

MASTER AUTHORIZATION LIST

Note: This applies only to contracted Colorado Access CHP+ HMO, ABC and/or State Managed Care Network CHP+ providers, DME, and facilities.

For more information about authorization requirements for participating and non-participating providers, visit our website to find our Provider Manual located at <http://www.coaccess.com/documents/ProviderManual.pdf>.

Search Tip:

You can search quickly and easily by clicking on the binoculars icon on your toolbar, or by using the command Control+Shift+F.



Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
10021	FNA W/O IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10022	FNA W/IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10030	Image-guided fluid collection	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10035	Placement of soft tissue	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10036	Placement of soft tissue	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10040	ACNE SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10060	DRAINAGE OF SKIN ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10061	DRAINAGE OF SKIN ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10080	DRAINAGE OF PILONIDAL CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10081	DRAINAGE OF PILONIDAL CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10120	REMOVE FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10121	REMOVE FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10140	DRAINAGE OF HEMATOMA/FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10160	PUNCTURE DRAINAGE OF LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
10180	COMPLEX DRAINAGE, WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11000	DEBRIDE INFECTED SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11001	DEBRIDE INFECTED SKIN ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11004	DEBRIDE GENITALIA & PERINEUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11005	DEBRIDE ABDOM WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11006	DEBRIDE GENIT/PER/ABDOM WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11008	REMOVE MESH FROM ABD WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11010	DEBRIDE SKIN, FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11011	DEBRIDE SKIN/MUSCLE, FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11012	DEBRIDE SKIN/MUSCLE/BONE, FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11042	DEBRIDE SKIN/TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11043	DEBRIDE TISSUE/MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11044	DEBRIDE TISSUE/MUSCLE/BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11047	DEBRIDEMENT, BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11055	TRIM SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11056	TRIM SKIN LESIONS, 2 TO 4	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
11057	TRIM SKIN LESIONS, OVER 4	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11100	BIOPSY, SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11101	BIOPSY, SKIN ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11200	REMOVAL OF SKIN TAGS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11201	REMOVE SKIN TAGS ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11300	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11301	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11302	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11303	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11305	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11306	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11307	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11308	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11310	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11311	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11312	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11313	SHAVE SKIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11400	EXC TR-EXT B9+MARG 0.5 < CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11401	EXC TR-EXT B9+MARG 0.6-1 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11402	EXC TR-EXT B9+MARG 1.1-2 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
11403	EXC TR-EXT B9+MARG 2.1-3 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11404	EXC TR-EXT B9+MARG 3.1-4 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11406	EXC TR-EXT B9+MARG > 4.0 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
11420	EXC H-F-NK-SP B9+MARG 0.5 <	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11421	EXC H-F-NK-SP B9+MARG 0.6-1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11422	EXC H-F-NK-SP B9+MARG 1.1-2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11423	EXC H-F-NK-SP B9+MARG 2.1-3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11424	EXC H-F-NK-SP B9+MARG 3.1-4	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11426	EXC H-F-NK-SP B9+MARG > 4 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11440	EXC FACE-MM B9+MARG 0.5 < CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11441	EXC FACE-MM B9+MARG 0.6-1 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11442	EXC FACE-MM B9+MARG 1.1-2 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
11443	EXC FACE-MM B9+MARG 2.1-3 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11444	EXC FACE-MM B9+MARG 3.1-4 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11446	EXC FACE-MM B9+MARG > 4 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11450	REMOVAL, SWEAT GLAND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11451	REMOVAL, SWEAT GLAND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11462	REMOVAL, SWEAT GLAND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11463	REMOVAL, SWEAT GLAND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11470	REMOVAL, SWEAT GLAND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11471	REMOVAL, SWEAT GLAND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11600	EXC TR-EXT MLG+MARG 0.5 < CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11601	EXC TR-EXT MLG+MARG 0.6-1 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11602	EXC TR-EXT MLG+MARG 1.1-2 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11603	EXC TR-EXT MLG+MARG 2.1-3 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11604	EXC TR-EXT MLG+MARG 3.1-4 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11606	EXC TR-EXT MLG+MARG > 4 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11620	EXC H-F-NK-SP MLG+MARG 0.5 <	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
11621	EXC H-F-NK-SP MLG+MARG 0.6-1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11622	EXC H-F-NK-SP MLG+MARG 1.1-2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11623	EXC H-F-NK-SP MLG+MARG 2.1-3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
11624	EXC H-F-NK-SP MLG+MARG 3.1-4	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11626	EXC H-F-NK-SP MLG+MARG > 4 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11640	EXC FACE-MM MALIG+MARG 0.5 <	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11641	EXC FACE-MM MALIG+MARG 0.6-1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11642	EXC FACE-MM MALIG+MARG 1.1-2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11643	EXC FACE-MM MALIG+MARG 2.1-3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
11644	EXC FACE-MM MALIG+MARG 3.1-4	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11646	EXC FACE-MM MLG+MARG > 4 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11719	TRIM NAIL(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11720	DEBRIDE NAIL, 1-5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11721	DEBRIDE NAIL, 6 OR MORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11730	REMOVAL OF NAIL PLATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11732	REMOVE NAIL PLATE, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11740	DRAIN BLOOD FROM UNDER NAIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11750	REMOVAL OF NAIL BED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11752	REMOVE NAIL BED/FINGER TIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11755	BIOPSY, NAIL UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11760	REPAIR OF NAIL BED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11762	RECONSTRUCTION OF NAIL BED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11765	EXCISION OF NAIL FOLD, TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11770	REMOVAL OF PILONIDAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11771	REMOVAL OF PILONIDAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11772	REMOVAL OF PILONIDAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11900	INJECT INTO SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11901	ADDED SKIN LESIONS INJECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11920	CORRECT SKIN COLOR DEFECTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11921	CORRECT SKIN COLOR DEFECTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
11922	CORRECT SKIN COLOR DEFECTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
11950	THERAPY FOR CONTOUR DEFECTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
11951	THERAPY FOR CONTOUR DEFECTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
11952	THERAPY FOR CONTOUR DEFECTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
11954	THERAPY FOR CONTOUR DEFECTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
11960	INSERT TISSUE EXPANDER(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
11970	REPLACE TISSUE EXPANDER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
11971	REMOVE TISSUE EXPANDER(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11976	REMOVAL OF CONTRACEPTIVE CAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11980	IMPLANT HORMONE PELLETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11981	INSERT DRUG IMPLANT DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
11982	REMOVE DRUG IMPLANT DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
11983	REMOVE/INSERT DRUG IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12001	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12002	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12004	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12005	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12006	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12007	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12011	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12013	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12014	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12015	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12016	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12017	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12018	REPAIR SUPERFICIAL WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12020	CLOSURE OF SPLIT WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12021	CLOSURE OF SPLIT WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12031	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12032	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12034	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12035	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12036	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12037	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12041	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12042	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12044	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12045	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
12046	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12047	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12051	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12052	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12053	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12054	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
12055	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
12056	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
12057	LAYER CLOSURE OF WOUND(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13100	REPAIR OF WOUND OR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13101	REPAIR OF WOUND OR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
13102	REPAIR WOUND/LESION ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13120	REPAIR OF WOUND OR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13121	REPAIR OF WOUND OR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13122	REPAIR WOUND/LESION ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13131	REPAIR OF WOUND OR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
13132	REPAIR OF WOUND OR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13133	REPAIR WOUND/LESION ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13151	REPAIR OF WOUND OR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13152	REPAIR OF WOUND OR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
13153	REPAIR WOUND/LESION ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
13160	LATE CLOSURE OF WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14000	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14001	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14020	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14021	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14040	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
14041	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14060	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14061	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14300	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
14350	SKIN TISSUE REARRANGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15002	WND PREP, CH/INF, TRK/ARM/LG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15003	WND PREP, CH/INF ADDL 100 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
15004	WND PREP CH/INF, F/N/HF/G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15005	WND PREP, F/N/HF/G, ADDL CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15040	HARVEST CULTURED SKIN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15050	SKIN PINCH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15100	SKIN SPLT GRFT, TRNK/ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
15101	SKIN SPLT GRFT T/A/L, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15115	EPIDRM A-GRFT FACE/NCK/HF/G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15116	EPIDRM A-GRFT F/N/HF/G ADDL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15121	SKN SPLT A-GRFT F/N/HF/G ADD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
15130	DERM AUTOGRAFT, TRNK/ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15131	DERM AUTOGRAFT T/A/L ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15135	DERM AUTOGRAFT FACE/NCK/HF/G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15136	DERM AUTOGRAFT, F/N/HF/G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15150	CULT EPIDERM GRFT T/ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15151	CULT EPIDERM GRFT T/A/L ADDL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15152	CULT EPIDERM GRAFT T/A/L +%	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15155	CULT EPIDERM GRAFT, F/N/HF/G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15156	CULT EPIDRM GRFT F/N/HFG ADD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15157	CULT EPIDERM GRFT F/N/HFG +%	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15200	SKIN FULL GRAFT, TRUNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15201	SKIN FULL GRAFT TRUNK ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15220	SKIN FULL GRAFT SCLP/ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15221	SKIN FULL GRAFT ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
15240	SKIN FULL GRFT FACE/GENIT/HF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15241	SKIN FULL GRAFT ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15260	SKIN FULL GRAFT EEN & LIPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15261	SKIN FULL GRAFT ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15271	SKIN SUBSTITUTE GRAFT TRUNK/ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15272	SKIN SUBSTITUTE GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15273	SKIN SUBSTITUTE GRAFT TRUNK/ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15274	SKIN SUBSTITUTE GRAFT TRUNK/ARM/LEG ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15275	SKIN SUBSTITUTE GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15276	SKIN SUBSTITUTE GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15277	SKIN SUBSTITUTE GRAFT FACE/SCALP/EYE/MOUTH/NECK/E	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15278	SKIN SUBSTITUTE GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15570	FORM SKIN PEDICLE FLAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15572	FORM SKIN PEDICLE FLAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15574	FORM SKIN PEDICLE FLAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15576	FORM SKIN PEDICLE FLAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15600	SKIN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15610	SKIN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15620	SKIN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15630	SKIN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15650	TRANSFER SKIN PEDICLE FLAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15731	PLASTIC SURGERY, NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15732	MUSCLE-SKIN GRAFT, HEAD/NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
15734	MUSCLE-SKIN GRAFT, TRUNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15736	MUSCLE-SKIN GRAFT, ARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15738	MUSCLE-SKIN GRAFT, LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15740	ISLAND PEDICLE FLAP GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15750	NEUROVASCULAR PEDICLE GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15756	FREE MYO/SKIN FLAP MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15757	FREE SKIN FLAP, MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15758	FREE FASCIAL FLAP, MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15760	COMPOSITE SKIN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15770	DERMA-FAT-FASCIA GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15775	HAIR TRANSPLANT PUNCH GRAFTS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
15776	HAIR TRANSPLANT PUNCH GRAFTS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
15777	IMPLANT BIOLOGIC IMPLANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15780	ABRASION TREATMENT OF SKIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15781	ABRASION TREATMENT OF SKIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15782	ABRASION TREATMENT OF SKIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15783	ABRASION TREATMENT OF SKIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15786	ABRASION, LESION, SINGLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15787	ABRASION, LESIONS, ADD-ON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15788	CHEMICAL PEEL, FACE, EPIDERM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15789	CHEMICAL PEEL, FACE, DERMAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15792	CHEMICAL PEEL, NONFACIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15793	CHEMICAL PEEL, NONFACIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15819	PLASTIC SURGERY, NECK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15820	REVISION OF LOWER EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
15821	REVISION OF LOWER EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15822	REVISION OF UPPER EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15823	REVISION OF UPPER EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15824	REMOVAL OF FOREHEAD WRINKLES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15825	REMOVAL OF NECK WRINKLES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15826	REMOVAL OF BROW WRINKLES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15828	REMOVAL OF FACE WRINKLES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15829	REMOVAL OF SKIN WRINKLES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15830	EXC SKIN ABD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15832	EXCISE EXCESSIVE SKIN TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15833	EXCISE EXCESSIVE SKIN TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15834	EXCISE EXCESSIVE SKIN TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15835	EXCISE EXCESSIVE SKIN TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15836	EXCISE EXCESSIVE SKIN TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15837	EXCISE EXCESSIVE SKIN TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15838	EXCISE EXCESSIVE SKIN TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
15839	EXCISE EXCESSIVE SKIN TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15840	GRAFT FOR FACE NERVE PALSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15841	GRAFT FOR FACE NERVE PALSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15842	FLAP FOR FACE NERVE PALSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15845	SKIN AND MUSCLE REPAIR, FACE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15847	EXC SKIN ABD ADD-ON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15850	REMOVAL OF SUTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15851	REMOVAL OF SUTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15852	DRESSING CHANGE NOT FOR BURN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15860	TEST FOR BLOOD FLOW IN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15876	SUCTION ASSISTED LIPECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15877	SUCTION ASSISTED LIPECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15878	SUCTION ASSISTED LIPECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15879	SUCTION ASSISTED LIPECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
15920	REMOVAL OF TAIL BONE ULCER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15922	REMOVAL OF TAIL BONE ULCER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15931	REMOVE SACRUM PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15933	REMOVE SACRUM PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
15934	REMOVE SACRUM PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15935	REMOVE SACRUM PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15936	REMOVE SACRUM PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15937	REMOVE SACRUM PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15940	REMOVE HIP PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15941	REMOVE HIP PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15944	REMOVE HIP PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15945	REMOVE HIP PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15946	REMOVE HIP PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15950	REMOVE THIGH PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15951	REMOVE THIGH PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15952	REMOVE THIGH PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15953	REMOVE THIGH PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15956	REMOVE THIGH PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15958	REMOVE THIGH PRESSURE SORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
15999	REMOVAL OF PRESSURE SORE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
16000	INITIAL TREATMENT OF BURN(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
16020	DRESS/DEBRID P-THICK BURN, S	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
16025	DRESS/DEBRID P-THICK BURN, M	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
16030	DRESS/DEBRID P-THICK BURN, L	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
16035	INCISION OF BURN SCAB, INITI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
16036	ESCHAROTOMY; ADD'L INCISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17000	DESTRUCT PREMALG LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17003	DESTRUCT PREMALG LES, 2-14	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17004	DESTROY PREMLG LESIONS 15+	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17106	DESTRUCTION OF SKIN LESIONS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
17107	DESTRUCTION OF SKIN LESIONS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
17108	DESTRUCTION OF SKIN LESIONS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
17110	DESTRUCT B9 LESION, 1-14	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17111	DESTRUCT LESION, 15 OR MORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17250	CHEMICAL CAUTERY, TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17260	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17261	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17262	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17263	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17264	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17266	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17270	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
17271	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17272	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17273	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17274	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17276	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17280	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17281	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17282	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17283	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17284	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17286	DESTRUCTION OF SKIN LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17311	MOHS, 1 STAGE, H/N/HF/G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17312	MOHS ADDL STAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17313	MOHS, 1 STAGE, T/A/L	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17314	MOHS, ADDL STAGE, T/A/L	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17315	MOHS SURG, ADDL BLOCK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
17340	CRYOTHERAPY OF SKIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
17360	SKIN PEEL THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
17380	HAIR REMOVAL BY ELECTROLYSIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
17999	SKIN TISSUE PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19000	DRAINAGE OF BREAST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19001	DRAIN BREAST LESION ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19020	INCISION OF BREAST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19030	INJECT FOR BREAST X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19081	Biopsy, breast, with placement of	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19082	Biopsy, breast, with placement of	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19083	Biopsy, breast, with placement of breast localization device(s) (eg,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19084	Biopsy, breast, with placement of	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
19085	Biopsy, breast, with placement of	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19086	Biopsy, breast, with placement of breast localization device(s) (eg,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19100	BX BREAST PERCUT W/O IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19101	BIOPSY OF BREAST, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19105	CRYOSURG ABLATE FA, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19110	NIPPLE EXPLORATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19112	EXCISE BREAST DUCT FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19120	REMOVAL OF BREAST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19125	EXCISION, BREAST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19126	EXCISION, ADDL BREAST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19260	REMOVAL OF CHEST WALL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19271	REVISION OF CHEST WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19272	EXTENSIVE CHEST WALL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19281	Placement of breast localization	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19282	Placement of breast localization	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19283	Placement of breast localization	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19284	Placement of breast localization	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19285	Placement of breast localization	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19286	Placement of breast localization device(s) (eg, clip, metallic pellet,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds),	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19288	Placement of breast localization	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19296	PLACE PO BREAST CATH FOR RAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19297	PLACE BREAST CATH FOR RAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19298	PLACE BREAST RAD TUBE/CATHS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
19300	REMOVAL OF BREAST TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19301	PARTIAL MASTECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19302	P-MASTECTOMY W/LN REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19303	MAST, SIMPLE, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19304	MAST, SUBQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19305	MAST, RADICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19306	MAST, RAD, URBAN TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19307	MAST, MOD RAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19316	SUSPENSION OF BREAST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19318	REDUCTION OF LARGE BREAST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19324	ENLARGE BREAST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19325	ENLARGE BREAST WITH IMPLANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19328	REMOVAL OF BREAST IMPLANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19330	REMOVAL OF IMPLANT MATERIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19340	IMMEDIATE BREAST PROSTHESIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19342	DELAYED BREAST PROSTHESIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19350	BREAST RECONSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
19355	CORRECT INVERTED NIPPLE(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19357	BREAST RECONSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19361	BREAST RECONSTR W/LAT FLAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19364	BREAST RECONSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19366	BREAST RECONSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19367	BREAST RECONSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19368	BREAST RECONSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19369	BREAST RECONSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19370	SURGERY OF BREAST CAPSULE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19371	REMOVAL OF BREAST CAPSULE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
19380	REVISE BREAST RECONSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19396	DESIGN CUSTOM BREAST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
19499	BREAST SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
20005	INCISION OF DEEP ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20100	EXPLORE WOUND, NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20101	EXPLORE WOUND, CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20102	EXPLORE WOUND, ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
20103	EXPLORE WOUND, EXTREMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20150	EXCISE EPIPHYSEAL BAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20200	MUSCLE BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20205	DEEP MUSCLE BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20206	NEEDLE BIOPSY, MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20220	BONE BIOPSY, TROCAR/NEEDLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20225	BONE BIOPSY, TROCAR/NEEDLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20240	BONE BIOPSY, EXCISIONAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20245	BONE BIOPSY, EXCISIONAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20250	OPEN BONE BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20251	OPEN BONE BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20500	INJECT OF SINUS TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20501	INJECT SINUS TRACT FOR X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20520	REMOVAL OF FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20525	REMOVAL OF FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20526	THER INJECT, CARP TUNNEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20527	INJECT ENZYME PALMAR FASCIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20550	INJ TENDON SHEATH/LIGAMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20551	INJ TENDON ORIGIN/INSERTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
20552	INJ TRIGGER POINT, 1/2 MUSCL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20553	INJECT TRIGGER POINTS, =/> 3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20555	PLACE NDL MUSC/TIS FOR RT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20600	DRAIN/INJECT, JOINT/BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20605	DRAIN/INJECT, JOINT/BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20610	DRAIN/INJECT, JOINT/BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20612	ASPIRATE/INJ GANGLION CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20615	TREATMENT OF BONE CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20650	INSERT AND REMOVE BONE PIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20660	APPLY, REM FIXATION DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20661	APPLICATION OF HEAD BRACE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20662	APPLICATION OF PELVIS BRACE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20663	APPLICATION OF THIGH BRACE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20664	HALO BRACE APPLICATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20665	REMOVAL OF FIXATION DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20670	REMOVAL OF SUPPORT IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20680	REMOVAL OF SUPPORT IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20690	APPLY BONE FIXATION DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20692	APPLY BONE FIXATION DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20693	ADJUST BONE FIXATION DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20694	REMOVE BONE FIXATION DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20696	APPLICATION OF MULTIPLANE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
20697	TOTAL DISC ARTHROPLASTY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20802	REPLANTATION, ARM, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20805	REPLANT FOREARM, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20808	REPLANTATION HAND, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20816	REPLANTATION DIGIT, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20822	REPLANTATION DIGIT, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20824	REPLANTATION THUMB,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20827	REPLANTATION THUMB,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20838	REPLANTATION FOOT, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20900	REMOVAL OF BONE FOR GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20902	REMOVAL OF BONE FOR GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20910	REMOVE CARTILAGE FOR GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20912	REMOVE CARTILAGE FOR GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20920	REMOVAL OF FASCIA FOR GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20922	REMOVAL OF FASCIA FOR GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20924	REMOVAL OF TENDON FOR GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20926	REMOVAL OF TISSUE FOR GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20930	SPINAL BONE ALLOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20931	SPINAL BONE ALLOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20936	SPINAL BONE AUTOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20937	SPINAL BONE AUTOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20938	SPINAL BONE AUTOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20950	FLUID PRESSURE, MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20955	FIBULA BONE GRAFT, MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20956	ILIAC BONE GRAFT, MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20957	MT BONE GRAFT, MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20962	OTHER BONE GRAFT, MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
20969	BONE/SKIN GRAFT, MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20970	BONE/SKIN GRAFT, ILIAC CREST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20972	BONE/SKIN GRAFT, METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20973	BONE/SKIN GRAFT, GREAT TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20974	ELECTRICAL BONE STIMULATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
20975	ELECTRICAL BONE STIMULATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
20979	US BONE STIMULATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
20982	ABLATE, BONE TUMOR(S) PERQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20985	CPTR-ASST DIR MS PX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
20999	MUSCULOSKELETAL SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21010	INCISION OF JAW JOINT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21011	EXCISION TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21012	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21013	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21015	RESECTION OF FACIAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21016	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21025	EXCISION OF BONE, LOWER JAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21026	EXCISION OF FACIAL BONE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
21029	CONTOUR OF FACE BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21030	EXCISE MAX/ZYGOMA B9 TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21031	REMOVE EXOSTOSIS, MANDIBLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21032	REMOVE EXOSTOSIS, MAXILLA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21034	EXCISE MAX/ZYGOMA MLG TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21040	EXCISE MANDIBLE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21044	REMOVAL OF JAW BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21045	EXTENSIVE JAW SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21046	REMOVE MANDIBLE CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21047	EXCISE LWR JAW CYST W/REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21048	REMOVE MAXILLA CYST COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21049	EXCIS UPPR JAW CYST W/REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21050	REMOVAL OF JAW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21060	REMOVE JAW JOINT CARTILAGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21070	REMOVE CORONOID PROCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21073	MNPJ OF TMJ W/ANESTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21076	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21077	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21079	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
21080	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21081	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21082	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21083	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21084	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21085	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21086	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21087	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21088	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21089	PREPARE FACE/ORAL PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21100	MAXILLOFACIAL FIXATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21110	INTERDENTAL FIXATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21116	INJECT, JAW JOINT X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21120	RECONSTRUCTION OF CHIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21121	RECONSTRUCTION OF CHIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21122	RECONSTRUCTION OF CHIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
21123	RECONSTRUCTION OF CHIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21125	AUGMENTATION, LOWER JAW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21127	AUGMENTATION, LOWER JAW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21137	REDUCTION OF FOREHEAD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21138	REDUCTION OF FOREHEAD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21139	REDUCTION OF FOREHEAD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21141	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21142	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21143	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21145	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21146	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21147	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21150	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21151	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
21154	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21155	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21159	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
21160	RECONSTRUCT MIDFACE, LEFORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21172	RECONSTRUCT ORBIT/FOREHEAD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21175	RECONSTRUCT ORBIT/FOREHEAD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21179	RECONSTRUCT ENTIRE FOREHEAD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21180	RECONSTRUCT ENTIRE FOREHEAD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21181	CONTOUR CRANIAL BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21182	RECONSTRUCT CRANIAL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21183	RECONSTRUCT CRANIAL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21184	RECONSTRUCT CRANIAL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21188	RECONSTRUCTION OF MIDFACE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21193	RECONST LWR JAW W/O GRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21194	RECONST LWR JAW W/GRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
21195	RECONST LWR JAW W/O FIXATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21196	RECONST LWR JAW W/FIXATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21198	RECONSTR LWR JAW SEGMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21199	RECONSTR LWR JAW W/ADVANCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
21206	RECONSTRUCT UPPER JAW BONE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21208	AUGMENTATION OF FACIAL BONES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21209	REDUCTION OF FACIAL BONES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21210	FACE BONE GRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
21215	LOWER JAW BONE GRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21230	RIB CARTILAGE GRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21235	EAR CARTILAGE GRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21240	RECONSTRUCTION OF JAW JOINT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21242	RECONSTRUCTION OF JAW JOINT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21243	RECONSTRUCTION OF JAW JOINT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21244	RECONSTRUCTION OF LOWER JAW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21245	RECONSTRUCTION OF JAW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21246	RECONSTRUCTION OF JAW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21247	RECONSTRUCT LOWER JAW BONE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21248	RECONSTRUCTION OF JAW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21249	RECONSTRUCTION OF JAW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21255	RECONSTRUCT LOWER JAW BONE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21256	RECONSTRUCTION OF ORBIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21260	REVISE EYE SOCKETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21261	REVISE EYE SOCKETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21263	REVISE EYE SOCKETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21267	REVISE EYE SOCKETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
21268	REVISE EYE SOCKETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21270	AUGMENTATION, CHEEK BONE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21275	REVISION, ORBITOFACIAL BONES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21280	REVISION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21282	REVISION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21295	REVISION OF JAW MUSCLE/BONE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21296	REVISION OF JAW MUSCLE/BONE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21299	CRANIO/MAXILLOFACIAL SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21310	TREATMENT OF NOSE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21315	TREATMENT OF NOSE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21320	TREATMENT OF NOSE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21325	TREATMENT OF NOSE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21330	TREATMENT OF NOSE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21335	TREATMENT OF NOSE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21336	TREAT NASAL SEPTAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21337	TREAT NASAL SEPTAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21338	TREAT NASOETHMOID FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21339	TREAT NASOETHMOID FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21340	TREATMENT OF NOSE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21343	TREATMENT OF SINUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21344	TREATMENT OF SINUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21345	TREAT NOSE/JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21346	TREAT NOSE/JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21347	TREAT NOSE/JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21348	TREAT NOSE/JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21355	TREAT CHEEK BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
