

SIHO Insurance Services
Fully Insured Prior Auth Requirements
May 2026

SERVICE CATEGORIES	SERVICE CODES							COMMENTS/NOTES
Applied Behavioral Analysis (ABA Therapy)	97151 97158	97152 0362T	97153 0373T	97154	97155	97156	97157	
ARTHROPLASTY	23470 23472 23473 23474 24360 24361	24362 24363 24365 24370 24371 25441	25442 25443 25444 25446 25449 27120	27125 27130 27132 27134 27137 27138	27437 27438 27440 27441 27442 27443	27446 27447 27486 27487 27700		
ARTHROSCOPY	29914	29915	29916					
BARIATRIC SURGERY IF GROUP COVERS/PA'S	43644 43645 43659	43770 43771 43772	43773 43774 43775	43842 43843 43845	43846 43847 43848	43886 43887 43888		
	Prior Auth required for the following combination of procedure and diagnosis codes:							
	43860 43865	E66.01 E66.09 E66.1 E66.2	E66.3 E66.8 E66.9 Z68.1	Z68.20 Z68.21 Z68.22 Z68.30	Z68.31 Z68.32 Z68.33 Z68.34	Z68.35 Z68.36 Z68.37 Z68.38 Z68.39 Z68.45	Z68.41 Z68.42 Z68.43 Z68.44	
BONE GROWTH STIMULATOR	20974	20975	20979	E0747	E0748	E0749	E0760	
BREAST RECONSTRUCTION NON MASTECTOMY	Codes							Mastectomy after a diagnosis of cancer DOES NOT require a Prior Auth, but must be listed on the claim to avoid a flag for PA
	15771 19300 19316	19318 19325 19328	19330 19340 19342	19350 19357 19361	19364 19367 19368	19369 19370 19371	19396 L8600	
	Diagnosis Codes Notification/Prior Auth is NOT required if diagnosis is listed below:							
	C50.011 C50.012 C50.019 C50.021 C50.022 C50.029 C50.111 C50.112 C50.119 C50.121 C50.122	C50.129 C50.211 C50.212 C50.219 C50.221 C50.222 C50.229 C50.311 C50.312 C50.319	C50.321 C50.322 C50.329 C50.411 C50.412 C50.419 C50.421 C50.422 C50.429 C50.511 C50.512	C50.519 C50.521 C50.522 C50.529 C50.611 C50.612 C50.619 C50.621 C50.622 C50.811	C50.812 C50.819 C50.821 C50.822 C50.829 C50.911 C50.912 C50.919 C50.921 C50.922 C50.929	C79.81 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.90	D05.91 D05.92 Z42.1 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13	
CANCER TREATMENT CANCER SUPPORTIVE CARE	ICD DIAGNOSIS							BOTH the ICD diagnosis code and the J/Q code = PA required
	C81.0A C81.1A C81.7A C82.2A C82.6A C83.1A C83.5A C84.0A C84.7B C85.1A C86.00 C86.20 C86.40 C86.61 C88.21 C88.41 C88.91	C81.2A C81.9A C82.3A C82.8A C83.390 C83.7A C84.1A C84.9A C85.2A C86.01 C86.21 C86.50 C88.00 C88.30 C88.81 D47.2	C81.3A C82.0A C82.4A C82.9A C83.398 C83.8A C84.4A C84.9A C85.8A C86.10 C86.30 C86.51 C88.01 C88.31 C88.81 D61.03	C81.4A C82.1A C82.5A C83.0A C83.3A C83.9A C84.6A C84.ZA C85.9A C86.11 C86.31 C86.60 C88.20 C88.40 C88.90 E34.00	T45.AX1A T45.AX2D T45.AX3S T45.AX5A T45.AX6D Z17.21 Z17.410 D70.1 C81.0A D46.Z T45.1X5S T45.AX2A T45.AX3D T45.AX4S T45.AX6A Z17.1 Z17.32	T45.AX1E T45.AX2S T45.AX4A T45.AX5C T45.AX6S Z17.22 Z17.411 Z51.11 C86.41 D46.4 Z51.12 D45 D47.9 T45.1X5D	T45.AX1S T45.AX3A T45.AX4D T45.AX5S Z17.0 Z17.31 Z17.420 C88.0 D46.9 Z17.421 C96.9 D45 D47.9 T45.1X5D	
	Colony Stimulating Drugs							
	J1442* J1447* J1449* J2506* J2820* Q5101*	Neupogen Granix® (tbo-filgrastim) Rovvedon (Eflapegrastim-xpst) Neulasta® Leukine® Zarxio®						

