



***For IN-Network providers ONLY: Prior Authorization is not required for any services.**

****HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**** Out of network providers always require service pre-authorization.****

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 01/01/2024 00:00:01

Category	Details/Notes	CPT/Rev/HCPC Codes	NCHD
Abdominoplasty		15830, 15847	Yes
Ablation	Includes cardiac ablation/electrophysiology study and ablation for bone, liver, kidney and prostate cancer	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 55873, 93650, 93653, 93654, 93656, 0421T, 0582T	Yes
Adjunctive Dental	Adjunctive dental care to treat a covered medical condition, injury, or disease.	D9110, D9120, D9210, D9211, D9212, D9215, D9220, D9221, D9222, D9223, D9230, D9239, D9241, D9242, D9243, D9248, D9310, D9410, D9420, D9430, D9440, D9450, D9610, D9612, D9630, D9910, D9911, D9940, D9941, D9942, D9950, D9999, D9920, D9930, D9951, D9952, D9970, D9971, D9972, D9973, D9974, D9975	Yes
Bladder slings		57288	Yes
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950	Yes
Breast procedures	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11971, 15771, 15772, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, C1789, L8600	Yes
Capsule endoscopy		91110, 91111, 0355T	Yes
Cardiac devices	Cardiac implantable devices [e.g., pacemakers, leadless pacemaker, left atrial appendage closure (LAAC), defibrillators (implantable and subcutaneous) and cardiac resynchronization therapy]	33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33340, 0577T, 0572T, 0573T, 0574T, 0580T, C1721, C1722, C1764, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, E0616	Yes
Cardiac devices	Loop recorders	33285, 33286	Yes
Cardiac devices	Wearable cardiac devices (e.g., LifeVest®)	93228, 93229, 93745, K0606, K0607, K0608, K0609	Yes
Cardiac procedures/surgeries	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure	93580	Yes
Cardiac procedures/surgeries	Coronary artery bypass grafting	33533, 33534, 33535, 33536, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530	Yes



***For IN-Network providers ONLY: Prior Authorization is not required for any services.**

****HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**** Out of network providers always require service pre-authorization.****

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 01/01/2024 00:00:01

Category	Details/Notes	CPT/Rev/HCPC Codes	NCHD
Chemotherapy agents, supportive drugs and Home Infusion Drugs		A9589,C9047,C9399, J0129, J0178, J0179, J0202, J0222, J0450, J0517, J0567, J0570, J0584, J0585, J0586, J0587, J0588, J0599, J0600, J0604, J0606, J0630, J0642, J0800, J0840, J0841, J0850, J0881, J0897, J1071, J1162, J1300, J1301, J1303, J1380, J1410, J1459, J1460, J1555, J1556, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1575, J1632, J1756, J1950, J2170, J2182, J2323, J2326, J2350, J2503, J2505, J2507, J2724, J2787, J2941, J3111, J3121, J3145, J3316, J3355, J3385, J3397, J3398, J3490, J3590, J7170, J7175, J7179, J7195, J7199, J7207, J7208, J7504, J7599, J7699, J7799, J7999, J8498, J8499, J8501, J8510, J8515, J8520, J8521, J8530, J8540, J8560, J8562, J8565, J8597, J8600, J8610, J8650, J8655, J8670, J8700, J8705, J8999, J9000, J9015, J9017, J9019, J9020, J9022, J9023, J9025, J9027, J9030, J9032, J9033, J9034, J9035, J9036, J9039, J9040, J9041, J9042, J9043, J9044, J9045, J9047, J9050, J9055, J9057, J9060, J9065, J9070, J9098, J9100, J9118, J9119, J9120, J9130, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9218, J9219, J9225, J9226, J9228, J9229, J9230, J9245, J9246, J9250, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9280, J9285, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9309, J9311, J9312, J9313, J9315, J9320, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9356, J9357, J9358, J9360, J9370, J9371, J9390, J9395, J9400, J9600, J9999, Q2026, Q2028, Q2041, Q2042, Q2043, Q4082, Q5107, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q9991, Q9992, S0189, S0190, S0191 (All other codes related to this category)	Yes
Chimeric antigen receptor T-cell therapy (CAR-T)		0537T, 0538T, 0539T, 0540T, Q2042,	Yes
Clinical Trials		Modifier Q01, Q02 and DX Z00.6	Yes
Decompression of peripheral nerve (e.g., carpal tunnel surgery)		29848, 64721	Yes
Diagnostic/cardiac imaging	Electrophysiology (EPS) or EPS with 3D mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T	Yes
Diagnostic/cardiac imaging	Magnetic resonance angiogram (MRA)	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936	Yes
Diagnostic/cardiac imaging	Magnetic resonance imaging, Open/Closed MRI	70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, 77084, C8903, C8905, C8906, C8908, S8037, S8042	Yes
Diagnostic/cardiac imaging	Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252	Yes
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 33289, 93264, C2624, 0446T, 0447T, 0448T	Yes
Epidural injections		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999	Yes
Eye Injections w/drugs		J2778, J0178, J7312, 64612, 64615, 66020, 66030, 67028, 67345, 67515, 68200,	Yes
Facet injections		64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T	Yes
Gastric pacing		43647, 43648, 43881, 43882, 64590	Yes
High-frequency chest compression vests		E0483	Yes



***For IN-Network providers ONLY: Prior Authorization is not required for any services.**

****HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**** Out of network providers always require service pre-authorization.****

PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY

PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.