21356	TREAT CHEEK BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21360	TREAT CHEEK BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21365	TREAT CHEEK BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21366	TREAT CHEEK BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21385	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21386	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21387	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21390	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21395	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21400	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21401	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21406	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21407	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21408	TREAT EYE SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21421	TREAT MOUTH ROOF FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21422	TREAT MOUTH ROOF FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21423	TREAT MOUTH ROOF FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21431	TREAT CRANIOFACIAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21432	TREAT CRANIOFACIAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21433	TREAT CRANIOFACIAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21435	TREAT CRANIOFACIAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21436	TREAT CRANIOFACIAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21440	TREAT DENTAL RIDGE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21445	TREAT DENTAL RIDGE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21450	TREAT LOWER JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
21451	TREAT LOWER JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21452	TREAT LOWER JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21453	TREAT LOWER JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21454	TREAT LOWER JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21461	TREAT LOWER JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21462	TREAT LOWER JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21465	TREAT LOWER JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21470	TREAT LOWER JAW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21480	RESET DISLOCATED JAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21485	RESET DISLOCATED JAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21490	REPAIR DISLOCATED JAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21495	TREAT HYOID BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21497	INTERDENTAL WIRING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21499	HEAD SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21501	DRAIN NECK/CHEST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21502	DRAIN CHEST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21510	DRAINAGE OF BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
21550	BIOPSY OF NECK/CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21555	REMOVE LESION, NECK/CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21556	REMOVE LESION, NECK/CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21557	REMOVE TUMOR, NECK/CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21558	RADICAL RESECTION OF TUMOR SOFT TISSUE OF NECK OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21600	PARTIAL REMOVAL OF RIB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21610	PARTIAL REMOVAL OF RIB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21615	REMOVAL OF RIB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21616	REMOVAL OF RIB AND NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21620	PARTIAL REMOVAL OF STERNUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21627	STERNAL DEBRIDEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21630	EXTENSIVE STERNUM SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21632	EXTENSIVE STERNUM SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21685	HYOID MYOTOMY & SUSPENSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21700	REVISION OF NECK MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21705	REVISION OF NECK MUSCLE/RIB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21720	REVISION OF NECK MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
21725	REVISION OF NECK MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21740	RECONSTRUCTION OF STERNUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21742	REPAIR STERN/NUSS W/O SCOPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21743	REPAIR STERNUM/NUSS W/SCOPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21750	REPAIR OF STERNUM SEPARATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21800	TREATMENT OF RIB FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21810	TREATMENT OF RIB FRACTURE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21820	TREAT STERNUM FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21825	TREAT STERNUM FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21899	NECK/CHEST SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
21920	BIOPSY SOFT TISSUE OF BACK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21925	BIOPSY SOFT TISSUE OF BACK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21930	REMOVE LESION, BACK OR FLANK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21933	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
21935	REMOVE TUMOR, BACK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
21936	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22010	I&D, P-SPINE, C/T/CERV-THOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22015	I&D, P-SPINE, L/S/LS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22100	REMOVE PART OF NECK VERTEBRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22101	REMOVE PART, THORAX VERTEBRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22102	REMOVE PART, LUMBAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22103	REMOVE EXTRA SPINE SEGMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22110	REMOVE PART OF NECK VERTEBRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22112	REMOVE PART, THORAX VERTEBRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22114	REMOVE PART, LUMBAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22116	REMOVE EXTRA SPINE SEGMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22206	CUT SPINE 3 COL, THOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22207	CUT SPINE 3 COL, LUMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22208	CUT SPINE 3 COL, ADDL SEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22210	REVISION OF NECK SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22212	REVISION OF THORAX SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22214	REVISION OF LUMBAR SPINE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
22216	REVISE, EXTRA SPINE SEGMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22220	REVISION OF NECK SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22222	REVISION OF THORAX SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22224	REVISION OF LUMBAR SPINE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22226	REVISE, EXTRA SPINE SEGMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22305	TREAT SPINE PROCESS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22310	TREAT SPINE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22315	TREAT SPINE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22318	TREAT ODONTOID FX W/O GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22319	TREAT ODONTOID FX W/GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22325	TREAT SPINE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22326	TREAT NECK SPINE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22327	TREAT THORAX SPINE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22328	TREAT EACH ADD SPINE FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22505	MANIPULATION OF SPINE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22520	PERCUT VERTEBROPLASTY THOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22521	PERCUT VERTEBROPLASTY LUMB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22522	PERCUT VERTEBROPLASTY ADD'L	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22523	PERCUT KYPHOPLASTY, THOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
22524	PERCUT KYPHOPLASTY, LUMBAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22525	PERCUT KYPHOPLASTY, ADD-ON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22526	IDET, SINGLE LEVEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22527	IDET, 1 OR MORE LEVELS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22532	LAT THORAX SPINE FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22533	LAT LUMBAR SPINE FUSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22534	LAT THOR/LUMB, ADD'L SEG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22548	NECK SPINE FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22551	ARTHRODESIS, ANTERIOR INTERBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22552	CERVICAL SPINE FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22554	NECK SPINE FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22556	THORAX SPINE FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22558	LUMBAR SPINE FUSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22585	ADDITIONAL SPINAL FUSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22586	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22590	SPINE & SKULL SPINAL FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22595	NECK SPINAL FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22600	NECK SPINE FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
22610	THORAX SPINE FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22612	LUMBAR SPINE FUSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22614	SPINE FUSION, EXTRA SEGMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22630	LUMBAR SPINE FUSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22632	SPINE FUSION, EXTRA SEGMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22633	ARTHRODESIS, POST/POSTEROLATERAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22634	ARTHRODESIS,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22800	FUSION OF SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22802	FUSION OF SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22804	FUSION OF SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22808	FUSION OF SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22810	FUSION OF SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22812	FUSION OF SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22818	KYPHECTOMY, 1-2 SEGMENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22819	KYPHECTOMY, 3 OR MORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22830	EXPLORATION OF SPINAL FUSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22840	INSERT SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22841	INSERT SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22842	INSERT SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
22843	INSERT SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22844	INSERT SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22845	INSERT SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22846	INSERT SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22847	INSERT SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22848	INSERT PELV FIXATION DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22849	REINSERT SPINAL FIXATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22850	REMOVE SPINE FIXATION DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22851	APPLY SPINE PROSTH DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22852	REMOVE SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22855	REMOVE SPINE FIXATION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22856	TOTAL DISC ARTHROPLASTY,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22857	LUMBAR ARTIF DISCECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22862	REVISE LUMBAR ARTIF DISC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22864	REMOVAL OF TOTAL DISC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22865	REMOVE LUMB ARTIF DISC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22899	SPINE SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
22900	REMOVE ABDOMINAL WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22901	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22902	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22904	RADICAL RESECTION OF TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
22905	RADICAL RESECTION OF TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
22999	ABDOMEN SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
23000	REMOVAL OF CALCIUM DEPOSITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23020	RELEASE SHOULDER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23030	DRAIN SHOULDER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23031	DRAIN SHOULDER BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23035	DRAIN SHOULDER BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23040	EXPLORATORY SHOULDER SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23044	EXPLORATORY SHOULDER SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23065	BIOPSY SHOULDER TISSUES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23066	BIOPSY SHOULDER TISSUES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23075	REMOVAL OF SHOULDER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23076	REMOVAL OF SHOULDER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23077	REMOVE TUMOR OF SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
23100	BIOPSY OF SHOULDER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23101	SHOULDER JOINT SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23105	REMOVE SHOULDER JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23106	INCISION OF COLLARBONE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23107	EXPLORE TREAT SHOULDER JOINT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
23120	PARTIAL REMOVAL, COLLAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23125	REMOVAL OF COLLAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23130	REMOVE SHOULDER BONE, PART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23140	REMOVAL OF BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23145	REMOVAL OF BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23146	REMOVAL OF BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23150	REMOVAL OF HUMERUS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23155	REMOVAL OF HUMERUS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23156	REMOVAL OF HUMERUS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23170	REMOVE COLLAR BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23172	REMOVE SHOULDER BLADE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23174	REMOVE HUMERUS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23180	REMOVE COLLAR BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23182	REMOVE SHOULDER BLADE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23184	REMOVE HUMERUS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23190	PARTIAL REMOVAL OF SCAPULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23195	REMOVAL OF HEAD OF HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23200	REMOVAL OF COLLAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23210	REMOVAL OF SHOULDER BLADE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23220	PARTIAL REMOVAL OF HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
23221	PARTIAL REMOVAL OF HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23222	PARTIAL REMOVAL OF HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23330	REMOVE SHOULDER FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23334	Removal of prosthesis, includes	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23335	Removal of prosthesis, includes	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23350	INJECT FOR SHOULDER X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23395	MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23397	MUSCLE TRANSFERS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23400	FIXATION OF SHOULDER BLADE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23405	INCISION OF TENDON & MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23406	INCISE TENDON(S) & MUSCLE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23410	REPAIR ROTATOR CUFF, ACUTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23412	REPAIR ROTATOR CUFF, CHRONIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23415	RELEASE OF SHOULDER LIGAMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23420	REPAIR OF SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23430	REPAIR BICEPS TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23440	REMOVE/TRANSPLANT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23450	REPAIR SHOULDER CAPSULE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23455	REPAIR SHOULDER CAPSULE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23460	REPAIR SHOULDER CAPSULE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23462	REPAIR SHOULDER CAPSULE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23465	REPAIR SHOULDER CAPSULE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23466	REPAIR SHOULDER CAPSULE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
23470	RECONSTRUCT SHOULDER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23472	RECONSTRUCT SHOULDER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23473	REVISION OF TOTAL SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23474	REVISION OF TOTAL SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23480	REVISION OF COLLAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23485	REVISION OF COLLAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23490	REINFORCE CLAVICLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23491	REINFORCE SHOULDER BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23500	TREAT CLAVICLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23505	TREAT CLAVICLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23515	TREAT CLAVICLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23520	TREAT CLAVICLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23525	TREAT CLAVICLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23530	TREAT CLAVICLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23532	TREAT CLAVICLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23540	TREAT CLAVICLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23545	TREAT CLAVICLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23550	TREAT CLAVICLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23552	TREAT CLAVICLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23570	TREAT SHOULDER BLADE FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23575	TREAT SHOULDER BLADE FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
23585	TREAT SCAPULA FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23600	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23605	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23615	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23616	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23620	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23625	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23630	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23650	TREAT SHOULDER DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23655	TREAT SHOULDER DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23660	TREAT SHOULDER DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23665	TREAT DISLOCATION/FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23670	TREAT DISLOCATION/FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23675	TREAT DISLOCATION/FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23680	TREAT DISLOCATION/FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23700	FIXATION OF SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
23800	FUSION OF SHOULDER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23802	FUSION OF SHOULDER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23900	AMPUTATION OF ARM & GIRDLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23920	AMPUTATION AT SHOULDER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23921	AMPUTATION FOLLOW-UP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23929	SHOULDER SURGERY PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23930	DRAINAGE OF ARM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23931	DRAINAGE OF ARM BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
23935	DRAIN ARM/ELBOW BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24000	EXPLORATORY ELBOW SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24006	RELEASE ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24065	BIOPSY ARM/ELBOW SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24066	BIOPSY ARM/ELBOW SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24071	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24073	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24075	REMOVE ARM/ELBOW LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24076	REMOVE ARM/ELBOW LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24077	REMOVE TUMOR OF ARM/ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24079	RADICAL RESECTION OF TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24079	RADICAL RESECTION OF TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24100	BIOPSY ELBOW JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24101	EXPLORE/TREAT ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24102	REMOVE ELBOW JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
24105	REMOVAL OF ELBOW BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24110	REMOVE HUMERUS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24115	REMOVE/GRAFT BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24116	REMOVE/GRAFT BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24120	REMOVE ELBOW LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24125	REMOVE/GRAFT BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24126	REMOVE/GRAFT BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24130	REMOVAL OF HEAD OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24134	REMOVAL OF ARM BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24136	REMOVE RADIUS BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24138	REMOVE ELBOW BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24140	PARTIAL REMOVAL OF ARM BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24145	PARTIAL REMOVAL OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24147	PARTIAL REMOVAL OF ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24149	RADICAL RESECTION OF ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24150	EXTENSIVE HUMERUS SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24151	EXTENSIVE HUMERUS SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24152	EXTENSIVE RADIUS SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24153	EXTENSIVE RADIUS SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24155	REMOVAL OF ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24160	REMOVE ELBOW JOINT IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24164	REMOVE RADIUS HEAD IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24200	REMOVAL OF ARM FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
24201	REMOVAL OF ARM FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24220	INJECT FOR ELBOW X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24300	MANIPULATE ELBOW W/ANESTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24301	MUSCLE/TENDON TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24305	ARM TENDON LENGTHENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24310	REVISION OF ARM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24320	REPAIR OF ARM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24330	REVISION OF ARM MUSCLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24331	REVISION OF ARM MUSCLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24332	TENOLYSIS, TRICEPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24340	REPAIR OF BICEPS TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24341	REPAIR ARM TENDON/MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24342	REPAIR OF RUPTURED TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24343	REPR ELBOW LAT LIGMNT W/TISS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24344	RECONSTRUCT ELBOW LAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24345	REPR ELBW MED LIGMNT W/TISSU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24346	RECONSTRUCT ELBOW MED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
24350	REPAIR OF TENNIS ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24351	REPAIR OF TENNIS ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24352	REPAIR OF TENNIS ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24354	REPAIR OF TENNIS ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24356	REVISION OF TENNIS ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24357	REPAIR ELBOW, PERC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24358	REPAIR ELBOW W/DEB, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24359	REPAIR ELBOW DEB/ATTCH OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24360	RECONSTRUCT ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24361	RECONSTRUCT ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24362	RECONSTRUCT ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24363	REPLACE ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24365	RECONSTRUCT HEAD OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24366	RECONSTRUCT HEAD OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24370	REVISION OF TOTAL ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24400	REVISION OF HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24410	REVISION OF HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24420	REVISION OF HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24430	REPAIR OF HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24435	REPAIR HUMERUS WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24470	REVISION OF ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24495	DECOMPRESSION OF FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
24498	REINFORCE HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24500	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24505	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24515	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24516	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24530	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24535	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24538	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24545	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24546	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24560	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24565	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24566	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24575	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
24576	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24577	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24579	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24582	TREAT HUMERUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24586	TREAT ELBOW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24587	TREAT ELBOW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24600	TREAT ELBOW DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24605	TREAT ELBOW DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24615	TREAT ELBOW DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24620	TREAT ELBOW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24635	TREAT ELBOW FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24640	TREAT ELBOW DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24650	TREAT RADIUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24655	TREAT RADIUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24665	TREAT RADIUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
24666	TREAT RADIUS FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24670	TREAT ULNAR FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24675	TREAT ULNAR FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24685	TREAT ULNAR FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24800	FUSION OF ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24802	FUSION/GRAFT OF ELBOW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24900	AMPUTATION OF UPPER ARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24920	AMPUTATION OF UPPER ARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24925	AMPUTATION FOLLOW-UP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24930	AMPUTATION FOLLOW-UP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24931	AMPUTATE UPPER ARM & IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24935	REVISION OF AMPUTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24940	REVISION OF UPPER ARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
24999	UPPER ARM/ELBOW SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
25000	INCISION OF TENDON SHEATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25001	INCISE FLEXOR CARPI RADIALIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25020	DECOMPRESS FOREARM 1 SPACE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25023	DECOMPRESS FOREARM 1 SPACE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25024	DECOMPRESS FOREARM 2 SPACES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
25025	DECOMPRESS FOREARM 2 SPACES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25028	DRAINAGE OF FOREARM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25031	DRAINAGE OF FOREARM BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25035	TREAT FOREARM BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25040	EXPLORE/TREAT WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25065	BIOPSY FOREARM SOFT TISSUES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25066	BIOPSY FOREARM SOFT TISSUES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25073	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25075	REMOVAL FOREARM LESION SUBCU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25076	REMOVAL FOREARM LESION DEEP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25077	REMOVE TUMOR, FOREARM/WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
25085	INCISION OF WRIST CAPSULE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25100	BIOPSY OF WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25101	EXPLORE/TREAT WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25105	REMOVE WRIST JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25107	REMOVE WRIST JOINT CARTILAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25109	EXCISE TENDON FOREARM/WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25110	REMOVE WRIST TENDON LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25111	REMOVE WRIST TENDON LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25112	REREMOVE WRIST TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25115	REMOVE WRIST/FOREARM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25116	REMOVE WRIST/FOREARM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25118	EXCISE WRIST TENDON SHEATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25119	PARTIAL REMOVAL OF ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25120	REMOVAL OF FOREARM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25125	REMOVE/GRAFT FOREARM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25126	REMOVE/GRAFT FOREARM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25130	REMOVAL OF WRIST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25135	REMOVE & GRAFT WRIST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
25136	REMOVE & GRAFT WRIST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25145	REMOVE FOREARM BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25150	PARTIAL REMOVAL OF ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25151	PARTIAL REMOVAL OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25170	EXTENSIVE FOREARM SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25210	REMOVAL OF WRIST BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25215	REMOVAL OF WRIST BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25230	PARTIAL REMOVAL OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25240	PARTIAL REMOVAL OF ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25246	INJECT FOR WRIST X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25248	REMOVE FOREARM FOREIGN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25250	REMOVAL OF WRIST PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25251	REMOVAL OF WRIST PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25259	MANIPULATE WRIST W/ANESTHESIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25260	REPAIR FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25263	REPAIR FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25265	REPAIR FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25270	REPAIR FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25272	REPAIR FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25274	REPAIR FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25275	REPAIR FOREARM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25280	REVISE WRIST/FOREARM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25290	INCISE WRIST/FOREARM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25295	RELEASE WRIST/FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25300	FUSION OF TENDONS AT WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25301	FUSION OF TENDONS AT WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25310	TRANSPLANT FOREARM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25312	TRANSPLANT FOREARM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
25315	REVISE PALSY HAND TENDON(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25316	REVISE PALSY HAND TENDON(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25320	REPAIR/REVISE WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25332	REVISE WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25335	REALIGNMENT OF HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25337	RECONSTRUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25350	REVISION OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25355	REVISION OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25360	REVISION OF ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25365	REVISE RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25370	REVISE RADIUS OR ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25375	REVISE RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25390	SHORTEN RADIUS OR ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25391	LENGTHEN RADIUS OR ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25392	SHORTEN RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25393	LENGTHEN RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25394	REPAIR CARPAL BONE, SHORTEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25400	REPAIR RADIUS OR ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
25405	REPAIR/GRAFT RADIUS OR ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25415	REPAIR RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25420	REPAIR/GRAFT RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25425	REPAIR/GRAFT RADIUS OR ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25426	REPAIR/GRAFT RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25430	VASC GRAFT INTO CARPAL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25431	REPAIR NONUNION CARPAL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25440	REPAIR/GRAFT WRIST BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25441	RECONSTRUCT WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25442	RECONSTRUCT WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25443	RECONSTRUCT WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25444	RECONSTRUCT WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25445	RECONSTRUCT WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25446	WRIST REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25447	REPAIR WRIST JOINT(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25449	REMOVE WRIST JOINT IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25450	REVISION OF WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25455	REVISION OF WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25490	REINFORCE RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
25491	REINFORCE ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25492	REINFORCE RADIUS AND ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25500	TREAT FRACTURE OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25505	TREAT FRACTURE OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25515	TREAT FRACTURE OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25520	TREAT FRACTURE OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25525	TREAT FRACTURE OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25526	TREAT FRACTURE OF RADIUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25530	TREAT FRACTURE OF ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25535	TREAT FRACTURE OF ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25545	TREAT FRACTURE OF ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25560	TREAT FRACTURE RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25565	TREAT FRACTURE RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25574	TREAT FRACTURE RADIUS & ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25575	TREAT FRACTURE RADIUS/ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25600	TREAT FRACTURE RADIUS/ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25605	TREAT FRACTURE RADIUS/ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25606	TREAT FX DISTAL RADIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25607	TREAT FX RAD EXTRA-ARTICUL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25608	TREAT FX RAD INTRA-ARTICUL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25609	TREAT FX RADIAL 3+ FRAG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25622	TREAT WRIST BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25624	TREAT WRIST BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
25628	TREAT WRIST BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25630	TREAT WRIST BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25635	TREAT WRIST BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25645	TREAT WRIST BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25650	TREAT WRIST BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25651	PIN ULNAR STYLOID FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25652	TREAT FRACTURE ULNAR STYLOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25660	TREAT WRIST DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25670	TREAT WRIST DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25671	PIN RADIOULNAR DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25675	TREAT WRIST DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25676	TREAT WRIST DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25680	TREAT WRIST FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25685	TREAT WRIST FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25690	TREAT WRIST DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25695	TREAT WRIST DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25800	FUSION OF WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25805	FUSION/GRAFT OF WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25810	FUSION/GRAFT OF WRIST JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25820	FUSION OF HAND BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25825	FUSE HAND BONES WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
25830	FUSION, RADIOULNAR JNT/ULNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25900	AMPUTATION OF FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25905	AMPUTATION OF FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25907	AMPUTATION FOLLOW-UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25909	AMPUTATION FOLLOW-UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25915	AMPUTATION OF FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25920	AMPUTATE HAND AT WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25922	AMPUTATE HAND AT WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25924	AMPUTATION FOLLOW-UP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25927	AMPUTATION OF HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25929	AMPUTATION FOLLOW-UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25931	AMPUTATION FOLLOW-UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
25999	FOREARM OR WRIST SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
26010	DRAINAGE OF FINGER ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26011	DRAINAGE OF FINGER ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26020	DRAIN HAND TENDON SHEATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26025	DRAINAGE OF PALM BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26030	DRAINAGE OF PALM BURSA(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26034	TREAT HAND BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26035	DECOMPRESS FINGERS/HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26037	DECOMPRESS FINGERS/HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26040	RELEASE PALM CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26045	RELEASE PALM CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
26055	INCISE FINGER TENDON SHEATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26060	INCISION OF FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26070	EXPLORE/TREAT HAND JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26075	EXPLORE/TREAT FINGER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26080	EXPLORE/TREAT FINGER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26100	BIOPSY HAND JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26105	BIOPSY FINGER JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26110	BIOPSY FINGER JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26111	EXCISION, TUMOR OR VASCULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26113	EXCISION, TUMOR, SOFT TISSUE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26115	REMOVAL HAND LESION SUBCUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26116	REMOVAL HAND LESION, DEEP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26117	REMOVE TUMOR, HAND/FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26118	RADICAL RESECTION OF TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26121	RELEASE PALM CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26123	RELEASE PALM CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26125	RELEASE PALM CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26130	REMOVE WRIST JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26135	REVISE FINGER JOINT, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26140	REVISE FINGER JOINT, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26145	TENDON EXCISION, PALM/FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26160	REMOVE TENDON SHEATH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26170	REMOVAL OF PALM TENDON,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26180	REMOVAL OF FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26185	REMOVE FINGER BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26200	REMOVE HAND BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26205	REMOVE/GRAFT BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26210	REMOVAL OF FINGER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
26215	REMOVE/GRAFT FINGER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26230	PARTIAL REMOVAL OF HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26235	PARTIAL REMOVAL, FINGER BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26236	PARTIAL REMOVAL, FINGER BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26250	EXTENSIVE HAND SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26255	EXTENSIVE HAND SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26260	EXTENSIVE FINGER SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26261	EXTENSIVE FINGER SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26262	PARTIAL REMOVAL OF FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26320	REMOVAL OF IMPLANT FROM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26340	MANIPULATE FINGER W/ANESTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26341	MANIP PALMAR FASCIAL CORD POST ENZYME INJECTION SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26350	REPAIR FINGER/HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26352	REPAIR/GRAFT HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26356	REPAIR FINGER/HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26357	REPAIR FINGER/HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26358	REPAIR/GRAFT HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
26370	REPAIR FINGER/HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26372	REPAIR/GRAFT HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26373	REPAIR FINGER/HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26390	REVISE HAND/FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26392	REPAIR/GRAFT HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26410	REPAIR HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26412	REPAIR/GRAFT HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26415	EXCISION, HAND/FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26416	GRAFT HAND OR FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26418	REPAIR FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26420	REPAIR/GRAFT FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26426	REPAIR FINGER/HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26428	REPAIR/GRAFT FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26432	REPAIR FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26433	REPAIR FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26434	REPAIR/GRAFT FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26437	REALIGNMENT OF TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
26440	RELEASE PALM/FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26442	RELEASE PALM & FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26445	RELEASE HAND/FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26449	RELEASE FOREARM/HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26450	INCISION OF PALM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26455	INCISION OF FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26460	INCISE HAND/FINGER TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26471	FUSION OF FINGER TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26474	FUSION OF FINGER TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26476	TENDON LENGTHENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26477	TENDON SHORTENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26478	LENGTHENING OF HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26479	SHORTENING OF HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26480	TRANSPLANT HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26483	TRANSPLANT/GRAFT HAND TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26485	TRANSPLANT PALM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26489	TRANSPLANT/GRAFT PALM TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26490	REVISE THUMB TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26492	TENDON TRANSFER WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26494	HAND TENDON/MUSCLE TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