Q5108* **Fulphila**
 Q5110* **Nivestym**
 Q5111* **UDENYCA** (pegfilgrastim-cbqv)
 Q5120* **Ziextenzo**® (Pegfilgrastim-bmez)
 Q5122* **Nyvepria** (Pegfilgrastim-apgf)
 Q5125* **Releuko**® (filgrastim-ayow)

ANTIEMETIC DRUGS

J0185 J1434 J1453 J1454 J1456 J1627 J2468

BONE MODIFYING AGENTS

J0897

ERYTHROPOIESIS STIMULATING AGENTS

J0885* Epogen

SERVICE CODES

J0640 J9042 J9161 J9215 J9329 J9376
 J0641 J9043 J9171 J9216 J9330 J9380
 J0642 J9045 J9172 J9217* J9331 J9382
 J1299 J9046 J9173 J9218 J9332
 J1323 J9047 J9174 J9223 J9333 J9390
 J1326 J9048 J9175 J9225 J9292 J9334 J9393
 J1434 J9049 J9176 J9226 J9293 J9340 J9394
 J9050 J9177 J9227 J9294 J9341 J9395
 J1932 J9051 J9178 J9228 J9295 J9342 J9400
 J1950 J9052 J9179 J9229 J9296 J9345 J9600
 J1952 J9054 J9181 J9230 J9297 J9347 J9999*
 J1954 J9055 J9184 J9245 J9298 J9348
 J2277 J9056 J9185 J9246 J9299 J9349 Q2043
 J9057 J9190 J9247 J9301 J9350 Q2050
 J3055 J9058 J9196 J9248 J9302 J9351 Q2055
 J3263 J9059 J9198 J9249 J9303 J9352 Q2057
 J9000 J9060 J9200 J9255 J9304 J9353 Q2058
 J9011 J9061 J9201 J9259 J9305 J9354
 J9015 J9063 J9202 J9260 J9306 J9355
 J9017 J9064 J9203 J9261 J9307 J9356 Q5107
 J9065 J9204 J9262 J9308 J9357 Q5112
 J9021 J9071 J9205 J9263 J9309 J9358 Q5113
 J9022 J9072 J9206 J9264 J9311* J9359 Q5114
 J9023 J9073 J9207 J9266 J9312* J9360 Q5115
 J9024 J9074 J9208 J9267 J9313 J9361 Q5116
 J9025 J9075 J9209 J9268 J9314 J9370 Q5117
 J9026 J9076 J9210* J9269 J9316 Q5118
 J9027 J9211 J9317 Q5119
 J9028 J9271 J9318 Q5123
 J9029 J9100 J9213 J9272 J9319 Q5126
 J9030 J9118 J9214 J9273 J9320 Q5127
 J9032 J9119 J9274 J9321 Q5129
 J9033 J9120 J9275 J9322 Q5130
 J9034 J9130 J9276 J9323 Q5146
 J9035 J9144 J9280 J9324 Q5147
 J9036 J9145 J9281 J9325 Q5148
 J9150 J9282 J9326 Q5149
 J9038 J9285 J9328 Q5150
 J9039 J9153 J9286 Q5151
 J9040 J9155* J9289 Q5152
 J9041 Q5160