Effective 01/01/2024 00:00:01

Category	Details/Notes	CPT/Rev/HCPC Codes	NCHD
Home health/home infusion		99510, 99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, S0270, S0271, S0272, S0273, S0274, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9125, S9127, S9128, S9129, S9131, S9208, S9209, S9211, S9212, S9213, S9214, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503	Yes
Hyperbaric therapy		99183, G0277	Yes
Inpatient admissions	Acute hospital (includes inpatient hospice), Acute rehab facilities, Long-term acute care, Mental health, Substance use and residential treatment, Skilled nursing facilities	All, except for Maternity Admissions	Yes
Molecular diagnostic/genetic testing		81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81374, 81376, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81507, 81518, 81519, 81520, 81521, 81522, 81525, 81535, 81536, 81538, 81540, 81541, 81542, 81551, 81552, 81599, 83006, 83080, 83951, 86316, 88120, 88121, 88269, 88271, 88272, 88273, 88274, 88275, 88291, 88299, 88364, 88366, 88374, 88377, 0004M, 0005U, 0007M, 0009U, 0011M, 0012M, 0012U, 0013M, 0013U, 0014U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0035U, 0036U, 0037U, 0038U, 0045U, 0047U, 0048U, 0049U, 0050U, 0051U, 0052U, 0053U, 0054U, 0055U, 0056U, 0058U, 0059U, 0060U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0089U, 0090U, 0091U, 0092U, 0094U, 0101U, 0102U, 0103U, 0111U, 0114U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870	Yes
Negative pressure wound therapy (NPWT)		97605, 97606, A6550, E2402, K0743	Yes
Neuromuscular stimulators		E0731, E0745, E0764, E0770	Yes
Neurostimulators		61860, 61863, 61867, 61885, 61886, 64553, 64561, 64566, 64568, 64581, 64590, E0787, 0588T, C1767, C1787, L8683	Yes
Noninvasive home ventilators		E0466	Yes



***For IN-Network providers ONLY: Prior Authorization is not required for any services.**

****HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**** Out of network providers always require service pre-authorization.****

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 01/01/2024 00:00:01

Category	Details/Notes	CPT/Rev/HCPC Codes	NCHD
Other durable medical equipment (DME)		A9274, A9276, A9277, A9278, E0193, E0194, E0265, E0266, E0270, E0277, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0462, E0481, E0486, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0691, E0692, E0693, E0762, E0766, E0784, E0787, E0791, E0912, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, K0553, K0554, K0743, K0900, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1200, L1300, L1310, L1499, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1843, L1844, L1845, L1846, L1848, L1851, L1852, L1860, L1907, L1932, L1945, L1950, L1951, L1960, L1970, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2106, L2108, L2126, L2128, L2132, L2134, L2136, L2350, L2525, L2526, L2627, L2628, L2999, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8683, L8701, L8702, S1030, S1031, S1034, S1035, S1036, S1037, S8130, S8131, V5336	Yes
Pain infusion pump		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786	Yes
Prostate surgeries (prostatectomy)	Robotic Assisted Only	55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866	Yes
Radiation therapy		32701, 61796, 61798, 63620, 77261, 77262, 77285, 77293, 77295, 77299, 77306, 77316, 77317, 77318, 77321, 77331, 77332, 77333, 77334, 77336, 77338, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77401, 77402, 77407, 77412, 77417, 77424, 77425, 77399, 77423, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789, 77790, 77799, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016	Yes
Skin and tissue substitutes		46707, 64912, 64913, 0437T, C9354, C9358, C9360, C9361, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226 **For codes Q4116 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.	Yes
Sleep studies		95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811, 95782, 95783	Yes
Spinal cord stimulators		63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688	Yes



***For IN-Network providers ONLY: Prior Authorization is not required for any services.**

****HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**** Out of network providers always require service pre-authorization.****

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 01/01/2024 00:00:01

Category	Details/Notes	CPT/Rev/HCPC Codes	NCHD
Spinal fusion, decompression, kyphoplasty and vertebroplasty		20999, 22103, 22116, 22208, 22216, 22222, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22853, 22854, 22855, 22856, 22857, 22858, 22859, 22861, 22862, 22864, 22865, 22867, 22868, 22869, 22870, 22899, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 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, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, C1821, C2614, C9757, S2348, S2350, S2351	Yes
Surgery for obstructive sleep apnea		21685, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0466T, 0467T, 0468T, C9727, S2080	Yes
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation	Excludes diagnostic nasal/sinus endoscopies	31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706	Yes
Speech Therapy		440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92521, 92522, 92523, 92524, 92526, 92606, 92609, 92630, 92633, S9152, V5362, V5363, V5364	Yes
Transplant evaluations	All testing, scans and laboratory associated with transplant evaluation and placement	All codes related to the evaluation	Yes
Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38230, 38232, 38240, 38241, 38243, 47133, 47135, 48160, 48550, 48554, 48556, 50360, 50365, 50370, 50380, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595, 84999, 0494T, 0495T, 0496T, 0584T, 0585T, 0586T, L8698, S9975	Yes
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T, S2202	Yes
Ventricular assist devices (VADs)	Percutaneous ventricular assist devices (VADs)	33990, 33991	Yes
Ventricular assist devices (VADs)	Ventricular assist devices (VADs)	33975, 33976, 33979, 33981, 33982, 33983, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, Q0477, 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, Q0507, Q0508, Q0509	Yes
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1229, E1231, E1234, E1235, E1239, E2207, E2300, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2368, E2369, E2375, E2376, E2383, E2386, E2398, K0005, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899	Yes