26496	REVISE THUMB TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26497	FINGER TENDON TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26498	FINGER TENDON TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26499	REVISION OF FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26500	HAND TENDON RECONSTRUCTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26502	HAND TENDON RECONSTRUCTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26508	RELEASE THUMB CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26510	THUMB TENDON TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26516	FUSION OF KNUCKLE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26517	FUSION OF KNUCKLE JOINTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26518	FUSION OF KNUCKLE JOINTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26520	RELEASE KNUCKLE CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26525	RELEASE FINGER CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26530	REVISE KNUCKLE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26531	REVISE KNUCKLE WITH IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26535	REVISE FINGER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26536	REVISE/IMPLANT FINGER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26540	REPAIR HAND JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
26541	REPAIR HAND JOINT WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26542	REPAIR HAND JOINT WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26545	RECONSTRUCT FINGER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26546	REPAIR NONUNION HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26548	RECONSTRUCT FINGER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26550	CONSTRUCT THUMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26551	GREAT TOE-HAND TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26553	SINGLE TRANSFER, TOE-HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26554	DOUBLE TRANSFER, TOE-HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26555	POSITIONAL CHANGE OF FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26556	TOE JOINT TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26560	REPAIR OF WEB FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26561	REPAIR OF WEB FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26562	REPAIR OF WEB FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26565	CORRECT METACARPAL FLAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26567	CORRECT FINGER DEFORMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26568	LENGTHEN METACARPAL/FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26580	REPAIR HAND DEFORMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26587	RECONSTRUCT EXTRA FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26590	REPAIR FINGER DEFORMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26591	REPAIR MUSCLES OF HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26593	RELEASE MUSCLES OF HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26596	EXCISION CONSTRICTING TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26600	TREAT METACARPAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26605	TREAT METACARPAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26607	TREAT METACARPAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
26608	TREAT METACARPAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26615	TREAT METACARPAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26641	TREAT THUMB DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26645	TREAT THUMB FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26650	TREAT THUMB FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26665	TREAT THUMB FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26670	TREAT HAND DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26675	TREAT HAND DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26676	PIN HAND DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26685	TREAT HAND DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26686	TREAT HAND DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26700	TREAT KNUCKLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26705	TREAT KNUCKLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26706	PIN KNUCKLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26715	TREAT KNUCKLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26720	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26725	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26727	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26735	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26740	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26742	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26746	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26750	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26755	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26756	PIN FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
26765	TREAT FINGER FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26770	TREAT FINGER DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26775	TREAT FINGER DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26776	PIN FINGER DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26785	TREAT FINGER DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26820	THUMB FUSION WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26841	FUSION OF THUMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26842	THUMB FUSION WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26843	FUSION OF HAND JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26844	FUSION/GRAFT OF HAND JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26850	FUSION OF KNUCKLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26852	FUSION OF KNUCKLE WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26860	FUSION OF FINGER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26861	FUSION OF FINGER JNT, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26862	FUSION/GRAFT OF FINGER JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26863	FUSE/GRAFT ADDED JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26910	AMPUTATE METACARPAL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26951	AMPUTATION OF FINGER/THUMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26952	AMPUTATION OF FINGER/THUMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26989	HAND/FINGER SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26990	DRAINAGE OF PELVIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26991	DRAINAGE OF PELVIS BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
26992	DRAINAGE OF BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27000	INCISION OF HIP TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27001	INCISION OF HIP TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27003	INCISION OF HIP TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27005	INCISION OF HIP TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27006	INCISION OF HIP TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27025	INCISION OF HIP/THIGH FASCIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27027	DECOMPRESSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27030	DRAINAGE OF HIP JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27033	EXPLORATION OF HIP JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27035	DENERVATION OF HIP JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27036	EXCISION OF HIP JOINT/MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27040	BIOPSY OF SOFT TISSUES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27041	BIOPSY OF SOFT TISSUES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27043	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27045	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27047	REMOVE HIP/PELVIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27048	REMOVE HIP/PELVIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27049	REMOVE TUMOR, HIP/PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27050	BIOPSY OF SACROILIAC JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27052	BIOPSY OF HIP JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27054	REMOVAL OF HIP JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27057	DECOMPRESSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27059	RADICAL RESECTION OF TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27060	REMOVAL OF ISCHIAL BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27062	REMOVE FEMUR LESION/BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27065	REMOVAL OF HIP BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27066	REMOVAL OF HIP BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27067	REMOVE/GRAFT HIP BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27070	PARTIAL REMOVAL OF HIP BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27071	PARTIAL REMOVAL OF HIP BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27075	EXTENSIVE HIP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27076	EXTENSIVE HIP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27077	EXTENSIVE HIP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27078	EXTENSIVE HIP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27079	EXTENSIVE HIP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27080	REMOVAL OF TAIL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27086	REMOVE HIP FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27087	REMOVE HIP FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27090	REMOVAL OF HIP PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27091	REMOVAL OF HIP PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27093	INJECT FOR HIP X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27095	INJECT FOR HIP X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27096	INJECT SACROILIAC JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27097	REVISION OF HIP TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27098	TRANSFER TENDON TO PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27100	TRANSFER OF ABDOMINAL MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27105	TRANSFER OF SPINAL MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27110	TRANSFER OF ILIOPSOAS MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27111	TRANSFER OF ILIOPSOAS MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27120	RECONSTRUCTION OF HIP SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27122	RECONSTRUCTION OF HIP SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27125	PARTIAL HIP REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27130	TOTAL HIP ARTHROPLASTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27132	TOTAL HIP ARTHROPLASTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27134	REVISE HIP JOINT REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27137	REVISE HIP JOINT REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27138	REVISE HIP JOINT REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27140	TRANSPLANT FEMUR RIDGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27146	INCISION OF HIP BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27147	REVISION OF HIP BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27151	INCISION OF HIP BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27156	REVISION OF HIP BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27158	REVISION OF PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27161	INCISION OF NECK OF FEMUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27165	INCISION/FIXATION OF FEMUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27170	REPAIR/GRAFT FEMUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27175	TREAT SLIPPED EPIPHYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27176	TREAT SLIPPED EPIPHYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27177	TREAT SLIPPED EPIPHYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27178	TREAT SLIPPED EPIPHYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27179	REVISE HEAD/NECK OF FEMUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27181	TREAT SLIPPED EPIPHYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27185	REVISION OF FEMUR EPIPHYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27187	REINFORCE HIP BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27193	TREAT PELVIC RING FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27194	TREAT PELVIC RING FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27200	TREAT TAIL BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27202	TREAT TAIL BONE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27215	TREAT PELVIC FRACTURE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27216	TREAT PELVIC RING FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27217	TREAT PELVIC RING FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27218	TREAT PELVIC RING FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27220	TREAT HIP SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27222	TREAT HIP SOCKET FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27226	TREAT HIP WALL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27227	TREAT HIP FRACTURE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27228	TREAT HIP FRACTURE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27230	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27232	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27235	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27236	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27238	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27240	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27244	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27245	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27246	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27248	TREAT THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27250	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27252	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27253	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27254	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27256	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27257	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27258	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27259	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27265	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27266	TREAT HIP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27267	CLTX THIGH FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27268	CLTX THIGH FX W/MNPJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27269	OPTX THIGH FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27275	MANIPULATION OF HIP JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27280	FUSION OF SACROILIAC JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27282	FUSION OF PUBIC BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27284	FUSION OF HIP JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27286	FUSION OF HIP JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27290	AMPUTATION OF LEG AT HIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27295	AMPUTATION OF LEG AT HIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27299	PELVIS/HIP JOINT SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
27301	DRAIN THIGH/KNEE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27303	DRAINAGE OF BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27305	INCISE THIGH TENDON & FASCIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27306	INCISION OF THIGH TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27307	INCISION OF THIGH TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27310	EXPLORATION OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27323	BIOPSY, THIGH SOFT TISSUES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27324	BIOPSY, THIGH SOFT TISSUES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27325	NEURECTOMY, HAMSTRING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27326	NEURECTOMY, POPLITEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27327	REMOVAL OF THIGH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27328	REMOVAL OF THIGH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27329	REMOVE TUMOR, THIGH/KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27330	BIOPSY, KNEE JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27331	EXPLORE/TREAT KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27332	REMOVAL OF KNEE CARTILAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27333	REMOVAL OF KNEE CARTILAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27334	REMOVE KNEE JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27335	REMOVE KNEE JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27337	EXCISE TUMOR/SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27339	EXCISE TUMOR/SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27340	REMOVAL OF KNEECAP BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27345	REMOVAL OF KNEE CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27347	REMOVE KNEE CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27350	REMOVAL OF KNEECAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27355	REMOVE FEMUR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27356	REMOVE FEMUR LESION/GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27357	REMOVE FEMUR LESION/GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27358	REMOVE FEMUR LESION/FIXATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27360	PARTIAL REMOVAL, LEG BONE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27364	RAD RESECT TUMOR/SOFT TISSUE THIGH/KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27365	EXTENSIVE LEG SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27370	INJECT FOR KNEE X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27372	REMOVAL OF FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27380	REPAIR OF KNEECAP TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27381	REPAIR/GRAFT KNEECAP TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27385	REPAIR OF THIGH MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27386	REPAIR/GRAFT OF THIGH MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27390	INCISION OF THIGH TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27391	INCISION OF THIGH TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27392	INCISION OF THIGH TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27393	LENGTHENING OF THIGH TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27394	LENGTHENING OF THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27395	LENGTHENING OF THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
27396	TRANSPLANT OF THIGH TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27397	TRANSPLANTS OF THIGH TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27400	REVISE THIGH MUSCLES/TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27403	REPAIR OF KNEE CARTILAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27405	REPAIR OF KNEE LIGAMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27407	REPAIR OF KNEE LIGAMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27409	REPAIR OF KNEE LIGAMENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27412	AUTOCHONDROCYTE IMPLANT KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
27418	REPAIR DEGENERATED KNEECAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27420	REVISION OF UNSTABLE KNEECAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27422	REVISION OF UNSTABLE KNEECAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27424	REVISION/REMOVAL OF KNEECAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27425	LAT RETINACULAR RELEASE OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27427	RECONSTRUCTION, KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
27428	RECONSTRUCTION, KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
27429	RECONSTRUCTION, KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
27430	REVISION OF THIGH MUSCLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27435	INCISION OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27437	REVISE KNEECAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27438	REVISE KNEECAP WITH IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27440	REVISION OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27441	REVISION OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27442	REVISION OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27443	REVISION OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27445	REVISION OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27446	REVISION OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27447	TOTAL KNEE ARTHROPLASTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27448	INCISION OF THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27450	INCISION OF THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27454	REALIGNMENT OF THIGH BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27455	REALIGNMENT OF KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27457	REALIGNMENT OF KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27465	SHORTENING OF THIGH BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27466	LENGTHENING OF THIGH BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27468	SHORTEN/LENGTHEN THIGHS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27470	REPAIR OF THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27472	REPAIR/GRAFT OF THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27475	SURGERY TO STOP LEG GROWTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27477	SURGERY TO STOP LEG GROWTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27479	SURGERY TO STOP LEG GROWTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27485	SURGERY TO STOP LEG GROWTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27486	REVISE/REPLACE KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27487	REVISE/REPLACE KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27488	REMOVAL OF KNEE PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27495	REINFORCE THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27496	DECOMPRESSION OF THIGH/KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27497	DECOMPRESSION OF THIGH/KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27498	DECOMPRESSION OF THIGH/KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27499	DECOMPRESSION OF THIGH/KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27500	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27501	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27502	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27503	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27506	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27507	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27508	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27509	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27510	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27511	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27513	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27514	TREATMENT OF THIGH FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27516	TREAT THIGH FX GROWTH PLATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27517	TREAT THIGH FX GROWTH PLATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27519	TREAT THIGH FX GROWTH PLATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27520	TREAT KNEECAP FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27524	TREAT KNEECAP FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27530	TREAT KNEE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27532	TREAT KNEE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27535	TREAT KNEE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27536	TREAT KNEE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27538	TREAT KNEE FRACTURE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27540	TREAT KNEE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27550	TREAT KNEE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27552	TREAT KNEE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27556	TREAT KNEE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27557	TREAT KNEE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27558	TREAT KNEE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27560	TREAT KNEECAP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27562	TREAT KNEECAP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27566	TREAT KNEECAP DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27570	FIXATION OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27580	FUSION OF KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27590	AMPUTATE LEG AT THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27591	AMPUTATE LEG AT THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
27592	AMPUTATE LEG AT THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27594	AMPUTATION FOLLOW-UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27596	AMPUTATION FOLLOW-UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27598	AMPUTATE LOWER LEG AT KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27599	LEG SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
27600	DECOMPRESSION OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27601	DECOMPRESSION OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27602	DECOMPRESSION OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27603	DRAIN LOWER LEG LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27604	DRAIN LOWER LEG BURSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27605	INCISION OF ACHILLES TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27606	INCISION OF ACHILLES TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27607	TREAT LOWER LEG BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27610	EXPLORE/TREAT ANKLE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27612	EXPLORATION OF ANKLE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27613	BIOPSY LOWER LEG SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27614	BIOPSY LOWER LEG SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27615	REMOVE TUMOR, LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27616	RADICAL RESECTION OF TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27618	REMOVE LOWER LEG LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27619	REMOVE LOWER LEG LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27620	EXPLORE/TREAT ANKLE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27625	REMOVE ANKLE JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27626	REMOVE ANKLE JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27630	REMOVAL OF TENDON LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27632	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27634	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27635	REMOVE LOWER LEG BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27637	REMOVE/GRAFT LEG BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27638	REMOVE/GRAFT LEG BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27640	PARTIAL REMOVAL OF TIBIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27641	PARTIAL REMOVAL OF FIBULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27645	EXTENSIVE LOWER LEG SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27646	EXTENSIVE LOWER LEG SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27647	EXTENSIVE ANKLE/HEEL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27648	INJECT FOR ANKLE X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27650	REPAIR ACHILLES TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27652	REPAIR/GRAFT ACHILLES TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27654	REPAIR OF ACHILLES TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27656	REPAIR LEG FASCIA DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27658	REPAIR OF LEG TENDON, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27659	REPAIR OF LEG TENDON, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27664	REPAIR OF LEG TENDON, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27665	REPAIR OF LEG TENDON, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27675	REPAIR LOWER LEG TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27676	REPAIR LOWER LEG TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27680	RELEASE OF LOWER LEG TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27681	RELEASE OF LOWER LEG TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27685	REVISION OF LOWER LEG TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27686	REVISE LOWER LEG TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27687	REVISION OF CALF TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27690	REVISE LOWER LEG TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27691	REVISE LOWER LEG TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27692	REVISE ADDITIONAL LEG TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27695	REPAIR OF ANKLE LIGAMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27696	REPAIR OF ANKLE LIGAMENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27698	REPAIR OF ANKLE LIGAMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27700	REVISION OF ANKLE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27702	RECONSTRUCT ANKLE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27703	RECONSTRUCTION, ANKLE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27704	REMOVAL OF ANKLE IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27705	INCISION OF TIBIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27707	INCISION OF FIBULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27709	INCISION OF TIBIA & FIBULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27712	REALIGNMENT OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27715	REVISION OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27720	REPAIR OF TIBIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27722	REPAIR/GRAFT OF TIBIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27724	REPAIR/GRAFT OF TIBIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27725	REPAIR OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27726	REPAIR FIBULA NONUNION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27727	REPAIR OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27730	REPAIR OF TIBIA EPIPHYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27732	REPAIR OF FIBULA EPIPHYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27734	REPAIR LOWER LEG EPIPHYSES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27740	REPAIR OF LEG EPIPHYSES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27742	REPAIR OF LEG EPIPHYSES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27745	REINFORCE TIBIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27750	TREATMENT OF TIBIA FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27752	TREATMENT OF TIBIA FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27756	TREATMENT OF TIBIA FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27758	TREATMENT OF TIBIA FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27759	TREATMENT OF TIBIA FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27760	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27762	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27766	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27767	CLTX POST ANKLE FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27768	CLTX POST ANKLE FX W/MNPJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27769	OPTX POST ANKLE FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27780	TREATMENT OF FIBULA FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27781	TREATMENT OF FIBULA FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27784	TREATMENT OF FIBULA FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27786	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27788	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27792	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27808	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27810	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27814	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27816	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27818	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27822	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27823	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27824	TREAT LOWER LEG FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27825	TREAT LOWER LEG FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27826	TREAT LOWER LEG FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27827	TREAT LOWER LEG FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27828	TREAT LOWER LEG FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27829	TREAT LOWER LEG JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27830	TREAT LOWER LEG DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27831	TREAT LOWER LEG DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27832	TREAT LOWER LEG DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
27840	TREAT ANKLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27842	TREAT ANKLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27846	TREAT ANKLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27848	TREAT ANKLE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27860	FIXATION OF ANKLE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27870	FUSION OF ANKLE JOINT, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27871	FUSION OF TIBIOFIBULAR JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27880	AMPUTATION OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27881	AMPUTATION OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27882	AMPUTATION OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27884	AMPUTATION FOLLOW-UP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27886	AMPUTATION FOLLOW-UP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27888	AMPUTATION OF FOOT AT ANKLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27889	AMPUTATION OF FOOT AT ANKLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27892	DECOMPRESSION OF LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27893	DECOMPRESSION OF LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27894	DECOMPRESSION OF LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
27899	LEG/ANKLE SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28001	DRAINAGE OF BURSA OF FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28002	TREATMENT OF FOOT INFECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28003	TREATMENT OF FOOT INFECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
28005	TREAT FOOT BONE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28008	INCISION OF FOOT FASCIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28010	INCISION OF TOE TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28011	INCISION OF TOE TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28020	EXPLORATION OF FOOT JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28022	EXPLORATION OF FOOT JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28024	EXPLORATION OF TOE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28035	DECOMPRESSION OF TIBIA NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28039	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28041	EXCISION, TUMOR, SOFT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28043	EXCISION OF FOOT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28045	EXCISION OF FOOT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28046	RESECTION OF TUMOR, FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28047	RADICAL RESECTION OF TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28050	BIOPSY OF FOOT JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28052	BIOPSY OF FOOT JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28054	BIOPSY OF TOE JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28055	NEURECTOMY, FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28060	PARTIAL REMOVAL, FOOT FASCIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28062	REMOVAL OF FOOT FASCIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28070	REMOVAL OF FOOT JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28072	REMOVAL OF FOOT JOINT LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28080	REMOVAL OF FOOT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28086	EXCISE FOOT TENDON SHEATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28088	EXCISE FOOT TENDON SHEATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
28090	REMOVAL OF FOOT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28092	REMOVAL OF TOE LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28100	REMOVAL OF ANKLE/HEEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28102	REMOVE/GRAFT FOOT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28103	REMOVE/GRAFT FOOT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28104	REMOVAL OF FOOT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28106	REMOVE/GRAFT FOOT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28107	REMOVE/GRAFT FOOT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28108	REMOVAL OF TOE LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28110	PART REMOVAL OF METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28111	PART REMOVAL OF METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28112	PART REMOVAL OF METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28113	PART REMOVAL OF METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28114	REMOVAL OF METATARSAL HEADS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28116	REVISION OF FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28118	REMOVAL OF HEEL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
28119	REMOVAL OF HEEL SPUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28120	PART REMOVAL OF ANKLE/HEEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28122	PARTIAL REMOVAL OF FOOT BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28124	PARTIAL REMOVAL OF TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28126	PARTIAL REMOVAL OF TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28130	REMOVAL OF ANKLE BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28140	REMOVAL OF METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28150	REMOVAL OF TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28153	PARTIAL REMOVAL OF TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28160	PARTIAL REMOVAL OF TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28171	EXTENSIVE FOOT SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28173	EXTENSIVE FOOT SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28175	EXTENSIVE FOOT SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28190	REMOVAL OF FOOT FOREIGN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28192	REMOVAL OF FOOT FOREIGN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28193	REMOVAL OF FOOT FOREIGN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28200	REPAIR OF FOOT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28202	REPAIR/GRAFT OF FOOT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28208	REPAIR OF FOOT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28210	REPAIR/GRAFT OF FOOT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28220	RELEASE OF FOOT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28222	RELEASE OF FOOT TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28225	RELEASE OF FOOT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28226	RELEASE OF FOOT TENDONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28230	INCISION OF FOOT TENDON(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28232	INCISION OF TOE TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
28234	INCISION OF FOOT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28238	REVISION OF FOOT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28240	RELEASE OF BIG TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28250	REVISION OF FOOT FASCIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28260	RELEASE OF MIDFOOT JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28261	REVISION OF FOOT TENDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28262	REVISION OF FOOT AND ANKLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28264	RELEASE OF MIDFOOT JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28270	RELEASE OF FOOT CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28272	RELEASE OF TOE JOINT, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28280	FUSION OF TOES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28285	REPAIR OF HAMMERTOES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28286	REPAIR OF HAMMERTOES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28288	PARTIAL REMOVAL OF FOOT BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28289	REPAIR HALLUX RIGIDUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28290	CORRECTION OF BUNION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28292	CORRECTION OF BUNION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28293	CORRECTION OF BUNION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
28294	CORRECTION OF BUNION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28296	CORRECTION OF BUNION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28297	CORRECTION OF BUNION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28298	CORRECTION OF BUNION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28299	CORRECTION OF BUNION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28300	INCISION OF HEEL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28302	INCISION OF ANKLE BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28304	INCISION OF MIDFOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28305	INCISE/GRAFT MIDFOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28306	INCISION OF METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28307	INCISION OF METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28308	INCISION OF METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28309	INCISION OF METATARSALS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28310	REVISION OF BIG TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28312	REVISION OF TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28313	REPAIR DEFORMITY OF TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28315	REMOVAL OF SESAMOID BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28320	REPAIR OF FOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
28322	REPAIR OF METATARSALS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28340	RESECT ENLARGED TOE TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28341	RESECT ENLARGED TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28344	REPAIR EXTRA TOE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28345	REPAIR WEBBED TOE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28360	RECONSTRUCT CLEFT FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28400	TREATMENT OF HEEL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28405	TREATMENT OF HEEL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28406	TREATMENT OF HEEL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28415	TREAT HEEL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28420	TREAT/GRAFT HEEL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28430	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28435	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28436	TREATMENT OF ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28445	TREAT ANKLE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28446	OSTEOCHONDRAL TALUS AUTOGRFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28450	TREAT MIDFOOT FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28455	TREAT MIDFOOT FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28456	TREAT MIDFOOT FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28465	TREAT MIDFOOT FRACTURE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28470	TREAT METATARSAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28475	TREAT METATARSAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28476	TREAT METATARSAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28485	TREAT METATARSAL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28490	TREAT BIG TOE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28495	TREAT BIG TOE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28496	TREAT BIG TOE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
28505	TREAT BIG TOE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28510	TREATMENT OF TOE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28515	TREATMENT OF TOE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28525	TREAT TOE FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28530	TREAT SESAMOID BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28531	TREAT SESAMOID BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28540	TREAT FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28545	TREAT FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28546	TREAT FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28555	REPAIR FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28570	TREAT FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28575	TREAT FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28576	TREAT FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28585	REPAIR FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28600	TREAT FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28605	TREAT FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28606	TREAT FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28615	REPAIR FOOT DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28630	TREAT TOE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28635	TREAT TOE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28636	TREAT TOE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28645	REPAIR TOE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28660	TREAT TOE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28665	TREAT TOE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
28666	TREAT TOE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28675	REPAIR OF TOE DISLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28705	FUSION OF FOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28715	FUSION OF FOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28725	FUSION OF FOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28730	FUSION OF FOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28735	FUSION OF FOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28737	REVISION OF FOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28740	FUSION OF FOOT BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28750	FUSION OF BIG TOE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28755	FUSION OF BIG TOE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28760	FUSION OF BIG TOE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28800	AMPUTATION OF MIDFOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28805	AMPUTATION THRU METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28810	AMPUTATION TOE & METATARSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28820	AMPUTATION OF TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28825	PARTIAL AMPUTATION OF TOE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
28890	HIGH ENERGY ESWT, PLANTAR F	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
28899	FOOT/TOES SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