BOTH the ICD diagnosis code and the J/Q code = PA required

C00.0 - C39.9 D37.01 - D37.03 D41.0 D47.9
 C40.00 - C43.9 D37.030 - D37.032 D41.00 - D41.02
 C44.00 - C49.9 D37.039 D41.1 D47.Z1 -
 C49.A0 - C49.A9 D37.04 D41.10 - D41.12
 C4A.0 - C4A.9 D37.05 D41.2 D48.0 -
 C50.011 - C69.92 D37.09 D41.20 - D41.22 D49
 C70.0 - C75.9 D37.1 - D37.6 D41.3 D49.0 -
 C76.0 - C79.9 D37.8 D41.4 D49.51
 C7A.00 - C7B.8 D37.9 D41.8 D49.511
 C80.0 - C83.99 D38 D41.9 D49.512
 C84.00 - C84.79 D38.0- D38.6 D42 D49.519
 C84.7A D39.0 - D39.9 D42.0 D49.59
 C84.90 - C84.99 D3A D42.1 D49.6 - D49.8
 C84.A0 - C84.29 D3A.00 D42.9 D49.81
 C85.10 - C86.6 D3A.00 - D3A.8 D43 D49.89
 C88.0 D3A.01 D43.0 - D43.4 D49.9
 C88.2 - C90.32 D3A.010 - D3A.012 D43.8 D70.1
 C91.00 - C91.62 D3A.019 D43.9 E85.0
 C91.90 - C91.92 D3A.02 D44 E85.1
 C91.A0 - C91.22 D3A.020 - D3A.026 D44.0 E85.2
 C92.00 - C92.62 D3A.029 D44.1 E85.3
 C92.90 - C92.92 D3A.09 D44.10 - D44.12 E85.4
 C92.A0 - C92.22 D3A.090 - D3A.096 D44.2 - D44.7 E85.8
 C93.00 - C93.32 D3A.098 D44.9 E85.81
 C93.90 - C93.92 D3A.8 D45 E85.82
 C93.Z0 - C93.Z2 D40 D46.0 - D46.22 E85.89
 C94.00 - C95.92 D40.0 D46.4 E85.9
 C96.0 - C96.4 D40.1 D46.9 T45.1X5A
 C96.9 D40.10 - DF40.12 D46.A - D46.C T45.1X5D

