PROLIA (denosumab)	J0897
PROVENGE (sipuleucel T)	Q2043
REBIF (Injection, interferon beta-1A, 11mcg)	Q3026
RELISTOR (methylnaltrexone)	J3490
RETISERT (fluocinolone acetonide intravitreal insert)	J7311
RITUXAN (rituximab for RA or in combination w/ Zevalin)	J9310
SEROSTIM (somatropin)	J2941
SOLIRIS (eculizumab)	J1300
SOMATULINE (lanreotide)	J1930
SOMAVERT (pegvisomant)	J3490
STADOL	
· (injection butorphanol tartrate)	J0595
· (nasal spray, butorphanol tartrate)	S0012
STELARA (ustekinumab)	J3357
SUPPRELIN (histrelin implant 50 mg kit)	J9226
SYNAGIS (palivizumab-rsv-igm)	90378
TESTOPEL (testosterone pellet)	S0189
TORISEL (temsorolimus)	J9330
TREANDA (bendamustine)	J9033
TYSABRI (natalizumab)	J2323
TYVASE (treprostinil inhalation soln)	J7686
VANTAS (histrelin implant)	J9225
VECTIBIX (panitumumab)	J9303
VIADUR (leuprolide acetate implant)	J9219
VIBATIV (telavancin)	J3095
VIMPAT (lacosamide)	J3490
VISCOSUPPLEMENTS	
ORTHOVISC (hyaluronan)	J7324
SYNVISC (hyaluronan)	J7325
GEL-ONE (hyaluronan)	J7326
VITRASERT (ganciclovir, 4.5mg, long acting implant)	J7310
VIVAGLOBIN (immune globulin, subcutaneous)	J1562
VPRIV (velaglucerase alfa)	J3385
XEOMIN (incobotulinumtoxin A)	J0588
XIAFLEX (collagenase clostridium histolyticum)	J0775
XOLAIR (omalizumab)	J2357
YERVOY (ipilimumab)	J9228
ZANOSAR (streptozocin)	J9320
ZEVALIN	
· (Yttrium Y-90 ibritumomab tiuxetan)	A9543

Item/Service	Codes
· (Indium In-111 ibritumomab tiuxetan)	A9542
ZOLADEX (goserelin acetate implant, per 3.6 mg)	J9202
Orphan drugs:	
Medications either approved or designated as orphan drugs require prior authorization.	
Examples of orphan drugs include, but are not limited to: Arcalyst, Gliadel, Kuvan, Repligen, Velcade, Vidaza, Zavesca, Zolina.	
Contact the Pharmacy Department at 321-434-5688 with questions.	