29000	APPLICATION OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29010	APPLICATION OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29015	APPLICATION OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29020	APPLICATION OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29025	APPLICATION OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29035	APPLICATION OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29040	APPLICATION OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29044	APPLICATION OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29046	APPLICATION OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29049	APPLICATION OF FIGURE EIGHT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29055	APPLICATION OF SHOULDER CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29058	APPLICATION OF SHOULDER CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29065	APPLICATION OF LONG ARM CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29075	APPLICATION OF FOREARM CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29085	APPLY HAND/WRIST CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29086	APPLY FINGER CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29105	APPLY LONG ARM SPLINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29125	APPLY FOREARM SPLINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29126	APPLY FOREARM SPLINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29130	APPLICATION OF FINGER SPLINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29131	APPLICATION OF FINGER SPLINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29200	STRAPPING OF CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
29220	STRAPPING OF LOW BACK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29240	STRAPPING OF SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29260	STRAPPING OF ELBOW OR WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29280	STRAPPING OF HAND OR FINGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29305	APPLICATION OF HIP CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29325	APPLICATION OF HIP CASTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29345	APPLICATION OF LONG LEG CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29355	APPLICATION OF LONG LEG CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29358	APPLY LONG LEG CAST BRACE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29365	APPLICATION OF LONG LEG CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29405	APPLY SHORT LEG CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29425	APPLY SHORT LEG CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29435	APPLY SHORT LEG CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29440	ADDITION OF WALKER TO CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29445	APPLY RIGID LEG CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29450	APPLICATION OF LEG CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29505	APPLICATION, LONG LEG SPLINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29515	APPLICATION LOWER LEG SPLINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
29520	STRAPPING OF HIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29530	STRAPPING OF KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29540	STRAPPING OF ANKLE AND/OR FT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29550	STRAPPING OF TOES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29580	APPLICATION OF PASTE BOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29581	APPLY MULTI-LAYER COMPRESSION SYSTEM, BELOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29582	APPLY MULTI-LAYER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29583	APPLY MULTI-LAYER COMPRESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29584	APPLY MULTI-LAYER COMPRESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29700	REMOVAL/REVISION OF CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29705	REMOVAL/REVISION OF CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29710	REMOVAL/REVISION OF CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29715	REMOVAL/REVISION OF CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29720	REPAIR OF BODY CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29730	WINDOWING OF CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29740	WEDGING OF CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29750	WEDGING OF CLUBFOOT CAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29799	CASTING/STRAPPING PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
29800	JAW ARTHROSCOPY/SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
29804	JAW ARTHROSCOPY/SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
29805	SHOULDER ARTHROSCOPY, DX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
29806	SHOULDER ARTHROSCOPY/SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
29807	SHOULDER ARTHROSCOPY/SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
29819	SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29820	SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29821	SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29822	SHOULDER ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29823	SHOULDER ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29824	SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29825	SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29826	SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29827	ARTHROSCOP ROTATOR CUFF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29828	ARTHROSCOPY BICEPS TENODESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29830	ELBOW ARTHROSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29834	ELBOW ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29835	ELBOW ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29836	ELBOW ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29837	ELBOW ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29838	ELBOW ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29840	WRIST ARTHROSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29843	WRIST ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29844	WRIST ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29845	WRIST ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29846	WRIST ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29847	WRIST ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29848	WRIST ENDOSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29850	KNEE ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29851	KNEE ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

[illegible]

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
29893	SCOPE, PLANTAR FASCIOTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29894	ANKLE ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29895	ANKLE ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29897	ANKLE ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29898	ANKLE ARTHROSCOPY/SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29899	ANKLE ARTHROSCOPY/SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
29900	MCP JOINT ARTHROSCOPY, DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29901	MCP JOINT ARTHROSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29902	MCP JOINT ARTHROSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29904	SUBTALAR ARTHRO W/FB RMVL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29905	SUBTALAR ARTHRO W/EXC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29906	SUBTALAR ARTHRO W/DEB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29907	SUBTALAR ARTHRO W/FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29914	ARTHROSCOPY, HIP, SURGICAL;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29915	ARTHROSCOPY, SUBTALAR JOINT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29916	ARTHROSCOPY, SUBTALAR JOINT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
29999	ARTHROSCOPY OF JOINT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30000	DRAINAGE OF NOSE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30020	DRAINAGE OF NOSE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30100	INTRANASAL BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30110	REMOVAL OF NOSE POLYP(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30115	REMOVAL OF NOSE POLYP(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30117	REMOVAL OF INTRANASAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30118	REMOVAL OF INTRANASAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30120	REVISION OF NOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
30124	REMOVAL OF NOSE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30125	REMOVAL OF NOSE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30130	EXCISE INFERIOR TURBINATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30140	RESECT INFERIOR TURBINATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30150	PARTIAL REMOVAL OF NOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30160	REMOVAL OF NOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30200	INJECT TREATMENT OF NOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30210	NASAL SINUS THERAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30220	INSERT NASAL SEPTAL BUTTON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30300	REMOVE NASAL FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30310	REMOVE NASAL FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30320	REMOVE NASAL FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30400	RECONSTRUCTION OF NOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30410	RECONSTRUCTION OF NOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30420	RECONSTRUCTION OF NOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30430	REVISION OF NOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30435	REVISION OF NOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30450	REVISION OF NOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30460	REVISION OF NOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30462	REVISION OF NOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
30465	REPAIR NASAL STENOSIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30520	REPAIR OF NASAL SEPTUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30540	REPAIR NASAL DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30545	REPAIR NASAL DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30560	RELEASE OF NASAL ADHESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30580	REPAIR UPPER JAW FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30600	REPAIR MOUTH/NOSE FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30620	INTRANASAL RECONSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
30630	REPAIR NASAL SEPTUM DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30801	ABLATE INF TURBINATE, SUPERF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30802	CAUTERIZATION, INNER NOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30901	CONTROL OF NOSEBLEED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30903	CONTROL OF NOSEBLEED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30905	CONTROL OF NOSEBLEED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30906	REPEAT CONTROL OF NOSEBLEED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30915	LIGATION, NASAL SINUS ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30920	LIGATION, UPPER JAW ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30930	THER FX, NASAL INF TURBINATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
30999	NASAL SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
31000	IRRIGATION, MAXILLARY SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31002	IRRIGATION, SPHENOID SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31020	EXPLORATION, MAXILLARY SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31030	EXPLORATION, MAXILLARY SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31032	EXPLORE SINUS, REMOVE POLYPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31040	EXPLORATION BEHIND UPPER JAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31050	EXPLORATION, SPHENOID SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31051	SPHENOID SINUS SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31070	EXPLORATION OF FRONTAL SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31075	EXPLORATION OF FRONTAL SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31080	REMOVAL OF FRONTAL SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
31081	REMOVAL OF FRONTAL SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31084	REMOVAL OF FRONTAL SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31085	REMOVAL OF FRONTAL SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31086	REMOVAL OF FRONTAL SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31087	REMOVAL OF FRONTAL SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31090	EXPLORATION OF SINUSES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31200	REMOVAL OF ETHMOID SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31201	REMOVAL OF ETHMOID SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31205	REMOVAL OF ETHMOID SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31225	REMOVAL OF UPPER JAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31230	REMOVAL OF UPPER JAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31231	NASAL ENDOSCOPY, DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31233	NASAL/SINUS ENDOSCOPY, DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31235	NASAL/SINUS ENDOSCOPY, DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31237	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31238	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31239	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31240	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31254	REVISION OF ETHMOID SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31255	REMOVAL OF ETHMOID SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31256	EXPLORATION MAXILLARY SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31267	ENDOSCOPY, MAXILLARY SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31276	SINUS ENDOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31287	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
31288	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31290	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31291	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31292	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31293	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31294	NASAL/SINUS ENDOSCOPY, SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31295	NASAL/SINUS ENDOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31296	NASAL/SINUS ENDOSCOPY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31297	NASAL/SINUS ENDOSCOPY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31299	SINUS SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
31300	REMOVAL OF LARYNX LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31320	DIAGNOSTIC INCISION, LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31360	REMOVAL OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31365	REMOVAL OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31367	PARTIAL REMOVAL OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31368	PARTIAL REMOVAL OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31370	PARTIAL REMOVAL OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31375	PARTIAL REMOVAL OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31380	PARTIAL REMOVAL OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31382	PARTIAL REMOVAL OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31390	REMOVAL OF LARYNX & PHARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31395	RECONSTRUCT LARYNX &	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
31400	REVISION OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31420	REMOVAL OF EPIGLOTTIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31500	INSERT EMERGENCY AIRWAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31502	CHANGE OF WINDPIPE AIRWAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31505	DIAGNOSTIC LARYNGOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31510	LARYNGOSCOPY WITH BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31511	REMOVE FOREIGN BODY, LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31512	REMOVAL OF LARYNX LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31513	INJECT INTO VOCAL CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31515	LARYNGOSCOPY FOR ASPIRATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31520	DX LARYNGOSCOPY, NEWBORN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31525	DX LARYNGOSCOPY EXCL NB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31526	DX LARYNGOSCOPY W/OPER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31527	LARYNGOSCOPY FOR TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31528	LARYNGOSCOPY AND DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31529	LARYNGOSCOPY AND DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31530	LARYNGOSCOPY W/FB REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31531	LARYNGOSCOPY W/FB & OP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31535	LARYNGOSCOPY W/BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31536	LARYNGOSCOPY W/BX & OP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
31540	LARYNGOSCOPY W/EXC OF TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31541	LARYNSCOP W/TUMR EXC + SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31545	REMOVE VC LESION W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31546	REMOVE VC LESION SCOPE/GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31560	LARYNGOSCOPY W/ARYTENOIDECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31561	LARYNSCOP, REMOVE CART + SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31570	LARYNGOSCOPE W/VC INJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31571	LARYNGOSCOPY W/VC INJ + SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31575	DIAGNOSTIC LARYNGOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31576	LARYNGOSCOPY WITH BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31577	REMOVE FOREIGN BODY, LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31578	REMOVAL OF LARYNX LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31579	DIAGNOSTIC LARYNGOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31580	REVISION OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31582	REVISION OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31584	TREAT LARYNX FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
31587	REVISION OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31588	REVISION OF LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31590	REINNERVATE LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31595	LARYNX NERVE SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31599	LARYNX SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
31600	INCISION OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31601	INCISION OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31603	INCISION OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31605	INCISION OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31610	INCISION OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31611	SURGERY/SPEECH PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31612	PUNCTURE/CLEAR WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31613	REPAIR WINDPIPE OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31614	REPAIR WINDPIPE OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31615	VISUALIZATION OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31622	DX BRONCHOSCOPE/WASH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31623	DX BRONCHOSCOPE/BRUSH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31624	DX BRONCHOSCOPE/LAVAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31625	BRONCHOSCOPY W/BIOPSY(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31628	BRONCHOSCOPY/LUNG BX, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
31629	BRONCHOSCOPY/NEEDLE BX, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31630	BRONCHOSCOPY DILATE/FX REPR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31631	BRONCHOSCOPY, DILATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31632	BRONCHOSCOPY/LUNG BX, ADD'L	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31633	BRONCHOSCOPY/NEEDLE BX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31634	BRONCHOSCOPY, RIGID OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31635	BRONCHOSCOPY W/FB REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31636	BRONCHOSCOPY, BRONCH STENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31637	BRONCHOSCOPY, STENT ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31638	BRONCHOSCOPY, REVISE STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31640	BRONCHOSCOPY W/TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31641	BRONCHOSCOPY, TREAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31643	DIAG BRONCHOSCOPE/CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31645	BRONCHOSCOPY, CLEAR AIRWAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31646	BRONCHOSCOPY, RECLEAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31647	BRONCHOSCOPY, RIGID OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31648	BRONCHOSCOPY, RIGID OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31652	Bronchoscopy, rigid or flexible, including fluoroscopic	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31653	Bronchoscopy, rigid or flexible, including fluoroscopic	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31654	Bronchoscopy, rigid or flexible, including fluoroscopic	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31660	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31717	BRONCHIAL BRUSH BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
31720	CLEARANCE OF AIRWAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31725	CLEARANCE OF AIRWAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31730	INTRO, WINDPIPE WIRE/TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31750	REPAIR OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31755	REPAIR OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31760	REPAIR OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31766	RECONSTRUCTION OF WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31770	REPAIR/GRAFT OF BRONCHUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31775	RECONSTRUCT BRONCHUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31780	RECONSTRUCT WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31781	RECONSTRUCT WINDPIPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31785	REMOVE WINDPIPE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31786	REMOVE WINDPIPE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31800	REPAIR OF WINDPIPE INJURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31805	REPAIR OF WINDPIPE INJURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31820	CLOSURE OF WINDPIPE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31825	REPAIR OF WINDPIPE DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31830	REVISE WINDPIPE SCAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
31899	AIRWAYS SURGICAL PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
32000	DRAINAGE OF CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
32002	TREATMENT OF COLLAPSED LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32005	TREAT LUNG LINING CHEMICALLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32019	INSERT PLEURAL CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32020	INSERTION OF CHEST TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32035	EXPLORATION OF CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32036	EXPLORATION OF CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32096	THORACOTOMY DX BIOPSY LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32097	THORACOTOMY DX BIOPSY LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32098	THORACOTOMY BIOPSY PLEURA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32100	EXPLORATION/BIOPSY OF CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32110	EXPLORE/REPAIR CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32120	RE-EXPLORATION OF CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32124	EXPLORE CHEST FREE ADHESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32140	REMOVAL OF LUNG LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32141	REMOVE/TREAT LUNG LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32150	REMOVAL OF LUNG LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32151	REMOVE LUNG FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32160	OPEN CHEST HEART MASSAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32200	DRAIN, OPEN, LUNG LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32215	TREAT CHEST LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32220	RELEASE OF LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32225	PARTIAL RELEASE OF LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32310	REMOVAL OF CHEST LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32320	FREE/REMOVE CHEST LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32400	NEEDLE BIOPSY CHEST LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32405	BIOPSY, LUNG OR MEDIASTINUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32440	REMOVAL OF LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32442	SLEEVE PNEUMONECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
32445	REMOVAL OF LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32480	PARTIAL REMOVAL OF LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32482	BILOBECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32484	SEGMENTECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32486	SLEEVE LOBECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32488	COMPLETION PNEUMONECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32491	LUNG VOLUME REDUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
32501	REPAIR BRONCHUS ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32503	RESECT APICAL LUNG TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32504	RESECT APICAL LUNG TUM/CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32505	THORACOTOMY w/WEDGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32506	THORACOTOMY w/WEDGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32507	THORACOTOMY DX WEDGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32540	REMOVAL OF LUNG LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32550	INSERT PLEURAL CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32551	INSERTION OF CHEST TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32552	REMOVE INDWELLING TUNNELED PLEURAL CATH W/CUFF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32553	PLACE INTERSTITIAL DEVICE RADIATION TX GUIDE PERC/INTRA-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32554	THORACENTESIS, NEEDLE OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
32557	PLEURAL DRAINAGE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32560	TREAT LUNG LINING CHEMICALLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32561	INSTILL VIA CHEST TUBE/CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32562	INSTILL VIA CHEST TUBE/CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32601	THORACOSCOPY, DIAGNOSTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32604	THORACOSCOPY, DIAGNOSTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32606	THORACOSCOPY, DIAGNOSTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32607	THORACOSCOPY DX BIOPSY LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32608	THORACOSCOPY DX BIOPSY LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32609	THORACOSCOPY BIOPSY PLEURA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32650	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32651	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32652	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32653	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32654	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32655	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32656	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32658	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32659	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32661	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32662	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32663	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32664	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32665	THORACOSCOPY, SURGICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32666	THORACOSCOPY TX WEDGE RESECT INITIAL UNI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
32667	THORACOSCOPY TX WEDGE RESECT ADD-ON IPSILATERAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32668	THORACOSCOPY TX DX WEDGE RESECT THEN LUNG RESECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32669	THORACOSCOPY TX REMOVAL SINGLE LUNG SEGMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32670	THORACOSCOPY REMOVE TWO LOBES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32671	THORACOSCOPY REMOVE LUNG (PNEUMONECTOMY)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32672	THORACOSCOPY RESECT-PLICATE EMPHYSEMATOUS LUNG VOLUME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32673	THORACOSCOPY RESECT THYMUS UNI/BILATERAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32674	THORACOSCOPY MEDIASTINAL/REGIONAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32800	REPAIR LUNG HERNIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32810	CLOSE CHEST AFTER DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32815	CLOSE BRONCHIAL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32820	RECONSTRUCT INJURED CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32850	DONOR PNEUMONECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
32851	LUNG TRANSPLANT, SINGLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
32852	LUNG TRANSPLANT WITH BYPASS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
32853	LUNG TRANSPLANT, DOUBLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
32854	LUNG TRANSPLANT WITH BYPASS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
32855	PREPARE DONOR LUNG, SINGLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
32856	PREPARE DONOR LUNG, DOUBLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
32900	REMOVAL OF RIB(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
32905	REVISE & REPAIR CHEST WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32906	REVISE & REPAIR CHEST WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32940	REVISION OF LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32960	THERAPEUTIC PNEUMOTHORAX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32997	TOTAL LUNG LAVAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32998	PERQ RF ABLATE TX, PUL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
32999	CHEST SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
33010	DRAINAGE OF HEART SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33011	REPEAT DRAINAGE OF HEART SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33015	INCISION OF HEART SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33020	INCISION OF HEART SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33025	INCISION OF HEART SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33030	PARTIAL REMOVAL OF HEART SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33031	PARTIAL REMOVAL OF HEART SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33050	REMOVAL OF HEART SAC LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33120	REMOVAL OF HEART LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33130	REMOVAL OF HEART LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33140	HEART REVASCULARIZE (TMR)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33141	HEART TMR W/OTHER PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33202	INSERT EPICARD ELTRD, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33203	INSERT EPICARD ELTRD, ENDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33206	INSERTION OF HEART PACEMAKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33207	INSERTION OF HEART PACEMAKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33208	INSERTION OF HEART PACEMAKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33210	INSERTION OF HEART ELECTRODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33211	INSERTION OF HEART ELECTRODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33212	INSERTION OF PULSE GENERATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33213	INSERTION OF PULSE GENERATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33214	UPGRADE OF PACEMAKER SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33215	REPOSITION PACING-DEFIB LEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33216	INSERT LEAD PACE-DEFIB, ONE"	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33217	INSERT LEAD PACE-DEFIB, DUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33218	REPAIR LEAD PACE-DEFIB, ONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33220	REPAIR LEAD PACE-DEFIB, DUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33221	INSERT PACEMAKER PULSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33222	REVISE POCKET, PACEMAKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33223	REVISE POCKET, PACING-DEFIB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33224	INSERT PACING LEAD & CONNECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33225	L VENTRIC PACING LEAD ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33226	REPOSITION L VENTRIC LEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33227	REMOVE PERM PACEMAKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33228	REMOVE PERM PACEMAKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33229	REMOVE PERM PACEMAKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33230	INSERT PACE CARDIOVERTER-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33231	INSERT PACE CARDIOVERTER-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33233	REMOVE PACEMAKER SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33234	REMOVE PACEMAKER SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33235	REMOVE PACEMAKER ELECTRODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33236	REMOVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33237	REMOVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33238	REMOVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33240	INSERT PULSE GENERATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33241	REMOVE PULSE GENERATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33243	REMOVE ELTRD/THORACOTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33244	REMOVE ELTRD, TRANSVEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33249	ELTRD/INSERT PACE-DEFIB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33250	ABLATE HEART DYSRHYTHM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33251	ABLATE HEART DYSRHYTHM FOCUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33254	ABLATE ATRIA, LMTD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33255	ABLATE ATRIA W/O BYPASS, EXT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33256	ABLATE ATRIA W/BYPASS, EXTEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33257	ABLATE ATRIA, LMTD, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33258	ABLATE ATRIA, X10SV, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33259	ABLATE ATRIA W/BYPASS ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33261	ABLATE HEART DYSRHYTHM FOCUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33262	REMOVE PACE CARDIOVERTER- DEFIBRILLATOR PULSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33263	REMOVE PACE CARDIOVERTER- DEFIBRILLATOR PULSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33264	REMOVE PACE CARDIOVERTER-DEFIBRILLATOR PULSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33265	ABLATE ATRIA W/BYPASS, ENDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33266	ABLATE ATRIA W/O BYPASS ENDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33282	IMPLANT PAT-ACTIVE HT RECORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33284	REMOVE PAT-ACTIVE HT RECORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33300	REPAIR OF HEART WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33305	REPAIR OF HEART WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33310	EXPLORATORY HEART SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33315	EXPLORATORY HEART SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33320	REPAIR MAJOR BLOOD VESSEL(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33321	REPAIR MAJOR VESSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33322	REPAIR MAJOR BLOOD VESSEL(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33330	INSERT MAJOR VESSEL GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33332	INSERT MAJOR VESSEL GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33335	INSERT MAJOR VESSEL GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33361	TRANSCATHETER AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33362	TRANSCATHETER AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33363	TRANSCATHETER AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33364	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33365	TRANSCATHETER AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33366	Transcatheter aortic valve	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33367	TRANSCATHETER AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33368	TRANSCATHETER AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33369	TRANSCATHETER AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33400	REPAIR OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33401	VALVULOPLASTY, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33403	VALVULOPLASTY, W/CP BYPASS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33404	PREPARE HEART-AORTA CONDUIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33405	REPLACEMENT OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33406	REPLACEMENT OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33410	REPLACEMENT OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33411	REPLACEMENT OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33412	REPLACEMENT OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33413	REPLACEMENT OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33414	REPAIR OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33415	REVISION, SUBVALVULAR TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33416	REVISE VENTRICLE MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33417	REPAIR OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33420	REVISION OF MITRAL VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33422	REVISION OF MITRAL VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33425	REPAIR OF MITRAL VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33426	REPAIR OF MITRAL VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33427	REPAIR OF MITRAL VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33430	REPLACEMENT OF MITRAL VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33460	REVISION OF TRICUSPID VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33463	VALVULOPLASTY, TRICUSPID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33464	VALVULOPLASTY, TRICUSPID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33465	REPLACE TRICUSPID VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33468	REVISION OF TRICUSPID VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33470	REVISION OF PULMONARY VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33471	VALVOTOMY, PULMONARY VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33472	REVISION OF PULMONARY VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33474	REVISION OF PULMONARY VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33475	REPLACEMENT, PULMONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33476	REVISION OF HEART CHAMBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33477	Transcatheter pulmonary valve	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33478	REVISION OF HEART CHAMBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33496	REPAIR, PROSTH VALVE CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33500	REPAIR HEART VESSEL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33501	REPAIR HEART VESSEL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33502	CORONARY ARTERY CORRECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33503	CORONARY ARTERY GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33504	CORONARY ARTERY GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33505	REPAIR ARTERY W/TUNNEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33506	REPAIR ARTERY, TRANSLOCATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33507	REPAIR ART, INTRAMURAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33508	ENDOSCOPIC VEIN HARVEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33510	CABG, VEIN, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33511	CABG, VEIN, TWO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33512	CABG, VEIN, THREE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33513	CABG, VEIN, FOUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33514	CABG, VEIN, FIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33516	CABG, VEIN, SIX OR MORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33517	CABG, ARTERY-VEIN, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33518	CABG, ARTERY-VEIN, TWO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33519	CABG, ARTERY-VEIN, THREE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33521	CABG, ARTERY-VEIN, FOUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33522	CABG, ARTERY-VEIN, FIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33523	CABG, ART-VEIN, SIX OR MORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33530	CORONARY ARTERY, BYPASS/REOP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33533	CABG, ARTERIAL, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33534	CABG, ARTERIAL, TWO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33535	CABG, ARTERIAL, THREE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33536	CABG, ARTERIAL, FOUR OR MORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33542	REMOVAL OF HEART LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33545	REPAIR OF HEART DAMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33548	RESTORE/REMODEL, VENTRICLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33572	OPEN CORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33600	CLOSURE OF VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33602	CLOSURE OF VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33606	ANASTOMOSIS/ARTERY-AORTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33608	REPAIR ANOMALY W/CONDUIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33610	REPAIR BY ENLARGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33611	REPAIR DOUBLE VENTRICLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33612	REPAIR DOUBLE VENTRICLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33615	REPAIR, MODIFIED FONTAN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33617	REPAIR SINGLE VENTRICLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33619	REPAIR SINGLE VENTRICLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33620	APPLICATION OF RIGHT AND LEFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33621	TRANSTHORACIC INSERTION OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33622	RECONSTRUCTION OF COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33641	REPAIR HEART SEPTUM DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33645	REVISION OF HEART VEINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33647	REPAIR HEART SEPTUM DEFECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33660	REPAIR OF HEART DEFECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33665	REPAIR OF HEART DEFECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33670	REPAIR OF HEART CHAMBERS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33675	CLOSE MULT VSD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33676	CLOSE MULT VSD W/RESECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33677	CL MULT VSD W/REM PUL BAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33681	REPAIR HEART SEPTUM DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33684	REPAIR HEART SEPTUM DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33688	REPAIR HEART SEPTUM DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33690	REINFORCE PULMONARY ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33692	REPAIR OF HEART DEFECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33694	REPAIR OF HEART DEFECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33697	REPAIR OF HEART DEFECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33702	REPAIR OF HEART DEFECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33710	REPAIR OF HEART DEFECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33720	REPAIR OF HEART DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33722	REPAIR OF HEART DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33724	REPAIR VENOUS ANOMALY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33726	REPAIR PUL VENOUS STENOSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33730	REPAIR HEART-VEIN DEFECT(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33732	REPAIR HEART-VEIN DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33735	REVISION OF HEART CHAMBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33736	REVISION OF HEART CHAMBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33737	REVISION OF HEART CHAMBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33750	MAJOR VESSEL SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33755	MAJOR VESSEL SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33762	MAJOR VESSEL SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33764	MAJOR VESSEL SHUNT & GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33766	MAJOR VESSEL SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33767	MAJOR VESSEL SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33768	CAVOPULMONARY SHUNTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33770	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33771	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33774	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33775	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33776	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33777	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33778	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33779	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33780	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33781	REPAIR GREAT VESSELS DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33786	REPAIR ARTERIAL TRUNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33788	REVISION OF PULMONARY ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33800	AORTIC SUSPENSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33802	REPAIR VESSEL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33803	REPAIR VESSEL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33813	REPAIR SEPTAL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33814	REPAIR SEPTAL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33820	REVISE MAJOR VESSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33822	REVISE MAJOR VESSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33824	REVISE MAJOR VESSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33840	REMOVE AORTA CONSTRICTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33845	REMOVE AORTA CONSTRICTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33851	REMOVE AORTA CONSTRICTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33852	REPAIR SEPTAL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33853	REPAIR SEPTAL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