CHEMOTHERAPY SERVICES

	C96.A - C96.Z D00.00 - D09.9 D37.0	D40.8 D40.9 D41	D46.Z D47.0 - D47.1 D47.3 - D47.4	T45.1X55 Z51.11			
CARTILAGE IMPLANTS	27412 27415	27416 29866	29867 29868	J7330	S2112		
CLINICAL TRIALS	S9990	S9991	S9988				
COCHLEAR IMPLANTS & OTHER AUDITORY IMPLANTS	69710 69714	69930	L8614 L8619	L8690 L8691	L8692		
CONTINUOUS GLUCOSE MONITORS	A4226 A4238	A4239 A9276	A9277 A9278	E0787 E2102	E2103		
	Prior Auth required when code and Type II Diabetes DX or Gestational Diabetes DX is present in case						
	E11.00	E11.3293	E11.3492	E11.3541	E11.37X3	E11.621 O24.414	
	E11.01	E11.3299	E11.3493	E11.3542	E11.37X9	E11.622 O24.119	
	E11.10	E11.3311	E11.3499	E11.3543	E11.39	E11.628 O24.12	
	E11.11	E11.3312	E11.3511	E11.3549	E11.40	E11.630 O24.13	
	E11.21	E11.3313	E11.3512	E11.3551	E11.41	E11.638 O24.410	
	E11.22	E11.3319	E11.3513	E11.3552	E11.42	E11.641 O24.415	
	E11.29	E11.3391	E11.3519	E11.3553	E11.43	E11.649 O24.419	
	E11.311	E11.3392	E11.3521	E11.3559	E11.44	E11.65 O24.420	
	E11.319	E11.3393	E11.3522	E11.3591	E11.49	E11.69 O24.424	
	E11.3211	E11.3399	E11.3523	E11.3592	E11.51	E11.8 O24.425	
	E11.3212	E11.3411	E11.3529	E11.3593	E11.52	E11.9 O24.429	
	E11.3213	E11.3412	E11.3531	E11.3599	E11.59	O24.430	
	E11.3219	E11.3413	E11.3532	E11.36	E11.610	O24.111 O24.434	
	E11.3291	E11.3419	E11.3533	E11.37X1	E11.618	O24.112 O24.435	
E11.3292	E11.3491	E11.3539	E11.37X2	E11.620	O24.113 O24.439		
COSMETIC & RECONSTRUCTIVE	11960 11970	15756 15769	17107 17108	21184 21230	67902 67903	67922 67923	
	11971 14020 14021 14061 14301 14302 15570 15572 15574 15730 15733 15740	15773 15820 15821 15822 15823 15830 15847 15877 15878 15879 17106	17999 21137 21138 21139 21172 21175 21179 21180 21181 21182 21183	21235 21256 21260 21261 21263 21267 21268 21275 21280 21282 21295	28344 30540 30545 30620 38999 54400 54401 54405 67900 67901	67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921	67924 67950 67961 67966 Q2026
	NOTE: For codes 14020, 14021 and 14061: When submitted with the following diagnosis codes, DO NOT require prior auth. Add this info						
	C43.0	C44.02	C44.1991	C44.399	C44.622	C46.0 C79.2	
	C43.10	C44.09	C44.1992	C44.40	C44.629	C4A.0 D03.51	
	C43.111	C44.101	C44.201	C44.41	C44.691	C4A.10 D03.52	
	C43.112	C44.1021	C44.202	C44.42	C44.692	C4A.111 D04.0	
	C43.121	C44.1022	C44.209	C44.49	C44.699	C4A.112 D04.10	
	C43.122	C44.1091	C44.211	C44.500	C44.701	C4A.121 D04.111	
	C43.20	C44.1092	C44.212	C44.501	C44.702	C4A.122 D04.112	
	C43.21	C44.111	C44.219	C44.509	C44.709	C4A.20 D04.121	
	C43.22	C44.1121	C44.221	C44.510	C44.711	C4A.21 D04.122	
	C43.30	C44.1122	C44.222	C44.511	C44.712	C4A.22 D04.20	
	C43.31	C44.1191	C44.229	C44.519	C44.719	C4A.30 D04.21	
	C43.39	C44.1192	C44.291	C44.520	C44.721	C4A.31 D04.22	
	C43.4	C44.121	C44.292	C44.521	C44.722	C4A.39 D04.30	
	C43.51	C44.1221	C44.299	C44.529	C44.729	C4A.4 D04.39	

NO PRIOR AUTH is required when the code to the left is requested with DX of Type 1 DM.

Codes 14020, 14021, 14061 do not require prior auth when dx of skin cancer is listed

If provider indicates procedure is potentially COSMETIC and code is not found, submit for PA review

	C43.52	C44.1222	C44.300	C44.590	C44.791	C4A.51	D04.4
	C43.59	C44.1291	C44.301	C44.591	C44.792	C4A.52	D04.5
	C43.60	C44.1292	C44.309	C44.599	C44.799	C4A.59	D04.60
	C43.61	C44.131	C44.310	C44.601	C44.80	C4A.60	D04.61
	C43.62	C44.1321	C44.311	C44.602	C44.81	C4A.61	D04.62
	C43.70	C44.1322	C44.319	C44.609	C44.82	C4A.62	D04.70
	C43.71	C44.1391	C44.320	C44.611	C44.89	C4A.70	D04.71
	C43.72	C44.1392	C44.321	C44.612	C44.90	C4A.71	D04.72
	C43.8	C44.191	C44.329	C44.619	C44.91	C4A.72	D04.8
	C43.9	C44.1921	C44.390	C44.621	C44.92	C4A.8	D04.9
	C44.01	C44.1922	C44.391		C44.99	C4A.9	
DIALYSIS	90935	90937	90939	90940	90941	90942	90943
	90944	90945	90947	G0365			
DURABLE MEDICAL EQUIPMENT & SUPPLIES	A7025	E0194	E0764	E1018	K0005	K0859	K0885
	A7026	E0265	E0766	E1236	K0012	K0860	K0886
		E0266	E0770	E1238	K0014	K0861	K0890
		E0277	E0784	E1399	K0812	K0862	K0891
		E0296	E0984	E1830	K0848	K0863	
		E0297	E0986	E2402	K0849	K0864	
		E0300	E1002	E2502	K0850	K0868	
		E0302	E1003	E2504	K0851	K0869	
		E0304	E1004	E2506	K0852	K0870	S1040
		E0328	E1005	E2508	K0853	K0871	
		E0329	E1006	E2510	K0854	K0877	
		E0466	E1007	E2511	K0855	K0878	
		E0471	E1008	E2512	K0856	K0879	
		E0483	E1010	E2599	K0857	K0880	
		E0745	E1016		K0858	K0884	
FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS)	31240	31254	31256	31259	31276	31288	
	31253	31255	31257	31267	31287		
GENDER DYSPHORIA TREATMENT	THESE CODES require prior auth regardless of diagnosis						
	55970	55980					
	Prior authorization required if BOTH DX and service code listed below						
	ICD-10 Diagnosis Codes						
	F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890	
	Procedure Codes						
	14000	15750	31599	54520	56625	58260	58720
	14001	15757	31899	54660	56800	58262	58940
	14041	15758	53410	54690	56805	58290	64856
	15734	19303	53430	55175	57110	58291	64892
	15738	21899	54125	55180	57335	58661	64896
GENETIC & MOLECULAR TESTING (includes Biomarker testing)	81228	81439	81546	0170U	0273U	0389U	0500U
	81229	81440	81552	0171U	0274U	0391U	0502U
	81277	81441	81558	0179U	0276U	0395U	0504U
	81349	81443	81595	0209U	0277U	0398U	0505U
	81400	81445	81599	0211U	0278U		0506U
	81401	81448	87505	0212U	0282U	0409U	0508U
	81402	81449	87506	0213U		0417U	0509U
	81403	81450		0214U	0288U	0425U	0523U
	81404	81451		0215U	0289U	0426U	0529U
	81405	81455	0018U	0216U	0290U	0437U	0530U
	81406	81457	0022U	0217U	0291U	0444U	0536U
	81407	81458	0023U	0218U	0292U	0449U	0538U
	81408	81459	0026U	0233U	0293U	0465U	0539U
	81410	81460	0037U	0237U	0294U	0471U	0540U
	81411		0047U	0238U	0292U	0473U	0543U
	81412	81463	0048U	0239U	0306U	0474U	0544U
	81413	81464	0050U	0242U	0307U	0475U	
	81414	81465	0055U	0244U		0478U	
	81415	81471	0087U	0245U	0318U	0480U	0562U
	81416		0088U	0246U	0319U	0481U	0567U
	81417		0094U	0250U	0320U	0483U	0571U
		81518	0101U	0258U	0326U	0484U	0575U
	81425	81519	0102U	0264U	0334U	0485U	0576U
	81426	81520	0103U	0265U	0355U	0487U	0585U
	81427	81521	0111U	0268U	0364U	0493U	0588U
	81431	81522	0118U	0269U	0378U	0495U	0605U
	81435	81523	0129U	0270U	0379U	0499U	S3854
	81437	81541	0154U	0271U	0387U		S3865
	81439	81542	0162U	0272U	0388U		S3870
	BRCA						
	81162	81163	81164	81432			
INJECTABLE MEDICATIONS	Alpha 1 Proteinase Inhibitors						
	J0256	J0257					