33860	ASCENDING AORTIC GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33863	ASCENDING AORTIC GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33864	ASCENDING AORTIC GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33870	TRANSVERSE AORTIC ARCH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33875	THORACIC AORTIC GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33877	THORACOABDOMINAL GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33880	ENDOVASC TAA REPR INCL SUBCL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33881	ENDOVASC TAA REPR W/O SUBCL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33883	INSERT ENDOVASC PROSTH, TAA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33884	ENDOVASC PROSTH, TAA, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33886	ENDOVASC PROSTH, DELAYED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33889	ARTERY TRANSPOSE/ENDOVAS TAA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33891	CAR-CAR BP GRFT/ENDOVAS TAA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33910	REMOVE LUNG ARTERY EMBOLI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33915	REMOVE LUNG ARTERY EMBOLI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33916	SURGERY OF GREAT VESSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33917	REPAIR PULMONARY ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33920	REPAIR PULMONARY ATRESIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33922	TRANSECT PULMONARY ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33924	REMOVE PULMONARY SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33925	RPR PUL ART UNIFOCAL W/O CPB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33926	REPR PUL ART, UNIFOCAL W/CPB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33930	REMOVAL OF DONOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
33933	PREPARE DONOR HEART/LUNG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
33935	TRANSPLANTATION, HEART/LUNG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
33940	REMOVAL OF DONOR HEART	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
33944	PREPARE DONOR HEART	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
33945	TRANSPLANTATION OF HEART	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
33960	EXTERNAL CIRCULATION ASSIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33961	EXTERNAL CIRCULATION ASSIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33967	INSERT IA PERCUT DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33968	REMOVE AORTIC ASSIST DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
33970	AORTIC CIRCULATION ASSIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33971	AORTIC CIRCULATION ASSIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33973	INSERT BALLOON DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33974	REMOVE INTRA-AORTIC BALLOON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33975	IMPLANT VENTRICULAR DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33976	IMPLANT VENTRICULAR DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33977	REMOVE VENTRICULAR DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33978	REMOVE VENTRICULAR DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33979	INSERT INTRACORPOREAL DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33980	REMOVE INTRACORPOREAL DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33981	REPLACE EXTRACORPOREAL VENT ASSIST DEVICE SINGLE/BIVENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
33982	REPLACE OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33983	REPLACEMENT OF VENTRICULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33990	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33991	INSERTION OF VENTRICULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33992	REMOVAL OF PERCUTANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33993	REPOSITIONING OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
33999	CARDIAC SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
34001	REMOVAL OF ARTERY CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34051	REMOVAL OF ARTERY CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34101	REMOVAL OF ARTERY CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
34111	REMOVAL OF ARM ARTERY CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34151	REMOVAL OF ARTERY CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34201	REMOVAL OF ARTERY CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
34203	REMOVAL OF LEG ARTERY CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34401	REMOVAL OF VEIN CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34421	REMOVAL OF VEIN CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34451	REMOVAL OF VEIN CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34471	REMOVAL OF VEIN CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34490	REMOVAL OF VEIN CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34501	REPAIR VALVE, FEMORAL VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
34502	RECONSTRUCT VENA CAVA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34510	TRANSPOSITION OF VEIN VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34520	CROSS-OVER VEIN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34530	LEG VEIN FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34800	ENDOVAS AAA REPR W/SM TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34802	ENDOVAS AAA REPR W/2-P PART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34803	ENDOVAS AAA REPR W/3-P PART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34804	ENDOVAS AAA REPR W/1-P PART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34805	ENDOVAS AAA REPR W/LONG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34806	ANEURYSM PRESS SENSOR ADD-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34808	ENDOVAS ILIAC A DEVICE ADDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34812	XPOSE FOR ENDOPROSTH,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34813	FEMORAL ENDOVAS GRAFT ADD-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34820	XPOSE FOR ENDOPROSTH, ILIAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34825	ENDOVASC EXTEND PROSTH, INIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34826	ENDOVASC EXTEN PROSTH, ADD'L	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34830	OPEN AORTIC TUBE PROSTH REPR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34831	OPEN AORTOILIAC PROSTH REPR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34832	OPEN AORTOFEMOR PROSTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34833	XPOSE FOR ENDOPROSTH, ILIAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34834	XPOSE, ENDOPROSTH, BRACHIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34841	Endovascular repair of visceral aorta (eg, aneurysm,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
34842	Endovascular repair of visceral aorta (eg, aneurysm,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34843	Endovascular repair of visceral aorta (eg, aneurysm,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34844	Endovascular repair of visceral aorta (eg, aneurysm,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34845	Endovascular repair of visceral	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34846	Endovascular repair of visceral	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34847	Endovascular repair of visceral	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34848	Endovascular repair of visceral	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
34900	ENDOASC ILIAC REPR W/GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35001	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35002	REPAIR ARTERY RUPTURE, NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35005	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35011	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35013	REPAIR ARTERY RUPTURE, ARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35021	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35022	REPAIR ARTERY RUPTURE, CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35045	REPAIR DEFECT OF ARM ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35081	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35082	REPAIR ARTERY RUPTURE, AORTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35091	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35092	REPAIR ARTERY RUPTURE, AORTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35102	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35103	REPAIR ARTERY RUPTURE, GROIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35111	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35112	REPAIR ARTERY RUPTURE,SPLEEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35121	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35122	REPAIR ARTERY RUPTURE, BELLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35131	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
35132	REPAIR ARTERY RUPTURE, GROIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35141	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35142	REPAIR ARTERY RUPTURE, THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35151	REPAIR DEFECT OF ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35152	REPAIR ARTERY RUPTURE, KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35180	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35182	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35184	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35188	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35189	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35190	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35201	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35206	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35207	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35211	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35216	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35221	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35226	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35231	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35236	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35241	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35246	REPAIR BLOOD VESSEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

[illegible]

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
35390	REOPERATION, CAROTID ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35400	ANGIOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35450	REPAIR ARTERIAL BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35452	REPAIR ARTERIAL BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35458	REPAIR ARTERIAL BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35460	REPAIR VENOUS BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35471	REPAIR ARTERIAL BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35472	REPAIR ARTERIAL BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35475	REPAIR ARTERIAL BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35476	REPAIR VENOUS BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35500	HARVEST VEIN FOR BYPASS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35501	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35506	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35508	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35509	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35510	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35511	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35512	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35515	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35516	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35518	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
35521	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35522	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35523	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35525	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35526	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35531	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35533	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35535	BYPASS GRAFT, WITH VEIN;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35536	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35537	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35538	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35539	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35540	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35556	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35558	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35560	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35563	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35565	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35566	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35570	BYPASS GRAFT, WITH VEIN; TIBIAL-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35571	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35572	HARVEST FEMOROPOPLITEAL VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35583	VEIN BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
35585	VEIN BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35587	VEIN BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35600	HARVEST ARTERY FOR CABG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35601	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35606	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35612	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35616	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35621	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35623	BYPASS GRAFT, NOT VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35626	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35631	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35636	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35637	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35638	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35642	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35645	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35646	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
35647	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35650	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35654	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35656	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35661	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35663	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35665	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35666	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35671	ARTERY BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35681	COMPOSITE BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35682	COMPOSITE BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35683	COMPOSITE BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35685	BYPASS GRAFT PATENCY/PATCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35686	BYPASS GRAFT/AV FIST PATENCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35691	ARTERIAL TRANSPOSITION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
35693	ARTERIAL TRANSPOSITION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35694	ARTERIAL TRANSPOSITION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35695	ARTERIAL TRANSPOSITION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35697	REIMPLANT ARTERY EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35700	REOPERATION, BYPASS GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35701	EXPLORATION, CAROTID ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
35721	EXPLORATION, FEMORAL ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35741	EXPLORATION POPLITEAL ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35761	EXPLORATION OF ARTERY/VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35800	EXPLORE NECK VESSELS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35820	EXPLORE CHEST VESSELS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35840	EXPLORE ABDOMINAL VESSELS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35860	EXPLORE LIMB VESSELS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35870	REPAIR VESSEL GRAFT DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35875	REMOVAL OF CLOT IN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35876	REMOVAL OF CLOT IN GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35879	REVISE GRAFT W/VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35881	REVISE GRAFT W/VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35883	REVISE GRAFT W/NONAUTO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35884	REVISE GRAFT W/VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35901	EXCISION, GRAFT, NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35903	EXCISION, GRAFT, EXTREMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35905	EXCISION, GRAFT, THORAX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
35907	EXCISION, GRAFT, ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36000	PLACE NEEDLE IN VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36002	PSEUDOANEURYSM INJECT TRT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36005	INJECT EXT VENOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36010	PLACE CATHETER IN VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36011	PLACE CATHETER IN VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36012	PLACE CATHETER IN VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36013	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36014	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36015	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36100	ESTABLISH ACCESS TO ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36120	ESTABLISH ACCESS TO ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36140	ESTABLISH ACCESS TO ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36145	ARTERY TO VEIN SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36147	INTRODUCTION OF NEEDLE AND/OR CATHETER,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36148	36147 + ADDITIONAL ACCESS FOR THERAPEUTIC INTERVENTION (LIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36160	ESTABLISH ACCESS TO AORTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36200	PLACE CATHETER IN AORTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36215	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36216	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36217	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36218	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL, AND/OR INTRACRANIAL VESSELS, UNILATERAL OR BILATERAL, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CERVICOCEREBRAL ARCH, WHEN PERFORMED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36225	SELECTIVE CATHETER PLACEMENT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36227	SELECTIVE CATHETER PLACEMENT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36228	SELECTIVE CATHETER PLACEMENT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36245	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36246	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36247	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36248	PLACE CATHETER IN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36251	CATHETER PLACE, MAIN RENAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36252	CATHETER PLACE MAIN RENAL ARTERY/ACCESS RENAL ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36253	CATHETER PLACE RENAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36254	CATHETER PLACE RENAL ARTERY/ACCESSORY RENAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36260	INSERTION OF INFUSION PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36261	REVISION OF INFUSION PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36262	REMOVAL OF INFUSION PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36299	VESSEL INJECT PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
36400	BL DRAW < 3 YRS FEM/JUGULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36405	BL DRAW < 3 YRS SCALP VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36406	BL DRAW < 3 YRS OTHER VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36410	NON-ROUTINE BL DRAW > 3 YRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36415	ROUTINE VENIPUNCTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36416	CAPILLARY BLOOD DRAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36420	VEIN ACCESS CUTDOWN < 1 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36425	VEIN ACCESS CUTDOWN > 1 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36430	BLOOD TRANSFUSION SERVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36440	BL PUSH TRANSFUSE, 2 YR OR <	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36450	BL EXCHANGE/TRANSFUSE, NB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36455	BL EXCHANGE/TRANSFUSE NON-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36460	TRANSFUSION SERVICE, FETAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36468	INJECT(S), SPIDER VEINS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
36469	INJECT(S), SPIDER VEINS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
36470	INJECT THERAPY OF VEIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
36471	INJECT THERAPY OF VEINS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
36475	ENDOVENOUS RF, 1ST VEIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
36476	ENDOVENOUS RF, VEIN ADD-ON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
36478	ENDOVENOUS LASER, 1ST VEIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
36479	ENDOVENOUS LASER VEIN ADDON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
36481	INSERTION OF CATHETER, VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36500	INSERTION OF CATHETER, VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36510	INSERTION OF CATHETER, VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36511	APHERESIS WBC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36512	APHERESIS RBC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36513	APHERESIS PLATELETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36514	APHERESIS PLASMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36515	APHERESIS, ADSORP/REINFUSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36516	APHERESIS, SELECTIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36522	PHOTOPHERESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36540	COLLECT BLOOD VENOUS DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36550	DECLOT VASCULAR DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36555	INSERT NON-TUNNEL CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36556	INSERT NON-TUNNEL CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36557	INSERT TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36558	INSERT TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36560	INSERT TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36561	INSERT TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36563	INSERT TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36565	INSERT TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36566	INSERT TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36568	INSERT PICC CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36569	INSERT PICC CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36570	INSERT PICVAD CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36571	INSERT PICVAD CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36575	REPAIR TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36576	REPAIR TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36578	REPLACE TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36580	REPLACE CVAD CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36581	REPLACE TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36582	REPLACE TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36583	REPLACE TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36584	REPLACE PICC CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36585	REPLACE PICVAD CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36589	REMOVAL TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36590	REMOVAL TUNNELED CV CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36591	DRAW BLOOD OFF VENOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36592	COLLECT BLOOD FROM PICC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36593	DECLOT VASCULAR DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36595	MECH REMOV TUNNELED CV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36596	MECH REMOV TUNNELED CV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36597	REPOSITION VENOUS CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36598	INJ W/FLUOR, EVAL CV DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36600	WITHDRAWAL OF ARTERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36620	INSERTION CATHETER, ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36625	INSERTION CATHETER, ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36640	INSERTION CATHETER, ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36660	INSERTION CATHETER, ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36680	INSERT NEEDLE, BONE CAVITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36800	INSERTION OF CANNULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36810	INSERTION OF CANNULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36815	INSERTION OF CANNULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36818	AV FUSE, UPPR ARM, CEPHALIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36819	AV FUSE, UPPR ARM, BASILIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36820	AV FUSION/FOREARM VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36821	AV FUSION DIRECT ANY SITE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
36822	INSERTION OF CANNULA(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36823	INSERTION OF CANNULA(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36825	ARTERY-VEIN AUTOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36830	ARTERY-VEIN NONAUTOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36831	OPEN THROMBECT AV FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36832	AV FISTULA REVISION, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36833	AV FISTULA REVISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36834	REPAIR A-V ANEURYSM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36835	ARTERY TO VEIN SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36838	DIST REVAS LIGATION, HEMO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36860	EXTERNAL CANNULA DECLOTTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36861	CANNULA DECLOTTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
36870	PERCUT THROMBECT AV FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37140	REVISION OF CIRCULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37145	REVISION OF CIRCULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37160	REVISION OF CIRCULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37180	REVISION OF CIRCULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37181	SPLICE SPLEEN/KIDNEY VEINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37182	INSERT HEPATIC SHUNT (TIPS)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37183	REMOVE HEPATIC SHUNT (TIPS)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37184	PRIM ART MECH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37185	PRIM ART M-THROMBECT ADD-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37186	SEC ART M-THROMBECT ADD-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37187	VENOUS MECH THROMBECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37188	VENOUS M-THROMBECTOMY ADD-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37191	INSERT INTRAVASCULAR VENA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37192	REPOSITION INTRAVASCULAR VENA CAVA FILTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
37193	REMOVE INTRAVASCULAR VENA CAVA FILTER ENDOVASCULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37195	THROMBOLYTIC THERAPY, STROKE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37197	TRANSCATHETER RETRIEVAL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37200	TRANSCATHETER BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37211	TRANSCATHETER THERAPY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37212	TRANSCATHETER THERAPY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37213	TRANSCATHETER THERAPY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37214	TRANSCATHETER THERAPY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37215	TRANSCATH STENT, CCA W/EPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37216	TRANSCATH STENT, CCA W/O EPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37217	Transcatheter placement of an	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37220	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37221	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37222	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37223	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37224	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37225	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37226	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37227	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37228	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37229	REVASC, ENDOVASC, OPEN OR PERCUTANEOUS, TIBIAL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37230	REVASC, ENDOVASC, OPEN OR PERCUTANEOUS, TIBIAL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37231	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37232	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37233	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37234	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37235	REVASC, ENDOVASC, OPEN OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37236	Transcatheter placement of an	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
37237	Transcatheter placement of an intravascular stent(s) (except	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37238	Transcatheter placement of an intravascular stent(s), open or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37239	Transcatheter placement of an intravascular stent(s), open or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37241	Vascular embolization or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37242	Vascular embolization or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37243	Vascular embolization or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37244	Vascular embolization or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37250	IV US FIRST VESSEL ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37252	Intravascular ultrasound	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37253	Intravascular ultrasound	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37500	ENDOSCOPY LIGATE PERF VEINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37501	VASCULAR ENDOSCOPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
37565	LIGATION OF NECK VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37600	LIGATION OF NECK ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37605	LIGATION OF NECK ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37606	LIGATION OF NECK ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37607	LIGATION OF A-V FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37609	TEMPORAL ARTERY PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37615	LIGATION OF NECK ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37616	LIGATION OF CHEST ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37617	LIGATION OF ABDOMEN ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37618	LIGATION OF EXTREMITY ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37619	LIGATION INFERIOR VENA CAVA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37650	REVISION OF MAJOR VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37660	REVISION OF MAJOR VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37700	REVISE LEG VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37718	LIGATE/STRIP SHORT LEG VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37722	LIGATE/STRIP LONG LEG VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
37735	REMOVAL OF LEG VEINS/LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37760	LIGATION, LEG VEINS, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37761	LIGATE PERFORATOR VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37765	PHLEB VEINS - EXTREM - TO 20	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37766	PHLEB VEINS - EXTREM 20+	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37780	REVISION OF LEG VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37785	LIGATE/DIVIDE/EXCISE VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37788	REVASCULARIZATION, PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37790	PENILE VENOUS OCCLUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
37799	VASCULAR SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38100	REMOVAL OF SPLEEN, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
38101	REMOVAL OF SPLEEN, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38102	REMOVAL OF SPLEEN, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
38115	REPAIR OF RUPTURED SPLEEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38120	LAPAROSCOPY, SPLENECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
38129	LAPAROSCOPE PROC, SPLEEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38200	INJECT FOR SPLEEN X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
38204	BL DONOR SEARCH MANAGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38205	HARVEST ALLOGENIC STEM CELLS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38206	HARVEST AUTO STEM CELLS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
38207	CRYOPRESERVE STEM CELLS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38208	THAW PRESERVED STEM CELLS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38209	WASH HARVEST STEM CELLS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38210	T-CELL DEPLETION OF HARVEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38211	TUMOR CELL DEplete OF HARVEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38212	RBC DEPLETION OF HARVEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38213	PLATELET DEplete OF HARVEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38214	VOLUME DEplete OF HARVEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38215	HARVEST STEM CELL CONCENTRATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38220	BONE MARROW ASPIRATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38221	BONE MARROW BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38230	BONE MARROW COLLECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38232	BONE MARROW HARVEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38240	BONE MARROW/STEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38241	BONE MARROW/STEM TRANSPLANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38242	LYMPHOCYTE INFUSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38243	HEMATOPOIETIC PROGENITOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
38300	DRAINAGE, LYMPH NODE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
38305	DRAINAGE, LYMPH NODE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38308	INCISION OF LYMPH CHANNELS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38380	THORACIC DUCT PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38381	THORACIC DUCT PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38382	THORACIC DUCT PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38500	BIOPSY/REMOVAL, LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38505	NEEDLE BIOPSY, LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38510	BIOPSY/REMOVAL, LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38520	BIOPSY/REMOVAL, LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38525	BIOPSY/REMOVAL, LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38530	BIOPSY/REMOVAL, LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38542	EXPLORE DEEP NODE(S), NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38550	REMOVAL, NECK/ARMPIT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38555	REMOVAL, NECK/ARMPIT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38562	REMOVAL, PELVIC LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38564	REMOVAL, ABDOMEN LYMPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38570	LAPAROSCOPY, LYMPH NODE BIOP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38571	LAPAROSCOPY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38572	LAPAROSCOPY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38589	LAPAROSCOPE PROC, LYMPHATIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38700	REMOVAL OF LYMPH NODES,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38720	REMOVAL OF LYMPH NODES,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38724	REMOVAL OF LYMPH NODES,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38740	REMOVE ARMPIT LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38745	REMOVE ARMPIT LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38746	REMOVE THORACIC LYMPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38747	REMOVE ABDOMINAL LYMPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
38760	REMOVE GROIN LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38765	REMOVE GROIN LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38770	REMOVE PELVIS LYMPH NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38780	REMOVE ABDOMEN LYMPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38790	INJECT FOR LYMPHATIC X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38792	IDENTIFY SENTINEL NODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38794	ACCESS THORACIC LYMPH DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38900	INTRAOPERATIVE IDENTIFICATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
38999	BLOOD/LYMPH SYSTEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
39000	EXPLORATION OF CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39010	EXPLORATION OF CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39200	REMOVAL CHEST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39220	REMOVAL CHEST LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39401	Mediastinoscopy; includes	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39402	Mediastinoscopy; with lymph	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39499	CHEST PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
39501	REPAIR DIAPHRAGM LACERATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39503	REPAIR OF DIAPHRAGM HERNIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39540	REPAIR OF DIAPHRAGM HERNIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39541	REPAIR OF DIAPHRAGM HERNIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39545	REVISION OF DIAPHRAGM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39560	RESECT DIAPHRAGM, SIMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39561	RESECT DIAPHRAGM, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
39599	DIAPHRAGM SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40490	BIOPSY OF LIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40500	PARTIAL EXCISION OF LIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40510	PARTIAL EXCISION OF LIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40520	PARTIAL EXCISION OF LIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
40525	RECONSTRUCT LIP WITH FLAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40527	RECONSTRUCT LIP WITH FLAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40530	PARTIAL REMOVAL OF LIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40650	REPAIR LIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40652	REPAIR LIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40654	REPAIR LIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40700	REPAIR CLEFT LIP/NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40701	REPAIR CLEFT LIP/NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40702	REPAIR CLEFT LIP/NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40720	REPAIR CLEFT LIP/NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40761	REPAIR CLEFT LIP/NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40799	LIP SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
40800	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40801	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40804	REMOVAL, FOREIGN BODY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40805	REMOVAL, FOREIGN BODY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40806	INCISION OF LIP FOLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40808	BIOPSY OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40810	EXCISION OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40812	EXCISE/REPAIR MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40814	EXCISE/REPAIR MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40816	EXCISION OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40818	EXCISE ORAL MUCOSA FOR GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40819	EXCISE LIP OR CHEEK FOLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40820	TREATMENT OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40830	REPAIR MOUTH LACERATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40831	REPAIR MOUTH LACERATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
40840	RECONSTRUCTION OF MOUTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
40842	RECONSTRUCTION OF MOUTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
40843	RECONSTRUCTION OF MOUTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
40844	RECONSTRUCTION OF MOUTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
40845	RECONSTRUCTION OF MOUTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
40899	MOUTH SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41000	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41005	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41006	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41007	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41008	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41009	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41010	INCISION OF TONGUE FOLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41015	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41016	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41017	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
41018	DRAINAGE OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41019	PLACE NEEDLES H&N FOR RT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41100	BIOPSY OF TONGUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41105	BIOPSY OF TONGUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41108	BIOPSY OF FLOOR OF MOUTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
41110	EXCISION OF TONGUE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
41112	EXCISION OF TONGUE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41113	EXCISION OF TONGUE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41114	EXCISION OF TONGUE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
41115	EXCISION OF TONGUE FOLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41116	EXCISION OF MOUTH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41120	PARTIAL REMOVAL OF TONGUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41130	PARTIAL REMOVAL OF TONGUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41135	TONGUE AND NECK SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41140	REMOVAL OF TONGUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41145	TONGUE REMOVAL, NECK SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
41150	TONGUE, MOUTH, JAW SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41153	TONGUE, MOUTH, NECK SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41155	TONGUE, JAW, & NECK SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41250	REPAIR TONGUE LACERATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41251	REPAIR TONGUE LACERATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41252	REPAIR TONGUE LACERATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41500	FIXATION OF TONGUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41510	TONGUE TO LIP SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41520	RECONSTRUCTION, TONGUE FOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
41599	TONGUE AND MOUTH SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41800	DRAINAGE OF GUM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41805	REMOVAL FOREIGN BODY, GUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
41806	REMOVAL FOREIGN BODY,JAWBONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41820	EXCISION, GUM, EACH QUADRANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
41821	EXCISION OF GUM FLAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41822	EXCISION OF GUM LESION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41823	EXCISION OF GUM LESION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41825	EXCISION OF GUM LESION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41826	EXCISION OF GUM LESION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41827	EXCISION OF GUM LESION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41828	EXCISION OF GUM LESION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41830	REMOVAL OF GUM TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41850	TREATMENT OF GUM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
41870	GUM GRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41872	REPAIR GUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
41874	REPAIR TOOTH SOCKET	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
41899	DENTAL SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
42000	DRAINAGE MOUTH ROOF LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42100	BIOPSY ROOF OF MOUTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42104	EXCISION LESION, MOUTH ROOF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42106	EXCISION LESION, MOUTH ROOF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42107	EXCISION LESION, MOUTH ROOF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42120	REMOVE PALATE/LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42140	EXCISION OF UVULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42145	REPAIR PALATE, PHARYNX/UVULA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
42160	TREATMENT MOUTH ROOF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42180	REPAIR PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42182	REPAIR PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42200	RECONSTRUCT CLEFT PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42205	RECONSTRUCT CLEFT PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42210	RECONSTRUCT CLEFT PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42215	RECONSTRUCT CLEFT PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42220	RECONSTRUCT CLEFT PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42225	RECONSTRUCT CLEFT PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42226	LENGTHENING OF PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42227	LENGTHENING OF PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42235	REPAIR PALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42260	REPAIR NOSE TO LIP FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42280	PREPARATION, PALATE MOLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42281	INSERTION, PALATE PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42299	PALATE/UVULA SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
42300	DRAINAGE OF SALIVARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
42305	DRAINAGE OF SALIVARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42310	DRAINAGE OF SALIVARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42320	DRAINAGE OF SALIVARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42330	REMOVAL OF SALIVARY STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42335	REMOVAL OF SALIVARY STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42340	REMOVAL OF SALIVARY STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42400	BIOPSY OF SALIVARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42405	BIOPSY OF SALIVARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42408	EXCISION OF SALIVARY CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42409	DRAINAGE OF SALIVARY CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42410	EXCISE PAROTID GLAND/LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42415	EXCISE PAROTID GLAND/LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42420	EXCISE PAROTID GLAND/LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42425	EXCISE PAROTID GLAND/LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42426	EXCISE PAROTID GLAND/LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42440	EXCISE SUBMAXILLARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42450	EXCISE SUBLINGUAL GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42500	REPAIR SALIVARY DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42505	REPAIR SALIVARY DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42507	PAROTID DUCT DIVERSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42508	PAROTID DUCT DIVERSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
42509	PAROTID DUCT DIVERSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42510	PAROTID DUCT DIVERSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42550	INJECT FOR SALIVARY X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42600	CLOSURE OF SALIVARY FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42650	DILATION OF SALIVARY DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42660	DILATION OF SALIVARY DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42665	LIGATION OF SALIVARY DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42699	SALIVARY SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
42700	DRAINAGE OF TONSIL ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42720	DRAINAGE OF THROAT ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42725	DRAINAGE OF THROAT ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42800	BIOPSY OF THROAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42804	BIOPSY OF UPPER NOSE/THROAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42806	BIOPSY OF UPPER NOSE/THROAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42808	EXCISE PHARYNX LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42809	REMOVE PHARYNX FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42810	EXCISION OF NECK CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42815	EXCISION OF NECK CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
42820	REMOVE TONSILS AND ADENOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42821	REMOVE TONSILS AND ADENOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42825	REMOVAL OF TONSILS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42826	REMOVAL OF TONSILS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42830	REMOVAL OF ADENOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42831	REMOVAL OF ADENOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42835	REMOVAL OF ADENOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42836	REMOVAL OF ADENOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42842	EXTENSIVE SURGERY OF THROAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42844	EXTENSIVE SURGERY OF THROAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42845	EXTENSIVE SURGERY OF THROAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42860	EXCISION OF TONSIL TAGS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42870	EXCISION OF LINGUAL TONSIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42890	PARTIAL REMOVAL OF PHARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42892	REVISION OF PHARYNGEAL WALLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42894	REVISION OF PHARYNGEAL WALLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42900	REPAIR THROAT WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
42950	RECONSTRUCTION OF THROAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42953	REPAIR THROAT, ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42955	SURGICAL OPENING OF THROAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42960	CONTROL THROAT BLEEDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42961	CONTROL THROAT BLEEDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42962	CONTROL THROAT BLEEDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42970	CONTROL NOSE/THROAT BLEED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42971	CONTROL NOSE/THROAT BLEED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42972	CONTROL NOSE/THROAT BLEED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
42999	THROAT SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43020	INCISION OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43030	THROAT MUSCLE SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43045	INCISION OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43100	EXCISION OF ESOPHAGUS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43101	EXCISION OF ESOPHAGUS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43107	REMOVAL OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43108	REMOVAL OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43112	REMOVAL OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43113	REMOVAL OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43116	PARTIAL REMOVE ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43117	PARTIAL REMOVAL OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
43118	PARTIAL REMOVAL OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43121	PARTIAL REMOVAL OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43122	PARTIAL REMOVAL OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43123	PARTIAL REMOVAL OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43124	REMOVAL OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43130	REMOVAL OF ESOPHAGUS POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43135	REMOVAL OF ESOPHAGUS POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43191	Esophagoscopy, rigid, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43192	Esophagoscopy, rigid, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43193	Esophagoscopy, rigid, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43194	Esophagoscopy, rigid, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43195	Esophagoscopy, rigid, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43196	Esophagoscopy, rigid, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43197	Esophagoscopy, flexible, transnasal; diagnostic, includes	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43200	ESOPHAGUS ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43201	ESOPH SCOPE W/SUBMUCOUS INJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43202	ESOPHAGUS ENDOSCOPY, BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43204	ESOPH SCOPE W/SCLEROSIS INJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43205	ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43206	ESOPHAGOSCOPY, RIGID OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43210	Esophagogastroduodenoscopy, flexible, transoral; with	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43211	Esophagoscopy, flexible, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43213	Esophagoscopy, flexible, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43214	Esophagoscopy, flexible, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43215	ESOPHAGUS ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43216	ESOPHAGUS ENDOSCOPY/LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
43217	ESOPHAGUS ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43219	ESOPHAGUS ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43220	ESOPH ENDOSCOPY, DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43226	ESOPH ENDOSCOPY, DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43227	ESOPH ENDOSCOPY, REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43229	Esophagoscopy, flexible, transoral;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43231	ESOPH ENDOSCOPY W/US EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43232	ESOPH ENDOSCOPY W/US FN BX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43233	Esophagogastroduodenoscopy,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43235	UPPR GI ENDOSCOPY, DIAGNOSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43236	UPPR GI SCOPE W/SUBMUC INJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43237	ENDOSCOPIC US EXAM, ESOPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43238	UPPR GI ENDOSCOPY W/US FN BX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43239	UPPER GI ENDOSCOPY, BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43240	ESOPH ENDOSCOPE W/DRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43241	UPPER GI ENDOSCOPY WITH TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43242	UPPR GI ENDOSCOPY W/US FN BX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43243	UPPER GI ENDOSCOPY & INJECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43244	UPPER GI ENDOSCOPY/LIGATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43245	UPPR GI SCOPE DILATE STRICTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43246	PLACE GASTROSTOMY TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43247	OPERATIVE UPPER GI ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43249	ESOPH ENDOSCOPY, DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43250	UPPER GI ENDOSCOPY/TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43251	OPERATIVE UPPER GI ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43252	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43253	Esophagogastroduodenoscopy,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43254	Esophagogastroduodenoscopy,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
43255	OPERATIVE UPPER GI ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43256	UPPER GI ENDOSCOPY W/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43257	UPPER GI SCOPE W/THRML TXMNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43259	ENDOSCOPIC ULTRASOUND EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43260	ENDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43261	ENDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43262	ENDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43263	ENDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43264	ENDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43265	ENDO CHOLANGIOPANCREATOGRAPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43273	ENDOSCOPIC CANNULATION OF PAPILLA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43274	Endoscopic retrograde	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43275	Endoscopic retrograde cholangiopancreatography (ERCP);	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43276	Endoscopic retrograde cholangiopancreatography (ERCP);	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43277	Endoscopic retrograde cholangiopancreatography (ERCP);	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43278	Endoscopic retrograde	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43279	LAPAROSCOPY, SURGICAL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43280	LAPAROSCOPY, FUNDOPLASTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
43281	LAPAROSCOPY, SURGICAL, REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43282	LAPAROSCOPY, SURGICAL, REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43283	LAPAROSCOPY, SURG,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43289	LAPAROSCOPE PROC, ESOPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43300	REPAIR OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43305	REPAIR ESOPHAGUS AND FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43310	REPAIR OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43312	REPAIR ESOPHAGUS AND FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43313	ESOPHAGOPLASTY CONGENITAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43314	TRACHEO-ESOPHAGOPLASTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43320	FUSE ESOPHAGUS & STOMACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43325	REVISE ESOPHAGUS & STOMACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43330	REPAIR OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43331	REPAIR OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43332	REPAIR, PARAESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43335	REPAIR, PARAESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43336	REPAIR, PARAESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43337	REPAIR, PARAESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43338	ESOPHAGEAL LENGTHENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43340	FUSE ESOPHAGUS & INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43341	FUSE ESOPHAGUS & INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43350	SURGICAL OPENING, ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
43351	SURGICAL OPENING, ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43352	SURGICAL OPENING, ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43360	GASTROINTESTINAL REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43361	GASTROINTESTINAL REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43400	LIGATE ESOPHAGUS VEINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43401	ESOPHAGUS SURGERY FOR VEINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43405	LIGATE/STAPLE ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43410	REPAIR ESOPHAGUS WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43415	REPAIR ESOPHAGUS WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43420	REPAIR ESOPHAGUS OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43425	REPAIR ESOPHAGUS OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43450	DILATE ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43453	DILATE ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43460	PRESSURE TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43496	FREE JEJUNUM FLAP, MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43499	ESOPHAGUS SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43500	SURGICAL OPENING OF STOMACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43501	SURGICAL REPAIR OF STOMACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43502	SURGICAL REPAIR OF STOMACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43510	SURGICAL OPENING OF STOMACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43520	INCISION OF PYLORIC MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43605	BIOPSY OF STOMACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43610	EXCISION OF STOMACH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
43611	EXCISION OF STOMACH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43620	REMOVAL OF STOMACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43621	REMOVAL OF STOMACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43622	REMOVAL OF STOMACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43631	REMOVAL OF STOMACH, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43632	REMOVAL OF STOMACH, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43633	REMOVAL OF STOMACH, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43634	REMOVAL OF STOMACH, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43635	REMOVAL OF STOMACH, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43640	VAGOTOMY & PYLORUS REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43641	VAGOTOMY & PYLORUS REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43645	LAP GASTR BYPASS INCL SMALL I	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43647	LAP IMPL ELECTRODE, ANTRUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43648	LAP REVISE/REMOV ELTRD ANTRUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43651	LAPAROSCOPY, VAGUS NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43652	LAPAROSCOPY, VAGUS NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43653	LAPAROSCOPY, GASTROSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43659	LAPAROSCOPE PROC, STOM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43750	PLACE GASTROSTOMY TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43752	NASAL/OROGASTRIC W/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43753	GASTRIC INTUBATION AND ASP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43755	GASTRIC INTUBATION AND ASP,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43756	DUODENAL INTUBATION AND ASP,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
43757	DUODENAL INTUBATION AND ASP, DIAGNOSTIC, INCLUDES IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43760	CHANGE GASTROSTOMY TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43761	REPOSITION GASTROSTOMY TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43770	LAP, PLACE GASTR ADJUST BAND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43771	LAP, REVISE ADJUST GAST BAND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43772	LAP, REMOVE ADJUST GAST BAND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43773	LAP, CHANGE ADJUST GAST BAND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43774	LAP REMOV ADJ GAST BAND/PORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43800	RECONSTRUCTION OF PYLORUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43810	FUSION OF STOMACH AND BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43820	FUSION OF STOMACH AND BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43825	FUSION OF STOMACH AND BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43830	PLACE GASTROSTOMY TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43831	PLACE GASTROSTOMY TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43832	PLACE GASTROSTOMY TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43840	REPAIR OF STOMACH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43842	V-BAND GASTROPLASTY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43843	GASTROPLASTY W/O V-BAND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43845	GASTROPLASTY DUODENAL SWITCH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43846	GASTRIC BYPASS FOR OBESITY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43847	GASTRIC BYPASS INCL SMALL I	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43848	REVISION GASTROPLASTY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
43850	REVISE STOMACH-BOWEL FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43855	REVISE STOMACH-BOWEL FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43860	REVISE STOMACH-BOWEL FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43865	REVISE STOMACH-BOWEL FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43870	REPAIR STOMACH OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43880	REPAIR STOMACH-BOWEL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
43881	IMPL/REDO ELECTRD, ANTRUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43882	REVISE/REMOVE ELECTRD ANTRUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43886	REVISE GASTRIC PORT, OPEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43887	REMOVE GASTRIC PORT, OPEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43888	CHANGE GASTRIC PORT, OPEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
43999	STOMACH SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44005	FREEING OF BOWEL ADHESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44010	INCISION OF SMALL BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44015	INSERT NEEDLE CATH BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44020	EXPLORE SMALL INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44021	DECOMPRESS SMALL BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44025	INCISION OF LARGE BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44050	REDUCE BOWEL OBSTRUCTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44055	CORRECT MALROTATION OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
44100	BIOPSY OF BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44110	EXCISE INTESTINE LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44111	EXCISION OF BOWEL LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44120	REMOVAL OF SMALL INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44121	REMOVAL OF SMALL INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44125	REMOVAL OF SMALL INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44126	ENTERECTOMY W/O TAPER, CONG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44127	ENTERECTOMY W/TAPER, CONG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
44128	ENTERECTOMY CONG, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44130	BOWEL TO BOWEL FUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44132	ENTERECTOMY, CADAVER DONOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44133	ENTERECTOMY, LIVE DONOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44135	INTESTINE TRANSPLNT, CADAVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44136	INTESTINE TRANSPLANT, LIVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44137	REMOVE INTESTINAL ALLOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44139	MOBILIZATION OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44140	PARTIAL REMOVAL OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44141	PARTIAL REMOVAL OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
44143	PARTIAL REMOVAL OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44144	PARTIAL REMOVAL OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44145	PARTIAL REMOVAL OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44146	PARTIAL REMOVAL OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44147	PARTIAL REMOVAL OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44150	REMOVAL OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44151	REMOVAL OF COLON/ILEOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44155	REMOVAL OF COLON/ILEOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44156	REMOVAL OF COLON/ILEOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44157	COLECTOMY W/ILEOANAL ANAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44158	COLECTOMY W/NEO-RECTUM POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44160	REMOVAL OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
44180	LAP, ENTEROLYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44186	LAP, JEJUNOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44187	LAP, ILEO/JEJUNO-STOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44188	LAP, COLOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44202	LAP, ENTERECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44203	LAP RESECT S/INTESTINE, ADDL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44204	LAPARO PARTIAL COLECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44205	LAP COLECTOMY PART W/ILEUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44206	LAP PART COLECTOMY W/STOMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44207	L COLECTOMY/COLOPROCTOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44208	L COLECTOMY/COLOPROCTOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44210	LAPARO TOTAL PROCTOCOLECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44211	LAP COLECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44212	LAPARO TOTAL PROCTOCOLECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44213	LAP, MOBIL SPLENIC FL ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44227	LAP, CLOSE ENTEROSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44238	LAPAROSCOPE PROC, INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
44300	OPEN BOWEL TO SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44310	ILEOSTOMY/JEJUNOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44312	REVISION OF ILEOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44314	REVISION OF ILEOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44316	DEVISE BOWEL POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44320	COLOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44322	COLOSTOMY WITH BIOPSIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
44340	REVISION OF COLOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44345	REVISION OF COLOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44346	REVISION OF COLOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44360	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44363	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44364	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44365	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44366	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
44369	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44370	SMALL BOWEL ENDOSCOPY/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44372	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44373	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
44376	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44378	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44379	S BOWEL ENDOSCOPE W/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44380	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44382	SMALL BOWEL ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
44383	ILEOSCOPY W/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44385	ENDOSCOPY OF BOWEL POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44386	ENDOSCOPY, BOWEL POUCH/BIOP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44388	COLONOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44389	COLONOSCOPY WITH BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44390	COLONOSCOPY FOR FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44391	COLONOSCOPY FOR BLEEDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44392	COLONOSCOPY & POLYPECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44393	COLONOSCOPY, LESION REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44394	COLONOSCOPY W/SNARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44397	COLONOSCOPY W/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44500	INTRO, GASTROINTESTINAL TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44602	SUTURE, SMALL INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44603	SUTURE, SMALL INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44604	SUTURE, LARGE INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
44605	REPAIR OF BOWEL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44615	INTESTINAL STRICTUROPLASTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44620	REPAIR BOWEL OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44625	REPAIR BOWEL OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44626	REPAIR BOWEL OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44640	REPAIR BOWEL-SKIN FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
44650	REPAIR BOWEL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44660	REPAIR BOWEL-BLADDER FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44661	REPAIR BOWEL-BLADDER FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44680	SURGICAL REVISION, INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44700	SUSPEND BOWEL W/PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44701	INTRAOP COLON LAVAGE ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44705	PREPARATION OF FECAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44715	PREPARE DONOR INTESTINE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44720	PREP DONOR INTESTINE/VENOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44721	PREP DONOR INTESTINE/ARTERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44799	UNLISTED PROCEDURE INTESTINE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44800	EXCISION OF BOWEL POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44820	EXCISION OF MESENTERY LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44850	REPAIR OF MESENTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44899	BOWEL SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
44900	DRAIN APP ABSCESS, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44950	APPENDLECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44955	APPENDLECTOMY ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44960	APPENDLECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44970	LAPAROSCOPY, APPENDLECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
44979	LAPAROSCOPE PROC, APP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
45000	DRAINAGE OF PELVIC ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
45005	DRAINAGE OF RECTAL ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45020	DRAINAGE OF RECTAL ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45100	BIOPSY OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45108	REMOVAL OF ANORECTAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45110	REMOVAL OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45111	PARTIAL REMOVAL OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45112	REMOVAL OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45113	PARTIAL PROCTECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45114	PARTIAL REMOVAL OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45116	PARTIAL REMOVAL OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45119	REMOVE RECTUM W/RESERVOIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45120	REMOVAL OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45121	REMOVAL OF RECTUM AND COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45123	PARTIAL PROCTECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45126	PELVIC EXENTERATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45130	EXCISION OF RECTAL PROLAPSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45135	EXCISION OF RECTAL PROLAPSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45136	EXCISE ILEOANAL RESERVIOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45150	EXCISION OF RECTAL STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45160	EXCISION OF RECTAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45170	EXCISION OF RECTAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
45171	EXCISION OF RECTAL TUMOR,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45172	EXCISION OF RECTAL TUMOR,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45190	DESTRUCTION, RECTAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45300	PROCTOSIGMOIDOSCOPY DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45303	PROCTOSIGMOIDOSCOPY DILATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45305	PROCTOSIGMOIDOSCOPY W/BX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45307	PROCTOSIGMOIDOSCOPY FB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45308	PROCTOSIGMOIDOSCOPY REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45309	PROCTOSIGMOIDOSCOPY REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45315	PROCTOSIGMOIDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45317	PROCTOSIGMOIDOSCOPY BLEED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45320	PROCTOSIGMOIDOSCOPY ABLATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45321	PROCTOSIGMOIDOSCOPY VOLVUL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
45327	PROCTOSIGMOIDOSCOPY W/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45330	DIAGNOSTIC SIGMOIDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45331	SIGMOIDOSCOPY AND BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45332	SIGMOIDOSCOPY W/FB REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45333	SIGMOIDOSCOPY & POLYPECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45334	SIGMOIDOSCOPY FOR BLEEDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45335	SIGMOIDOSCOPY W/SUBMUC INJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45337	SIGMOIDOSCOPY & DECOMPRESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45338	SIGMOIDOSCOPY W/TUMR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45339	SIGMOIDOSCOPY W/ABLATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45340	SIG W/BALLOON DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45341	SIGMOIDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45342	SIGMOIDOSCOPY W/US GUIDE BX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45345	SIGMOIDOSCOPY W/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45355	SURGICAL COLONOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45378	DIAGNOSTIC COLONOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45379	COLONOSCOPY W/FB REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45380	COLONOSCOPY AND BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45381	COLONOSCOPY, SUBMUCOUS INJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
45382	COLONOSCOPY/CONTROL BLEEDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45383	LESION REMOVAL COLONOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45384	LESION REMOVE COLONOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45385	LESION REMOVAL COLONOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45386	COLONOSCOPY DILATE STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45387	COLONOSCOPY W/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45391	COLONOSCOPY W/ENDOSCOPE US	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45392	COLONOSCOPY W/ENDOSCOPIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45395	LAP, REMOVAL OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45397	LAP, REMOVE RECTUM W/POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45400	LAPAROSCOPIC PROC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45402	LAP PROCTOPEXY W/SIG RESECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45499	LAPAROSCOPE PROC, RECTUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
45500	REPAIR OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45505	REPAIR OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45520	TREATMENT OF RECTAL PROLAPSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45540	CORRECT RECTAL PROLAPSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45541	CORRECT RECTAL PROLAPSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45550	REPAIR RECTUM/REMOVE SIGMOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45560	REPAIR OF RECTOCELE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45562	EXPLORATION/REPAIR OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45563	EXPLORATION/REPAIR OF RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
45800	REPAIR RECT/BLADDER FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45805	REPAIR FISTULA W/COLOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45820	REPAIR RECTOURETHRAL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45825	REPAIR FISTULA W/COLOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45900	REDUCTION OF RECTAL PROLAPSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45905	DILATION OF ANAL SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45910	DILATION OF RECTAL NARROWING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45915	REMOVE RECTAL OBSTRUCTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45990	SURG DX EXAM, ANORECTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
45999	RECTUM SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
46020	PLACEMENT OF SETON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46030	REMOVAL OF RECTAL MARKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46040	INCISION OF RECTAL ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46045	INCISION OF RECTAL ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46050	INCISION OF ANAL ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46060	INCISION OF RECTAL ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46070	INCISION OF ANAL SEPTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46080	INCISION OF ANAL SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46083	INCISE EXTERNAL HEMORRHOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46200	REMOVAL OF ANAL FISSURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46210	REMOVAL OF ANAL CRYPT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46211	REMOVAL OF ANAL CRYPTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
46220	REMOVAL OF ANAL TAG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46221	LIGATION OF HEMORRHOID(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46230	REMOVAL OF ANAL TAGS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46250	HEMORRHOIDECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46255	HEMORRHOIDECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46257	REMOVE HEMORRHOIDS &	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46258	REMOVE HEMORRHOIDS &	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46260	HEMORRHOIDECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46261	REMOVE HEMORRHOIDS &	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46262	REMOVE HEMORRHOIDS &	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46270	REMOVAL OF ANAL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46275	REMOVAL OF ANAL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46280	REMOVAL OF ANAL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46285	REMOVAL OF ANAL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46288	REPAIR ANAL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46320	REMOVAL OF HEMORRHOID CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46500	INJECT INTO HEMORRHOID(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46505	CHEMODENERVATION ANAL MUSC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46600	DIAGNOSTIC ANOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
46604	ANOSCOPY AND DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46606	ANOSCOPY AND BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46608	ANOSCOPY, REMOVE FOR BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46610	ANOSCOPY, REMOVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46611	ANOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46612	ANOSCOPY, REMOVE LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46614	ANOSCOPY, CONTROL BLEEDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46615	ANOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46700	REPAIR OF ANAL STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46705	REPAIR OF ANAL STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46706	REPR OF ANAL FISTULA W/GLUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46707	REPAIR OF ANORECTAL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46710	REPR PER/VAG POUCH SNGL PROC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46712	REPR PER/VAG POUCH DBL PROC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46715	REP PERF ANOPER FISTU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46716	REP PERF ANOPER/VESTIB FISTU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46730	CONSTRUCTION OF ABSENT ANUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46735	CONSTRUCTION OF ABSENT ANUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46740	CONSTRUCTION OF ABSENT ANUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46742	REPAIR OF IMPERFORATED ANUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46744	REPAIR OF CLOACAL ANOMALY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46746	REPAIR OF CLOACAL ANOMALY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46748	REPAIR OF CLOACAL ANOMALY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46750	REPAIR OF ANAL SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46751	REPAIR OF ANAL SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46753	RECONSTRUCTION OF ANUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
46754	REMOVAL OF SUTURE FROM ANUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46760	REPAIR OF ANAL SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46761	REPAIR OF ANAL SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46762	IMPLANT ARTIFICIAL SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46900	DESTRUCTION, ANAL LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46910	DESTRUCTION, ANAL LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46916	CRYOSURGERY, ANAL LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46917	LASER SURGERY, ANAL LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46922	EXCISION OF ANAL LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46924	DESTRUCTION, ANAL LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46937	CRYOTHERAPY OF RECTAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46938	CRYOTHERAPY OF RECTAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46940	TREATMENT OF ANAL FISSURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46942	TREATMENT OF ANAL FISSURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46945	LIGATION OF HEMORRHOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46946	LIGATION OF HEMORRHOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46947	HEMORRHOIDOPEXY BY STAPLING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
46999	ANUS SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47000	NEEDLE BIOPSY OF LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47001	NEEDLE BIOPSY, LIVER ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47010	OPEN DRAINAGE, LIVER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47015	INJECT/ASPIRATE LIVER CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47100	WEDGE BIOPSY OF LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
47120	PARTIAL REMOVAL OF LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47122	EXTENSIVE REMOVAL OF LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47125	PARTIAL REMOVAL OF LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47130	PARTIAL REMOVAL OF LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47133	REMOVAL OF DONOR LIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47135	TRANSPLANTATION OF LIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47140	PARTIAL REMOVAL, DONOR LIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47141	PARTIAL REMOVAL, DONOR LIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47142	PARTIAL REMOVAL, DONOR LIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47143	PREP DONOR LIVER, WHOLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47144	PREP DONOR LIVER, 3-SEGMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47145	PREP DONOR LIVER, LOBE SPLIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47146	PREP DONOR LIVER/VENOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47147	PREP DONOR LIVER/ARTERIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47300	SURGERY FOR LIVER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47350	REPAIR LIVER WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47360	REPAIR LIVER WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47361	REPAIR LIVER WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
47362	REPAIR LIVER WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47370	LAPARO ABLATE LIVER TUMOR RF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47371	LAPARO ABLATE LIVER CRYOSURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47379	LAPAROSCOPE PROCEDURE, LIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47380	OPEN ABLATE LIVER TUMOR RF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47381	OPEN ABLATE LIVER TUMOR CRYO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47382	PERCUT ABLATE LIVER RF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47399	LIVER SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
47400	INCISION OF LIVER DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47420	INCISION OF BILE DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47425	INCISION OF BILE DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47460	INCISE BILE DUCT SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47480	INCISION OF GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47490	INCISION OF GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47531	Injection procedure for cholangiography,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47532	Injection procedure for	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47533	Placement of biliary drainage	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47536	Exchange of biliary drainage catheter (eg, external, internal-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47537	Removal of biliary drainage catheter, percutaneous,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47538	Placement of stent(s) into a bile duct, percutaneous,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47539	Placement of stent(s) into a	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47540	Placement of stent(s) into a bile duct, percutaneous,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47541	Placement of access through the biliary tree and into small	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47542	Balloon dilation of biliary duct(s) or of ampulla	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47544	Removal of calculi/debris from biliary duct(s) and/or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47550	BILE DUCT ENDOSCOPY ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47552	BILIARY ENDOSCOPY THRU SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47553	BILIARY ENDOSCOPY THRU SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47554	BILIARY ENDOSCOPY THRU SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47555	BILIARY ENDOSCOPY THRU SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47556	BILIARY ENDOSCOPY THRU SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
47562	LAPAROSCOPIC CHOLECYSTECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47563	LAPARO CHOLECYSTECTOMY/GRAPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47564	LAPARO CHOLECYSTECTOMY/EXPLR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47570	LAPARO CHOLECYSTOENTEROSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47579	LAPAROSCOPE PROC, BILIARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47600	REMOVAL OF GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47605	REMOVAL OF GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47610	REMOVAL OF GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47612	REMOVAL OF GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47620	REMOVAL OF GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47700	EXPLORATION OF BILE DUCTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47701	BILE DUCT REVISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47711	EXCISION OF BILE DUCT TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47712	EXCISION OF BILE DUCT TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47715	EXCISION OF BILE DUCT CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47719	FUSION OF BILE DUCT CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47720	FUSE GALLBLADDER & BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47721	FUSE UPPER GI STRUCTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