SIHO Standard: PA if total cost ≥ \$2000 or rental cost > \$150/month requires PA

ACA qualified preventive screenings do not require prior auth

Codes with * also require prior auth for non cancer diagnosis

(see Cancer Treatment section for chemotherapy and supportive care codes)

Anemia						
J0896	J1437	J1439	Q0138			
Asthma - Nucala/Xolair/Clinqair/Fasenra						
J0517	J2182	J2356	J2357	J2786		
Blood Modifying Agents						
J0223	J1299	J1302	J1303	J1307	J9376	Q5152
Q5151						
Botulinum Toxins A and B						
J0587						
Cardiology						
J1306						
Central Nervous System Agents						
J0174	J0225	J1304	J1427	J1429	J3032	J9333
J0175	J1301	J1426	J1428	J2326	J9332	J9334
J0222						J9256
Collagenase						
J0775						
Compliment Inhibitors - Ophthalmologic Use						
J2781	J2782					
Dermatology						
J7352						
Endocrine						
J0224	J0801	J3241	J0584	J2507	J0802	
Enzyme Replacement Therapy						
J0180	J0218	J0221	J1203	J1743	J1931	J3060
J0217	J0219	J0567	J1322	J1786	J2840	J3385
		J1809	J1458	J3397		
Erythropoiesis Stimulating Agents						
*J0885						
*(Procrit and Epopen)						
Gene Therapy						
J1411	J1412	J1413	J1414	J3398	J3399	J3401
						J3403
Hemophilia						
J7170	J7179	J7186	J7192	J7199	J7204	J7210
J7172	J7180	J7187	J7193	J7200	J7205	J7211
J7173	J7181	J7188	J7194	J7201	J7207	J7212
J7174	J7182	J7189	J7195	J7202	J7208	J7213
J7175	J7183	J7190	J7198	J7203	J7209	J7214
J7177	J7185					
J7178						
Hematologic						
J0596	J0597	J0598	J9038	J1290	J7171	
Immune Globulin						
90283	J1459	J1555	J1558	J1561	J1568	J1572
90284	J1551	J1556	J1559	J1566	J1569	J1575
		J1557				
Immuno Modulator						
J0490	J0638	J9210	J9312	Q5115	Q5123	
J0491	J1823	J9301	J9381	Q5119		
Inflammatory Conditions						
J0129	J1602	J1747	J3245	Q5100	Q5121	Q5138
J0717	J1628	J2267	J3247	Q5098	Q9996	
		J1745	J2327	J3262	Q5099	Q5133
				J3357	Q5103	Q9997
				J3358	Q5104	Q5135
				J3380	Q9999	
Multiple Sclerosis						
J0202	J2323	J2329	J2350	J2351		
Rare Conditions						
J2998 J1305						
RSV Prophylaxis						
90378						
Sickle Cell Disease						

Erythropoiesis Stimulating Agents require prior authorization for both oncology and non-oncology DX.

Following ESRD DX codes do NOT require prior auth : N18.5, N18.6, Z99.2, I12.0, I13.11, I13.2