47740	FUSE GALLBLADDER & BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47741	FUSE GALLBLADDER & BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47760	FUSE BILE DUCTS AND BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47765	FUSE LIVER DUCTS & BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47780	FUSE BILE DUCTS AND BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47785	FUSE BILE DUCTS AND BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47800	RECONSTRUCTION OF BILE DUCTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47801	PLACEMENT, BILE DUCT SUPPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47802	FUSE LIVER DUCT & INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47900	SUTURE BILE DUCT INJURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
47999	BILE TRACT SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
48000	DRAINAGE OF ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48001	PLACEMENT OF DRAIN, PANCREAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48020	REMOVAL OF PANCREATIC STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48100	BIOPSY OF PANCREAS, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48102	NEEDLE BIOPSY, PANCREAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48105	RESECT/DEBRIDE PANCREAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48120	REMOVAL OF PANCREAS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48140	PARTIAL REMOVAL OF PANCREAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48145	PARTIAL REMOVAL OF PANCREAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
48146	PANCREATECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48148	REMOVAL OF PANCREATIC DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48150	PARTIAL REMOVAL OF PANCREAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48152	PANCREATECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48153	PANCREATECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48154	PANCREATECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48155	REMOVAL OF PANCREAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48160	PANCREAS REMOVAL/TRANSPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48400	INJECT, INTRAOP ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48500	SURGERY OF PANCREATIC CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48510	DRAIN PANCREATIC PSEUDOCYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48520	FUSE PANCREAS CYST AND BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48540	FUSE PANCREAS CYST AND BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48545	PANCREATORRHAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48547	DUODENAL EXCLUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48548	FUSE PANCREAS AND BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
48550	DONOR PANCREATECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
48551	PREP DONOR PANCREAS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
48552	PREP DONOR PANCREAS/VENOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
48554	TRANSPL ALLOGRAFT PANCREAS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
48556	REMOVAL, ALLOGRAFT PANCREAS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
48999	PANCREAS SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
49000	EXPLORATION OF ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49002	REOPENING OF ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49010	EXPLORATION BEHIND ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
49020	DRAIN ABDOMINAL ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49040	DRAIN, OPEN, ABDOM ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49060	DRAIN, OPEN, RETROP ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49062	DRAIN TO PERITONEAL CAVITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49082	ABD PARACENTESIS DX/TX NO IMAGE GUIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49083	ABD PARACENTESIS DX/TX IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49084	PERITONEAL LAVAGE IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49180	BIOPSY, ABDOMINAL MASS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49185	Sclerotherapy of a fluid	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49200	REMOVAL OF ABDOMINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49201	REMOVE ABDOM LESION, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49203	EXC ABD TUM 5 CM OR LESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49204	EXC ABD TUM OVER 5 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49205	EXC ABD TUM OVER 10 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49215	EXCISE SACRAL SPINE TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49220	MULTIPLE SURGERY, ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49250	EXCISION OF UMBILICUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49255	REMOVAL OF OMENTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49320	DIAG LAPARO SEPARATE PROC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49321	LAPAROSCOPY, BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49322	LAPAROSCOPY, ASPIRATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49323	LAPARO DRAIN LYMPHOCELE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49324	LAP INSERTION PERM IP CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49325	LAP REVISION PERM IP CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
49326	LAP W/OMENTOPEXY ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RAD TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49329	LAPARO PROC, ABDOM/PER/OMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49400	AIR INJECT INTO ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49402	REMOVE FOREIGN BODY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49405	Image-guided fluid collection drainage by catheter (eg, abscess,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49406	Image-guided fluid collection drainage by catheter (eg, abscess,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49407	Image-guided fluid collection drainage by catheter (eg, abscess,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49411	PLACE INTERSTITIAL DEVICE(S) RAD TX GUIDANCE ,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49412	PLACE INTERSTITIAL DEVICE(S) FOR RAD TX GUIDANCE, OPEN,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49418	INSERT TUNNELED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49419	INSRT ABDOM CATH FOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49421	INSERT ABDOM DRAIN, PERM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49422	REMOVE PERM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49423	EXCHANGE DRAINAGE CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49424	ASSESS CYST, CONTRAST INJECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49425	INSERT ABDOMEN-VENOUS DRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49426	REVISE ABDOMEN-VENOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49427	INJECT, ABDOMINAL SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
49428	LIGATION OF SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49429	REMOVAL OF SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49435	INSERT SUBQ EXTEN TO IP CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49436	EMBEDDED IP CATH EXIT-SITE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49440	PLACE GASTROSTOMY TUBE PERC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49441	PLACE DUOD/JEJ TUBE PERC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49442	PLACE CECOSTOMY TUBE PERC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49446	CHANGE G-TUBE TO G-J PERC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49450	REPLACE G/C TUBE PERC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49451	REPLACE DUOD/JEJ TUBE PERC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49452	REPLACE G-J TUBE PERC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49460	FIX G/COLON TUBE W/DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49465	FLUORO EXAM OF G/COLON TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49491	RPR HERN PREMIE REDUC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49492	RPR ING HERN PREMIE, BLOCKED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49495	RPR ING HERNIA BABY, REDUC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49496	RPR ING HERNIA BABY, BLOCKED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49500	RPR ING HERNIA, INIT, REDUCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49501	RPR ING HERNIA, INIT BLOCKED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49505	PRP I/HERN INIT REDUC >5 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49507	PRP I/HERN INIT BLOCK >5 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49520	REREPAIR ING HERNIA, REDUCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49521	REREPAIR ING HERNIA, BLOCKED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
49525	REPAIR ING HERNIA, SLIDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49540	REPAIR LUMBAR HERNIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49550	RPR REM HERNIA, INIT, REDUCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49553	RPR FEM HERNIA, INIT BLOCKED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49555	REREPAIR FEM HERNIA, REDUCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49557	REREPAIR FEM HERNIA, BLOCKED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49560	RPR VENTRAL HERN INIT, REDUC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49561	RPR VENTRAL HERN INIT, BLOCK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49565	REREPAIR VENTRL HERN, REDUCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49566	REREPAIR VENTRL HERN, BLOCK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49568	HERNIA REPAIR W/MESH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49570	RPR EPIGASTRIC HERN, REDUCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49572	RPR EPIGASTRIC HERN, BLOCKED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49580	RPR UMBIL HERN, REDUC < 5 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49582	RPR UMBIL HERN, BLOCK < 5 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49585	RPR UMBIL HERN, REDUC > 5 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49587	RPR UMBIL HERN, BLOCK > 5 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49590	REPAIR SPIGELIAN HERNIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49600	REPAIR UMBILICAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49605	REPAIR UMBILICAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49606	REPAIR UMBILICAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49610	REPAIR UMBILICAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
49611	REPAIR UMBILICAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49650	LAPARO HERNIA REPAIR INITIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49651	LAPARO HERNIA REPAIR RECUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49652	LAPAROSCOPY, SURGICAL, REPAIR,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49653	LAPAROSCOPY, SURGICAL, REPAIR,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49654	LAPAROSCOPY, SURGICAL, REPAIR,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49655	LAPAROSCOPY, SURGICAL, REPAIR,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49656	LAPAROSCOPY, SURGICAL, REPAIR,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49657	LAPAROSCOPY, SURGICAL, REPAIR,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49659	LAPARO PROC, HERNIA REPAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
49900	REPAIR OF ABDOMINAL WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49904	OMENTAL FLAP, EXTRA-ABDOM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49905	OMENTAL FLAP, INTRA-ABDOM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49906	FREE OMENTAL FLAP, MICROVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
49999	ABDOMEN SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50010	EXPLORATION OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50020	RENAL ABSCESS, OPEN DRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50040	DRAINAGE OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50045	EXPLORATION OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50060	REMOVAL OF KIDNEY STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50065	INCISION OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50070	INCISION OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50075	REMOVAL OF KIDNEY STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
50080	REMOVAL OF KIDNEY STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50081	REMOVAL OF KIDNEY STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50100	REVISE KIDNEY BLOOD VESSELS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50120	EXPLORATION OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50125	EXPLORE AND DRAIN KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50130	REMOVAL OF KIDNEY STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50135	EXPLORATION OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50200	BIOPSY OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50205	BIOPSY OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50220	REMOVE KIDNEY, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50225	REMOVAL KIDNEY OPEN,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50230	REMOVAL KIDNEY OPEN, RADICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50234	REMOVAL OF KIDNEY & URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50236	REMOVAL OF KIDNEY & URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50240	PARTIAL REMOVAL OF KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50250	CRYOABLATE RENAL MASS OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50280	REMOVAL OF KIDNEY LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50290	REMOVAL OF KIDNEY LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50300	REMOVE CADAVER DONOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50320	REMOVE KIDNEY, LIVING DONOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50323	PREP CADAVER RENAL ALLOGRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50325	PREP DONOR RENAL GRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50327	PREP RENAL GRAFT/VENOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50328	PREP RENAL GRAFT/ARTERIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50329	PREP RENAL GRAFT/URETERAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
50340	REMOVAL OF KIDNEY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50360	TRANSPLANTATION OF KIDNEY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50365	TRANSPLANTATION OF KIDNEY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50370	REMOVE TRANSPLANTED KIDNEY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50380	REIMPLANTATION OF KIDNEY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50382	CHANGE URETER STENT, PERCUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50384	REMOVE URETER STENT, PERCUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50385	CHANGE STENT VIA TRANSURETH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50386	REMOVE STENT VIA TRANSURETH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50387	CHANGE EXT/INT URETER STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50389	REMOVE RENAL TUBE W/FLUORO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50390	DRAINAGE OF KIDNEY LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50391	INSTLL RX AGNT INTO RNAL TUB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50395	CREATE PASSAGE TO KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50396	MEASURE KIDNEY PRESSURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50400	REVISION OF KIDNEY/URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50405	REVISION OF KIDNEY/URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50430	Injection procedure for antegrade nephrostogram	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50431	Injection procedure for	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50432	Placement of nephrostomy catheter, percutaneous,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50433	Placement of nephroureteral catheter, percutaneous,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
50434	Convert nephrostomy catheter to nephroureteral catheter,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50435	Exchange nephrostomy catheter, percutaneous,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50500	REPAIR OF KIDNEY WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50520	CLOSE KIDNEY-SKIN FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50525	REPAIR RENAL-ABDOMEN FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50526	REPAIR RENAL-ABDOMEN FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50540	REVISION OF HORSESHOE KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50541	LAPARO ABLATE RENAL CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50542	LAPARO ABLATE RENAL MASS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50543	LAPARO PARTIAL NEPHRECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50544	LAPAROSCOPY, PYELOPLASTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50545	LAPARO RADICAL NEPHRECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50546	LAPAROSCOPIC NEPHRECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50547	LAPARO REMOVAL DONOR KIDNEY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50548	LAPARO REMOVE W/URETER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50549	LAPAROSCOPE PROC, RENAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
50551	KIDNEY ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50553	KIDNEY ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50555	KIDNEY ENDOSCOPY & BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50557	KIDNEY ENDOSCOPY & TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
50561	KIDNEY ENDOSCOPY & TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50562	RENAL SCOPE W/TUMOR RESECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50570	KIDNEY ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50572	KIDNEY ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50574	KIDNEY ENDOSCOPY & BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50575	KIDNEY ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50576	KIDNEY ENDOSCOPY &	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50580	KIDNEY ENDOSCOPY &	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50590	FRAGMENTING OF KIDNEY STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50592	PERC RF ABLATE RENAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50593	PERC CRYO ABLATE RENAL TUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50600	EXPLORATION OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50605	INSERT URETERAL SUPPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50606	Endoluminal biopsy of ureter	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50610	REMOVAL OF URETER STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50620	REMOVAL OF URETER STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50630	REMOVAL OF URETER STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50650	REMOVAL OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50660	REMOVAL OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50684	INJECT FOR URETER X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50686	MEASURE URETER PRESSURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50688	CHANGE OF URETER TUBE/STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
50690	INJECT FOR URETER X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50700	REVISION OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50705	Ureteral embolization or occlusion, including imaging	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50706	Balloon dilation, ureteral stricture, including imaging	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50715	RELEASE OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
50722	RELEASE OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50725	RELEASE/REVISE URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50727	REVISE URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50728	REVISE URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50740	FUSION OF URETER & KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50750	FUSION OF URETER & KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50760	FUSION OF URETERS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50770	SPLICING OF URETERS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50780	REIMPLANT URETER IN BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50782	REIMPLANT URETER IN BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50783	REIMPLANT URETER IN BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50785	REIMPLANT URETER IN BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50800	IMPLANT URETER IN BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50810	FUSION OF URETER & BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50815	URINE SHUNT TO INTESTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50820	CONSTRUCT BOWEL BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50825	CONSTRUCT BOWEL BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50830	REVISE URINE FLOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50840	REPLACE URETER BY BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50845	APPENDICO-VESICOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50860	TRANSPLANT URETER TO SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50900	REPAIR OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
50920	CLOSURE URETER/SKIN FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50930	CLOSURE URETER/BOWEL FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50940	RELEASE OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50945	LAPAROSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50947	LAPARO NEW URETER/BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50948	LAPARO NEW URETER/BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50949	LAPAROSCOPE PROC, URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50951	ENDOSCOPY OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50953	ENDOSCOPY OF URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50955	URETER ENDOSCOPY & BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50957	URETER ENDOSCOPY & TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50961	URETER ENDOSCOPY & TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50970	URETER ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50972	URETER ENDOSCOPY & CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50974	URETER ENDOSCOPY & BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50976	URETER ENDOSCOPY & TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
50980	URETER ENDOSCOPY & TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51000	DRAINAGE OF BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51005	DRAINAGE OF BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
51010	DRAINAGE OF BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51020	INCISE & TREAT BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51030	INCISE & TREAT BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51040	INCISE & DRAIN BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51045	INCISE BLADDER/DRAIN URETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51050	REMOVAL OF BLADDER STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51060	REMOVAL OF URETER STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51065	REMOVE URETER CALCULUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51080	DRAINAGE OF BLADDER ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51100	DRAIN BLADDER BY NEEDLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51101	DRAIN BLADDER BY TROCAR/CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51102	DRAIN BL W/CATH INSERTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51500	REMOVAL OF BLADDER CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51520	REMOVAL OF BLADDER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51525	REMOVAL OF BLADDER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51530	REMOVAL OF BLADDER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
51535	REPAIR OF URETER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51550	PARTIAL REMOVAL OF BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51555	PARTIAL REMOVAL OF BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51565	REVISE BLADDER & URETER(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51570	REMOVAL OF BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51575	REMOVAL OF BLADDER & NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51580	REMOVE BLADDER/REVISE TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51585	REMOVAL OF BLADDER & NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51590	REMOVE BLADDER/REVISE TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51595	REMOVE BLADDER/REVISE TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51596	REMOVE BLADDER/CREATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51597	REMOVAL OF PELVIC STRUCTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51600	INJECT FOR BLADDER X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51605	PREPARATION FOR BLADDER XRAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51610	INJECT FOR BLADDER X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51700	IRRIGATION OF BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51701	INSERT BLADDER CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51702	INSERT TEMP BLADDER CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
51703	INSERT BLADDER CATH, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51705	CHANGE OF BLADDER TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51710	CHANGE OF BLADDER TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51715	ENDOSCOPIC INJECT/IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51720	TREATMENT OF BLADDER LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51725	SIMPLE CYSTOMETROGRAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51726	COMPLEX CYSTOMETROGRAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51727	COMPLEX CYSTOMETROGRAM (IE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51728	COMPLEX CYSTOMETROGRAM (IE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51729	COMPLEX CYSTOMETROGRAM; WITH VOIDING PRESSURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51736	URINE FLOW MEASUREMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51741	ELECTRO-UROFLOWMETRY, FIRST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51772	URETHRA PRESSURE PROFILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51784	ANAL/URINARY MUSCLE STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51785	ANAL/URINARY MUSCLE STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51792	URINARY REFLEX STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51795	URINE VOIDING PRESSURE STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51797	INTRAABDOMINAL PRESSURE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51798	US URINE CAPACITY MEASURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51800	REVISION OF BLADDER/URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51820	REVISION OF URINARY TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51840	ATTACH BLADDER/URETHRA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
51841	ATTACH BLADDER/URETHRA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
51845	REPAIR BLADDER NECK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
51860	REPAIR OF BLADDER WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51865	REPAIR OF BLADDER WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51880	REPAIR OF BLADDER OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51900	REPAIR BLADDER/VAGINA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51920	CLOSE BLADDER-UTERUS FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51925	HYSTERECTOMY/BLADDER REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51940	CORRECTION OF BLADDER DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51960	REVISION OF BLADDER & BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51980	CONSTRUCT BLADDER OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51990	LAPARO URETHRAL SUSPENSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51992	LAPARO SLING OPERATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
51999	LAPAROSCOPE PROC, BLA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
52000	CYSTOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52001	CYSTOSCOPY, REMOVAL OF CLOTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52005	CYSTOSCOPY & URETER CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52007	CYSTOSCOPY AND BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52010	CYSTOSCOPY & DUCT CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52204	CYSTOSCOPY W/BIOPSY(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52214	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52224	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52234	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52235	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52240	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
52250	CYSTOSCOPY AND RADIOTRACER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52260	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52265	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52270	CYSTOSCOPY & REVISE URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52275	CYSTOSCOPY & REVISE URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52276	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52277	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52281	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52282	CYSTOSCOPY, IMPLANT STENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52283	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52285	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52287	CYSTOURETHROSCOPY, WITH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52290	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52300	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52301	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52305	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52310	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52315	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52317	REMOVE BLADDER STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52318	REMOVE BLADDER STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52320	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52325	CYSTOSCOPY, STONE REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
52327	CYSTOSCOPY, INJECT MATERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52330	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52332	CYSTOSCOPY AND TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52334	CREATE PASSAGE TO KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52341	CYSTO W/URETER STRICTURE TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52342	CYSTO W/UP STRICTURE TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52343	CYSTO W/RENAL STRICTURE TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52344	CYSTO/URETERO, STRICTURE TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52345	CYSTO/URETERO W/UP STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52346	CYSTOURETERO W/RENAL STRICT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52351	CYSTOURETERO & OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52352	CYSTOURETERO W/STONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52353	CYSTOURETERO W/LITHOTRIPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52354	CYSTOURETERO W/BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52355	CYSTOURETERO W/EXCISE TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52356	Cystourethroscopy, with	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52400	CYSTOURETERO W/CONGEN REPR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52402	CYSTOURETHRO CUT EJACUL DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52450	INCISION OF PROSTATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52500	REVISION OF BLADDER NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52510	DILATION PROSTATIC URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52601	PROSTATECTOMY (TURP)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52630	REMOVE PROSTATE REGROWTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52640	RELIEVE BLADDER CONTRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
52647	LASER SURGERY OF PROSTATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
52648	LASER SURGERY OF PROSTATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
52649	PROSTATE LASER ENUCLEATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
52700	DRAINAGE OF PROSTATE ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53000	INCISION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53010	INCISION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53020	INCISION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53025	INCISION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53040	DRAINAGE OF URETHRA ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53060	DRAINAGE OF URETHRA ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53080	DRAINAGE OF URINARY LEAKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53085	DRAINAGE OF URINARY LEAKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53200	BIOPSY OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53210	REMOVAL OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53215	REMOVAL OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53220	TREATMENT OF URETHRA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53230	REMOVAL OF URETHRA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53235	REMOVAL OF URETHRA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53240	SURGERY FOR URETHRA POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53250	REMOVAL OF URETHRA GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53260	TREATMENT OF URETHRA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53265	TREATMENT OF URETHRA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53270	REMOVAL OF URETHRA GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53275	REPAIR OF URETHRA DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53400	REVISE URETHRA, STAGE 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
53405	REVISE URETHRA, STAGE 2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53410	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53415	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53420	RECONSTRUCT URETHRA, STAGE 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53425	RECONSTRUCT URETHRA, STAGE 2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53430	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53431	RECONSTRUCT URETHRA/BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53440	MALE SLING PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53442	REMOVE/REVISE MALE SLING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53444	INSERT TANDEM CUFF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53445	INSERT URO/VES NCK SPHINCTER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
53446	REMOVE URO SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53447	REMOVE/REPLACE UR SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53448	REMOV/REPLC UR SPHINCTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53449	REPAIR URO SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53450	REVISION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53460	REVISION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53500	URETHRLYS, TRANSVAG W/ SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53502	REPAIR OF URETHRA INJURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53505	REPAIR OF URETHRA INJURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53510	REPAIR OF URETHRA INJURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53515	REPAIR OF URETHRA INJURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53520	REPAIR OF URETHRA DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53600	DILATE URETHRA STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
53601	DILATE URETHRA STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53605	DILATE URETHRA STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53620	DILATE URETHRA STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53621	DILATE URETHRA STRICTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53660	DILATION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53661	DILATION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53665	DILATION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53850	PROSTATIC MICROWAVE THERMOTX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
53852	PROSTATIC RF THERMOTX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
53853	PROSTATIC WATER THERMOTHER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
53855	INSERT TEMP PROSTATIC URETHRAL STENT, INCLUDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
53899	UROLOGY SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54000	SLITTING OF PREPUCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54001	SLITTING OF PREPUCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54015	DRAIN PENIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54050	DESTRUCTION, PENIS LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54055	DESTRUCTION, PENIS LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54056	CRYOSURGERY, PENIS LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54057	LASER SURG, PENIS LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54060	EXCISION OF PENIS LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54065	DESTRUCTION, PENIS LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
54100	BIOPSY OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54105	BIOPSY OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54110	TREATMENT OF PENIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54111	TREAT PENIS LESION, GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54112	TREAT PENIS LESION, GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54115	TREATMENT OF PENIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54120	PARTIAL REMOVAL OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54125	REMOVAL OF PENIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54130	REMOVE PENIS & NODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54135	REMOVE PENIS & NODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54150	CIRCUMCISION W/REGIONAL BLOCK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54160	CIRCUMCISION, NEONATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54161	CIRCUM 28 DAYS OR OLDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54162	LYSIS PENIL CIRCUMIC LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54163	REPAIR OF CIRCUMCISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
54164	FRENULOTOMY OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54200	TREATMENT OF PENIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54205	TREATMENT OF PENIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54220	TREATMENT OF PENIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54230	PREPARE PENIS STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54231	DYNAMIC CAVERNOSOMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54235	PENILE INJECT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
54240	PENIS STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54250	PENIS STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54300	REVISION OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54304	REVISION OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54308	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54312	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54316	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54318	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54322	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54324	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54326	RECONSTRUCTION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54328	REVISE PENIS/URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54332	REVISE PENIS/URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54336	REVISE PENIS/URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
54340	SECONDARY URETHRAL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54344	SECONDARY URETHRAL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54348	SECONDARY URETHRAL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54352	RECONSTRUCT URETHRA/PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54360	PENIS PLASTIC SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54380	REPAIR PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54385	REPAIR PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54390	REPAIR PENIS AND BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54400	INSERT SEMI-RIGID PROSTHESIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54401	INSERT SELF-CONTD PROSTHESIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54405	INSERT MULTI-COMP PENIS PROS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54406	REMOVE MUTI-COMP PENIS PROS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54408	REPAIR MULTI-COMP PENIS PROS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54410	REMOVE/REPLACE PENIS PROSTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54411	REMOV/REPLC PENIS PROS, COMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54415	REMOVE SELF-CONTD PENIS PROS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54416	REMOV/REPL PENIS CONTAIN PROS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54417	REMOV/REPLC PENIS PROS, COMPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54420	REVISION OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54430	REVISION OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54435	REVISION OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54437	Repair of traumatic corporeal	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54438	Replantation, penis, complete	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54440	REPAIR OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
54450	PREPUTIAL STRETCHING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54500	BIOPSY OF TESTIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54505	BIOPSY OF TESTIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54512	EXCISE LESION TESTIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54520	REMOVAL OF TESTIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54522	ORCHIECTOMY, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54530	REMOVAL OF TESTIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54535	EXTENSIVE TESTIS SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54550	EXPLORATION FOR TESTIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54560	EXPLORATION FOR TESTIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54600	REDUCE TESTIS TORSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54620	SUSPENSION OF TESTIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54640	SUSPENSION OF TESTIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54650	ORCHIOPEXY (FOWLER-STEPHENS)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54660	REVISION OF TESTIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54670	REPAIR TESTIS INJURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54680	RELOCATION OF TESTIS(ES)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54690	LAPAROSCOPY, ORCHIECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54692	LAPAROSCOPY, ORCHIOPEXY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54699	LAPAROSCOPE PROC, TESTIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
54700	DRAINAGE OF SCROTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
54800	BIOPSY OF EPIDIDYMIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54830	REMOVE EPIDIDYMIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54840	REMOVE EPIDIDYMIS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54860	REMOVAL OF EPIDIDYMIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54861	REMOVAL OF EPIDIDYMIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54865	EXPLORE EPIDIDYMIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54900	FUSION OF SPERMATIC DUCTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
54901	FUSION OF SPERMATIC DUCTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55000	DRAINAGE OF HYDROCELE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55040	REMOVAL OF HYDROCELE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55041	REMOVAL OF HYDROCELES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55060	REPAIR OF HYDROCELE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55100	DRAINAGE OF SCROTUM ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55110	EXPLORE SCROTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55120	REMOVAL OF SCROTUM LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55150	REMOVAL OF SCROTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55175	REVISION OF SCROTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55180	REVISION OF SCROTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
55200	INCISION OF SPERM DUCT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
55250	REMOVAL OF SPERM DUCT(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55300	PREPARE, SPERM DUCT X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55400	REPAIR OF SPERM DUCT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55450	LIGATION OF SPERM DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55500	REMOVAL OF HYDROCELE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55520	REMOVAL OF SPERM CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55530	REVISE SPERMATIC CORD VEINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55535	REVISE SPERMATIC CORD VEINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55540	REVISE HERNIA & SPERM VEINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55550	LAPARO LIGATE SPERMATIC VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55559	LAPARO PROC, SPERMATIC CORD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55600	INCISE SPERM DUCT POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55605	INCISE SPERM DUCT POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55650	REMOVE SPERM DUCT POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55680	REMOVE SPERM POUCH LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55700	BIOPSY OF PROSTATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55705	BIOPSY OF PROSTATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55720	DRAINAGE OF PROSTATE ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
55725	DRAINAGE OF PROSTATE ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55801	REMOVAL OF PROSTATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55810	EXTENSIVE PROSTATE SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55812	EXTENSIVE PROSTATE SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55815	EXTENSIVE PROSTATE SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55821	REMOVAL OF PROSTATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55831	REMOVAL OF PROSTATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55840	EXTENSIVE PROSTATE SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55842	EXTENSIVE PROSTATE SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55845	EXTENSIVE PROSTATE SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55860	SURGICAL EXPOSURE, PROSTATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55862	EXTENSIVE PROSTATE SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55865	EXTENSIVE PROSTATE SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55866	LAPARO RADICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55870	ELECTROEJACULATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55873	CRYOABLATE PROSTATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55875	TRANSPERI NEEDLE PLACE, PROS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55876	PLACE RT DEVICE/MARKER, PROS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55899	GENITAL SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