	31295	31296	31297	31298				
SINUPLASTY								
SPINAL CORD STIMULATORS	63650	63662	63685	64570	L8679	L8683	L8687	
	63655	63663	63688		L8680	L8685	L8688	
	63661	63664	64553		L8682	L8686		
SPINE SURGERY	0656T	22216	22600	22844	63012	63077	63277	
	0657T	22220	22610	22845	63015	63078	63278	
	0790T	22222	22612	22846	63016	63081	63280	
	20930	22224	22614	22847	63017	63082	63281	
	20931	22226	22630	22848	63020	63085	63282	
	20939	22510	22632	22849	63030	63086	63283	
	22100	22511	22633	22850	63035	63087	63285	
	22101	22512	22634	22852	63040	63088	63286	
	22102	22513	22800	22853	63042	63090	63287	
	22103	22514	22802	22854	63043	63091	63290	
	22110	22515	22804	22855	63044	63101	63295	
	22112	22532	22808	22856	63045	63102	63300	
	22114	22533	22810	22857	63046	63103	63301	
	22116	22534	22812	22858	63047	63185	63302	
	22206	22548	22818	22859	63048	63190	63303	
	22207	22551	22819	22861	63050	63266	63304	
	22208	22552	22830	22862	63051	63267	63305	
	22210	22554	22836	22899	63055	63268	63306	
	22212	22556	22837	27279	63056	63270	63307	
	22214	22558	22838	27280	63057	63271	63308	
			22585	22840	63001	63064	63272	
			22586	22841	63003	63066	63273	0098T
			22590	22842	63005	63075	63275	
		22595	22843	63011	63076	63276		
STIMULATORS - NEURO	43647	43648	43881	43882				
	61863	61867	61885	64555	64568	64590*		
	61864	61868	61886	64561	64581	64595		
	* Prior auth not required for 64590 for the following diagnosis:							
	N32.81	N32.9	N39.3	N39.41	N39.42	N39.46	N39.490	
	N39.498	R30.0	R30.1	R30.9	R32	R33.0	R33.8	
	R33.9	R35.0	R35.1	R35.81	R39.11	R39.12	R39.13	
	R39.14	R39.15	R39.16	R39.191	R39.81	R39.89	R39.9	
	R15.0	R15.1	R15.2	R15.9	R35.89	R39.192	R39.198	
TRANSPLANT OF TISSUES & ORGANS SIHO PAs all these internally	Evaluation for Transplant							
	99205							
	Bone Marrow Harvest							
	38240	38241	38242	S2150				
	Heart							
	33940	33944	33945					
	Heart /Lung							
	33930	33935						
	Intestine							
	44132	44133	44135	44136	S2053			
	Kidney							
	50300	50320	50323	50340	50360	50365	50370 50547	
	Kidney/Pancreas							
	S2065							
	Liver							
	47135	47143	47147					
	Lung							
	32850	32851	32852	32853	32854	32856	S2060 S2061	
	Pancreas							
	48551	48552	48554					
	Transplant Related Services							
	32855	38209	38214	44715	47140	47145	S2054	
	33933	38210	38215	44720	47141	47146	S2140	
	38206	38212	38232	44721	47142	50325	S2142	
	38208	38213	44137	47133	47144		S2152	
	CAR-T Cellular Therapy							
	Cellular and Gene Therapy							
C9399	J3392	J3393	J3490	Q2041	Q2053	Q2056		
J3391	J3389	J3394	J3590	Q2042	Q2054	Q2057		
	J3387	J3402			Q2055	Q2058		
<ul style="list-style-type: none"> • Abecma (Idecabtagene Cicleucel) • Amtagvi (lifleucel) • Aucatzyl (obecabtagene atuoleucel) • Breyanzi (Lisocabtagene Maralucecl) • Carvykti (ciltacabtagene autoleucel) • Casgevy (exagamglogene autotemcel) • Keblidi (eldocagene exuparvec-tneq) • Kymriah (tisagenlecleucel) • Lantidra (donislecel) 								

- Lenmeldy™ (atidarsagene autotemcel)
- Lyfgenia™ (lovotibeglogene autotemcel)
- Skysona™ (elivaldagene autoemcel)
- Tecartus™ (brexucabtagene autoleucl)
- Tecelra® (afamitresgene autoleucl)
- Yescarta™ (axicabtagene ciloleucl)
- Zevaskyn
- Zynteglo™ (betibeglognen autotemcel)

Ventricular Assist Devices

33927	33929	33976	33981	33983		
33928	33975	33979	33982			
36465	36471	36475	36479	36483	37700	37722
36466	36473	36476	36482	37243	37718	37780
36470	36474	36478				

VEIN PROCEDURES