55920	PLACE NEEDLES PELVIC FOR RT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
55970	SEX TRANSFORMATION, M TO F	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
55980	SEX TRANSFORMATION, F TO M	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
56405	I & D OF VULVA/PERINEUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56420	DRAINAGE OF GLAND ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
56440	SURGERY FOR VULVA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56441	LYSIS OF LABIAL LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56442	HYMENOTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56501	DESTROY, VULVA LESIONS, SIM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56515	DESTROY VULVA LESION/S COMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56605	BIOPSY OF VULVA/PERINEUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56606	BIOPSY OF VULVA/PERINEUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56620	PARTIAL REMOVAL OF VULVA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56625	COMPLETE REMOVAL OF VULVA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
56630	EXTENSIVE VULVA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56631	EXTENSIVE VULVA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56632	EXTENSIVE VULVA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56633	EXTENSIVE VULVA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56634	EXTENSIVE VULVA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56637	EXTENSIVE VULVA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56640	EXTENSIVE VULVA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56700	PARTIAL REMOVAL OF HYMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56740	REMOVE VAGINA GLAND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56800	REPAIR OF VAGINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
56805	REPAIR CLITORIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
56810	REPAIR OF PERINEUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56820	EXAM OF VULVA W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
56821	EXAM/BIOPSY OF VULVA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57000	EXPLORATION OF VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57010	DRAINAGE OF PELVIC ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57020	DRAINAGE OF PELVIC FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57022	I & D VAGINAL HEMATOMA, PP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57023	I & D VAG HEMATOMA, NON-OB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57061	DESTROY VAG LESIONS, SIMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57065	DESTROY VAG LESIONS, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57100	BIOPSY OF VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57105	BIOPSY OF VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57106	REMOVE VAGINA WALL, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57107	REMOVE VAGINA TISSUE, PART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57109	VAGINECTOMY PARTIAL W/NODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57110	REMOVE VAGINA WALL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57111	REMOVE VAGINA TISSUE, COMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57112	VAGINECTOMY W/NODES, COMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57120	CLOSURE OF VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57130	REMOVE VAGINA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57135	REMOVE VAGINA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57150	TREAT VAGINA INFECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57155	INSERT UTERI TANDEMS/OVOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57156	INSERT VAG RAD AFTERLOADING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57160	INSERT PESSARY/OTHER DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57170	FITTING OF DIAPHRAGM/CAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57180	TREAT VAGINAL BLEEDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
57200	REPAIR OF VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57210	REPAIR VAGINA/PERINEUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57220	REVISION OF URETHRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57230	REPAIR OF URETHRAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57240	REPAIR BLADDER & VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57250	REPAIR RECTUM & VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57260	REPAIR OF VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57265	EXTENSIVE REPAIR OF VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57267	INSERT MESH/PELVIC FLR ADDON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57268	REPAIR OF BOWEL BULGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57270	REPAIR OF BOWEL POUCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57280	SUSPENSION OF VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57282	COLPOPEXY, EXTRAPERITONEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57283	COLPOPEXY, INTRAPERITONEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57284	REPAIR PARAVAGINAL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57285	REPAIR PARAVAG DEFECT, VAG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57287	REVISE/REMOVE SLING REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57288	REPAIR BLADDER DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57289	REPAIR BLADDER & VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
57291	CONSTRUCTION OF VAGINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
57292	CONSTRUCT VAGINA WITH GRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
57295	REVISE VAG GRAFT VIA VAGINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
57296	REVISE VAG GRAFT, OPEN ABD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
57300	REPAIR RECTUM-VAGINA FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57305	REPAIR RECTUM-VAGINA FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57307	FISTULA REPAIR & COLOSTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57308	FISTULA REPAIR, TRANSPERINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57310	REPAIR URETHROVAGINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57311	REPAIR URETHROVAGINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57320	REPAIR BLADDER-VAGINA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57330	REPAIR BLADDER-VAGINA LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57335	REPAIR VAGINA	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
57400	DILATION OF VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57410	PELVIC EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57415	REMOVE VAGINAL FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57420	EXAM OF VAGINA W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57421	EXAM/BIOPSY OF VAG W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57423	REPAIR PARAVAG DEFECT, LAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57425	LAPAROSCOPY, SURG, COLPOPEXY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57426	REVISION (INCLUDING REMOVAL)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57452	EXAM OF CERVIX W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57454	BX/CURETT OF CERVIX W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57455	BIOPSY OF CERVIX W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
57456	ENDOCERV CURETTAGE W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57460	BX OF CERVIX W/SCOPE, LEEP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57461	CONZ OF CERVIX W/SCOPE, LEEP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57500	BIOPSY OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57505	ENDOCERVICAL CURETTAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57510	CAUTERIZATION OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57511	CRYOCAUTERY OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57513	LASER SURGERY OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57520	CONIZATION OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57522	CONIZATION OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57530	REMOVAL OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57531	REMOVAL OF CERVIX, RADICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57540	REMOVAL OF RESIDUAL CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57545	REMOVE CERVIX/REPAIR PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57550	REMOVAL OF RESIDUAL CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57555	REMOVE CERVIX/REPAIR VAGINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57556	REMOVE CERVIX, REPAIR BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57558	D&C OF CERVICAL STUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57700	REVISION OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57720	REVISION OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
57800	DILATION OF CERVICAL CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58100	BIOPSY OF UTERUS LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58110	BX DONE W/COLPOSCOPY ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58120	DILATION AND CURETTAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58140	MYOMECTOMY ABDOM METHOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58145	MYOMECTOMY VAG METHOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58146	MYOMECTOMY ABDOM COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58150	TOTAL HYSTERECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
58152	TOTAL HYSTERECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58180	PARTIAL HYSTERECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58200	EXTENSIVE HYSTERECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58210	EXTENSIVE HYSTERECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58240	REMOVAL OF PELVIS CONTENTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58260	VAGINAL HYSTERECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58262	VAG HYST INCLUDING T/O	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58263	VAG HYST W/T/O & VAG REPAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58267	VAG HYST W/URINARY REPAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58270	VAG HYST W/ENTEROCELE REPAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58275	HYSTERECTOMY/REVISE VAGINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58280	HYSTERECTOMY/REVISE VAGINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58285	EXTENSIVE HYSTERECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58290	VAG HYST COMPLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58291	VAG HYST INCL T/O, COMPLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58292	VAG HYST T/O & REPAIR, COMPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58293	VAG HYST W/URO REPAIR, COMPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58294	VAG HYST W/ENTEROCELE, COMPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58300	INSERT INTRAUTERINE DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58301	REMOVE INTRAUTERINE DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
58321	ARTIFICIAL INSEMINATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58322	ARTIFICIAL INSEMINATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58323	SPERM WASHING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58340	CATHETER FOR HYSTEROGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58345	REOPEN FALLOPIAN TUBE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58346	INSERT HEYMAN UTERI CAPSULE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58350	REOPEN FALLOPIAN TUBE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58353	ENDOMETR ABLATE, THERMAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58356	ENDOMETRIAL CRYOABLATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58400	SUSPENSION OF UTERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58410	SUSPENSION OF UTERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58520	REPAIR OF RUPTURED UTERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58540	REVISION OF UTERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58541	LSH, UTERUS 250 G OR LESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58542	LSH W/T/O UT 250 G OR LESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58543	LSH UTERUS ABOVE 250 G	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58544	LSH W/T/O UTERUS ABOVE 250 G	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58545	LAPAROSCOPIC MYOMECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
58546	LAPARO-MYOMECTOMY, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58548	LAP RADICAL HYST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58550	LAPARO-ASST VAG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58552	LAPARO-VAG HYST INCL T/O	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58553	LAPARO-VAG HYST, COMPLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58554	LAPARO-VAG HYST W/T/O, COMPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58555	HYSTEROSCOPY, DX, SEP PROC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58558	HYSTEROSCOPY, BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58559	HYSTEROSCOPY, LYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58560	HYSTEROSCOPY, RESECT SEPTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58561	HYSTEROSCOPY, REMOVE MYOMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58562	HYSTEROSCOPY, REMOVE FB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58563	HYSTEROSCOPY, ABLATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58565	HYSTEROSCOPY, STERILIZATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
58570	TLH, UTERUS 250 G OR LESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58571	TLH W/T/O 250 G OR LESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58572	TLH, UTERUS OVER 250 G	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58573	TLH W/T/O UTERUS OVER 250 G	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58578	LAPARO PROC, UTERUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58579	HYSTEROSCOPE PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58600	DIVISION OF FALLOPIAN TUBE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
58605	DIVISION OF FALLOPIAN TUBE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
58611	LIGATE OVIDUCT(S) ADD-ON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
58615	OCCLUDE FALLOPIAN TUBE(S)	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
58660	LAPAROSCOPY, LYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58661	LAPAROSCOPY, REMOVE ADNEXA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
58662	LAPAROSCOPY, EXCISE LESIONS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58670	LAPAROSCOPY, TUBAL CAUTERY	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
58671	LAPAROSCOPY, TUBAL BLOCK	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
58672	LAPAROSCOPY, FIMBRIOPLASTY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58673	LAPAROSCOPY, SALPINGOSTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58679	LAPARO PROC, OVIDUCT-OVARY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58700	REMOVAL OF FALLOPIAN TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58720	REMOVAL OF OVARY/TUBE(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58740	REVISE FALLOPIAN TUBE(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58750	REPAIR OVIDUCT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58752	REVISE OVARIAN TUBE(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58760	REMOVE TUBAL OBSTRUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58770	CREATE NEW TUBAL OPENING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58800	DRAINAGE OF OVARIAN CYST(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58805	DRAINAGE OF OVARIAN CYST(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58820	DRAIN OVARY ABSCESS, OPEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58822	DRAIN OVARY ABSCESS, PERCUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58825	TRANSPOSITION, OVARY(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58900	BIOPSY OF OVARY(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58920	PARTIAL REMOVAL OF OVARY(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58925	REMOVAL OF OVARIAN CYST(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
58940	REMOVAL OF OVARY(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58943	REMOVAL OF OVARY(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58950	RESECT OVARIAN MALIGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58951	RESECT OVARIAN MALIGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58952	RESECT OVARIAN MALIGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58953	TAH, RAD DISSECT FOR DEBULK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58954	TAH RAD DEBULK/LYMPH REMOVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58956	BSO, OMENTECTOMY W/TAH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58957	RESECT RECURRENT GYN MAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58958	RESECT RECUR GYN MAL W/LYM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58960	EXPLORATION OF ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
58970	RETRIEVAL OF OOCYTE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58974	TRANSFER OF EMBRYO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58976	TRANSFER OF EMBRYO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
58999	GENITAL SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59000	AMNIOCENTESIS, DIAGNOSTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59001	AMNIOCENTESIS, THERAPEUTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59012	FETAL CORD PUNCTURE,PRENATAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59015	CHORION BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59020	FETAL CONTRACT STRESS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59025	FETAL NON-STRESS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59030	FETAL SCALP BLOOD SAMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59050	FETAL MONITOR W/REPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59051	FETAL MONITOR/INTERPRET ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
59070	TRANSABDOM AMNIOINFUS W/US	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59072	UMBILICAL CORD OCCLUD W/US	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59074	FETAL FLUID DRAINAGE W/US	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59076	FETAL SHUNT PLACEMENT, W/US	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59100	REMOVE UTERUS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59120	TREAT ECTOPIC PREGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59121	TREAT ECTOPIC PREGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59130	TREAT ECTOPIC PREGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59135	TREAT ECTOPIC PREGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59136	TREAT ECTOPIC PREGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59140	TREAT ECTOPIC PREGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59150	TREAT ECTOPIC PREGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59151	TREAT ECTOPIC PREGNANCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59160	D & C AFTER DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59200	INSERT CERVICAL DILATOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59300	EPISIOTOMY OR VAGINAL REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59320	REVISION OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59325	REVISION OF CERVIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59350	REPAIR OF UTERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
59400	OBSTETRICAL CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59409	OBSTETRICAL CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59410	OBSTETRICAL CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59412	ANTEPARTUM MANIPULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59414	DELIVER PLACENTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59425	ANTEPARTUM CARE ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59426	ANTEPARTUM CARE ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59430	CARE AFTER DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59510	CESAREAN DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59514	CESAREAN DELIVERY ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59515	CESAREAN DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59525	REMOVE UTERUS AFTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59610	VBAC DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59612	VBAC DELIVERY ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59614	VBAC CARE AFTER DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59618	ATTEMPTED VBAC DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59620	ATTEMPTED VBAC DELIVERY ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59622	ATTEMPTED VBAC AFTER CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59812	TREATMENT OF MISCARRIAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59820	CARE OF MISCARRIAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59821	TREATMENT OF MISCARRIAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
59830	TREAT UTERUS INFECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59840	ABORTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59841	ABORTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59850	ABORTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59851	ABORTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59852	ABORTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59855	ABORTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59856	ABORTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59857	ABORTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59866	ABORTION (MPR)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59870	EVACUATE MOLE OF UTERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59871	REMOVE CERCLAGE SUTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
59897	FETAL INVAS PX W/US	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59898	LAPARO PROC, OB CARE/DELIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
59899	MATERNITY CARE PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
60000	DRAIN THYROID/TONGUE CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60001	ASPIRATE/INJECT THYRIOD CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60100	BIOPSY OF THYROID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60200	REMOVE THYROID LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60210	PARTIAL THYROID EXCISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60212	PARTIAL THYROID EXCISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60220	PARTIAL REMOVAL OF THYROID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60225	PARTIAL REMOVAL OF THYROID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60240	REMOVAL OF THYROID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
60252	REMOVAL OF THYROID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60254	EXTENSIVE THYROID SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60260	REPEAT THYROID SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60270	REMOVAL OF THYROID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60271	REMOVAL OF THYROID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60280	REMOVE THYROID DUCT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60281	REMOVE THYROID DUCT LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60300	ASPIR/INJ THYROID CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60500	EXPLORE PARATHYROID GLANDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60502	RE-EXPLORE PARATHYROIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60505	EXPLORE PARATHYROID GLANDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60512	AUTOTRANSPLANT PARATHYROID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60520	REMOVAL OF THYMUS GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60521	REMOVAL OF THYMUS GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60522	REMOVAL OF THYMUS GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60540	EXPLORE ADRENAL GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60545	EXPLORE ADRENAL GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60600	REMOVE CAROTID BODY LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60605	REMOVE CAROTID BODY LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60650	LAPAROSCOPY ADRENALECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
60659	LAPARO PROC, ENDOCRINE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
60699	ENDOCRINE SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
61000	REMOVE CRANIAL CAVITY FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61001	REMOVE CRANIAL CAVITY FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
61020	REMOVE BRAIN CAVITY FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61026	INJECT INTO BRAIN CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61050	REMOVE BRAIN CANAL FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61055	INJECT INTO BRAIN CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61070	BRAIN CANAL SHUNT PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61105	TWIST DRILL HOLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61107	DRILL SKULL FOR IMPLANTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61108	DRILL SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61120	BURR HOLE FOR PUNCTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61140	PIERCE SKULL FOR BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61150	PIERCE SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61151	PIERCE SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61154	PIERCE SKULL & REMOVE CLOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61156	PIERCE SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61210	PIERCE SKULL, IMPLANT DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61215	INSERT BRAIN-FLUID DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61250	PIERCE SKULL & EXPLORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61253	PIERCE SKULL & EXPLORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61304	OPEN SKULL FOR EXPLORATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61305	OPEN SKULL FOR EXPLORATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61312	OPEN SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61313	OPEN SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61314	OPEN SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61315	OPEN SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
61316	IMPLT CRAN BONE FLAP TO ABDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61320	OPEN SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61321	OPEN SKULL FOR DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61322	DECOMPRESSIVE CRANIOTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61323	DECOMPRESSIVE LOBECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61330	DECOMPRESS EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61332	EXPLORE/BIOPSY EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61333	EXPLORE ORBIT/REMOVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61334	EXPLORE ORBIT/REMOVE OBJECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61340	SUBTEMPORAL DECOMPRESSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61343	INCISE SKULL (PRESS RELIEF)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61345	RELIEVE CRANIAL PRESSURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61440	INCISE SKULL FOR SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61450	INCISE SKULL FOR SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61458	INCISE SKULL FOR BRAIN WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61460	INCISE SKULL FOR SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61470	INCISE SKULL FOR SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61480	INCISE SKULL FOR SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61490	INCISE SKULL FOR SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
61500	REMOVAL OF SKULL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61501	REMOVE INFECTED SKULL BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61510	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61512	REMOVE BRAIN LINING LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61514	REMOVAL OF BRAIN ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61516	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61517	IMPLT BRAIN CHEMOTX ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61518	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61519	REMOVE BRAIN LINING LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61520	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61521	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61522	REMOVAL OF BRAIN ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61524	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61526	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61530	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61531	IMPLANT BRAIN ELECTRODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61533	IMPLANT BRAIN ELECTRODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61534	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61535	REMOVE BRAIN ELECTRODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61536	REMOVAL OF BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61537	REMOVAL OF BRAIN TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
61538	REMOVAL OF BRAIN TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61539	REMOVAL OF BRAIN TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61540	REMOVAL OF BRAIN TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61541	INCISION OF BRAIN TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61542	REMOVAL OF BRAIN TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61543	REMOVAL OF BRAIN TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61544	REMOVE & TREAT BRAIN LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61545	EXCISION OF BRAIN TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61546	REMOVAL OF PITUITARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61548	REMOVAL OF PITUITARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61550	RELEASE OF SKULL SEAMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61552	RELEASE OF SKULL SEAMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61556	INCISE SKULL/SUTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61557	INCISE SKULL/SUTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61558	EXCISION OF SKULL/SUTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61559	EXCISION OF SKULL/SUTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61563	EXCISION OF SKULL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61564	EXCISION OF SKULL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61566	REMOVAL OF BRAIN TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61567	INCISION OF BRAIN TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61570	REMOVE FOREIGN BODY, BRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61571	INCISE SKULL FOR BRAIN WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61575	SKULL BASE/BRAINSTEM SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61576	SKULL BASE/BRAINSTEM SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61580	CRANIOFACIAL APPROACH, SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
61581	CRANIOFACIAL APPROACH, SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61582	CRANIOFACIAL APPROACH, SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61583	CRANIOFACIAL APPROACH, SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61584	ORBITOCRANIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61585	ORBITOCRANIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61586	RESECT NASOPHARYNX, SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61590	INFRATEMPORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61591	INFRATEMPORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61592	ORBITOCRANIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61595	TRANSTEMPORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61596	TRANSCOCHLEAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61597	TRANSCONDYLAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61598	TRANSPETROSAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61600	RESECT/EXCISE CRANIAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61601	RESECT/EXCISE CRANIAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61605	RESECT/EXCISE CRANIAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61606	RESECT/EXCISE CRANIAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61607	RESECT/EXCISE CRANIAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61608	RESECT/EXCISE CRANIAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61609	TRANSECT ARTERY, SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61610	TRANSECT ARTERY, SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61611	TRANSECT ARTERY, SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61612	TRANSECT ARTERY, SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61613	REMOVE ANEURYSM, SINUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61615	RESECT/EXCISE LESION, SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61616	RESECT/EXCISE LESION, SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61618	REPAIR DURA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61619	REPAIR DURA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61623	ENDOVASC TEMPORARY VESSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61624	TRANSCATH OCCLUSION, CNS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
61626	TRANSCATH OCCLUSION, NON-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61630	INTRACRANIAL ANGIOPLASTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61635	INTRACRAN ANGIOPLSTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61640	DILATE IC VASOSPASM, INIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61641	DILATE IC VASOSPASM ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61642	DILATE IC VASOSPASM ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61645	Percutaneous arterial transluminal mechanical	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61650	Endovascular intracranial	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61651	Endovascular intracranial	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61680	INTRACRANIAL VESSEL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61682	INTRACRANIAL VESSEL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61684	INTRACRANIAL VESSEL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61686	INTRACRANIAL VESSEL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61690	INTRACRANIAL VESSEL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61692	INTRACRANIAL VESSEL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61697	BRAIN ANEURYSM REPR, COMPLX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61698	BRAIN ANEURYSM REPR, COMPLX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61700	BRAIN ANEURYSM REPR, SIMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61702	INNER SKULL VESSEL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61703	CLAMP NECK ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61705	REVISE CIRCULATION TO HEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61708	REVISE CIRCULATION TO HEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61710	REVISE CIRCULATION TO HEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61711	FUSION OF SKULL ARTERIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61720	INCISE SKULL/BRAIN SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
61735	INCISE SKULL/BRAIN SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61750	INCISE SKULL/BRAIN BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61751	BRAIN BIOPSY W/CT/MR GUIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61760	IMPLANT BRAIN ELECTRODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61770	INCISE SKULL FOR TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61781	STEREOTACTIC COMPUTER-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61782	STEREOTACTIC COMPUTER-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61783	STEREOTACTIC COMPUTER-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61790	TREAT TRIGEMINAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61791	TREAT TRIGEMINAL TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61797	STEREOTACTIC RADIOSURGERY EACH ADDITIONAL CRANIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61798	STEREOTACTIC RADIOSURGERY 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61799	STEREOTACTIC RADIOSURGERY EACH ADDITIONAL CRANIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61850	IMPLANT NEUROELECTRODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61860	IMPLANT NEUROELECTRODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61863	IMPLANT NEUROELECTRODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61864	IMPLANT NEUROELECTRDE, ADDL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61867	IMPLANT NEUROELECTRODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61868	IMPLANT NEUROELECTRDE, ADD'L	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61870	IMPLANT NEUROELECTRODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
61875	IMPLANT NEUROELECTRODES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61880	REVISE/REMOVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61885	INSRT/REDO NEUROSTIM 1 ARRAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61886	IMPLANT NEUROSTIM ARRAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
61888	REVISE/REMOVE NEUORECEIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62000	TREAT SKULL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62005	TREAT SKULL FRACTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62010	TREATMENT OF HEAD INJURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62100	REPAIR BRAIN FLUID LEAKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62115	REDUCTION OF SKULL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62116	REDUCTION OF SKULL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62117	REDUCTION OF SKULL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62120	REPAIR SKULL CAVITY LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62121	INCISE SKULL REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62140	REPAIR OF SKULL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62141	REPAIR OF SKULL DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62142	REMOVE SKULL PLATE/FLAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62143	REPLACE SKULL PLATE/FLAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62145	REPAIR OF SKULL & BRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62146	REPAIR OF SKULL WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62147	REPAIR OF SKULL WITH GRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62148	RETR BONE FLAP TO FIX SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62160	NEUROENDOSCOPY ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62161	DISSECT BRAIN W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62162	REMOVE COLLOID CYST W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
62163	NEUROENDOSCOPY W/FB REMOVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62164	REMOVE BRAIN TUMOR W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62165	REMOVE PITUIT TUMOR W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62180	ESTABLISH BRAIN CAVITY SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62190	ESTABLISH BRAIN CAVITY SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62192	ESTABLISH BRAIN CAVITY SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62194	REPLACE/IRRIGATE CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62200	ESTABLISH BRAIN CAVITY SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62201	BRAIN CAVITY SHUNT W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62220	ESTABLISH BRAIN CAVITY SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62223	ESTABLISH BRAIN CAVITY SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62225	REPLACE/IRRIGATE CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62230	REPLACE/REVISE BRAIN SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62252	CSF SHUNT REPROGRAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62256	REMOVE BRAIN CAVITY SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62258	REPLACE BRAIN CAVITY SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62263	EPIDURAL LYSIS MULT SESSIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62264	EPIDURAL LYSIS ON SINGLE DAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62268	DRAIN SPINAL CORD CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62269	NEEDLE BIOPSY, SPINAL CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62270	SPINAL FLUID TAP, DIAGNOSTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62272	DRAIN CEREBRO SPINAL FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62273	INJECT EPIDURAL PATCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62280	TREAT SPINAL CORD LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62281	TREAT SPINAL CORD LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
62282	TREAT SPINAL CANAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62284	INJECT FOR MYELOGRAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62287	PERCUTANEOUS DISKECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62290	INJECT FOR SPINE DISK X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62291	INJECT FOR SPINE DISK X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62292	INJECT INTO DISK LESION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62294	INJECT INTO SPINAL ARTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62310	INJECT SPINE C/T	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62311	INJECT SPINE L/S (CD)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62318	INJECT SPINE W/CATH, C/T	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62319	INJECT SPINE W/CATH L/S (CD)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62350	IMPLANT SPINAL CANAL CATH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62351	IMPLANT SPINAL CANAL CATH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62355	REMOVE SPINAL CANAL CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62360	INSERT SPINE INFUSION DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62361	IMPLANT SPINE INFUSION PUMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62362	IMPLANT SPINE INFUSION PUMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
62365	REMOVE SPINE INFUSION DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62367	ANALYZE SPINE INFUSION PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62368	ANALYZE SPINE INFUSION PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62369	ANALYZE IMPLANTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
62370	ANALYZE IMPLANTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63001	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63003	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63005	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63011	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63012	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63015	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
63016	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63017	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63020	NECK SPINE DISK SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63030	LOW BACK DISK SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63035	SPINAL DISK SURGERY ADD-ON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63040	LAMINOTOMY, SINGLE CERVICAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63042	LAMINOTOMY, SINGLE LUMBAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63043	LAMINOTOMY, ADD'L CERVICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63044	LAMINOTOMY, ADD'L LUMBAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63045	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63046	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63047	REMOVAL OF SPINAL LAMINA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63048	REMOVE SPINAL LAMINA ADD-ON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63050	CERVICAL LAMINOPLASTY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63051	C-LAMINOPLASTY W/GRAFT/PLATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63055	DECOMPRESS SPINAL CORD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
63056	DECOMPRESS SPINAL CORD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63057	DECOMPRESS SPINE CORD ADD-ON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63064	DECOMPRESS SPINAL CORD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63066	DECOMPRESS SPINE CORD ADD-ON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63075	NECK SPINE DISK SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63076	NECK SPINE DISK SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63077	SPINE DISK SURGERY, THORAX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63078	SPINE DISK SURGERY, THORAX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63081	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63082	REMOVE VERTEBRAL BODY ADD-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63085	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63086	REMOVE VERTEBRAL BODY ADD-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63087	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63088	REMOVE VERTEBRAL BODY ADD-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63090	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63091	REMOVE VERTEBRAL BODY ADD-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63101	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63102	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63103	REMOVE VERTEBRAL BODY ADD-ON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63170	INCISE SPINAL CORD TRACT(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63172	DRAINAGE OF SPINAL CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63173	DRAINAGE OF SPINAL CYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
63180	REVISE SPINAL CORD LIGAMENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63182	REVISE SPINAL CORD LIGAMENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63185	INCISE SPINAL COLUMN/NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63190	INCISE SPINAL COLUMN/NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63191	INCISE SPINAL COLUMN/NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63194	INCISE SPINAL COLUMN & CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63195	INCISE SPINAL COLUMN & CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63196	INCISE SPINAL COLUMN & CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63197	INCISE SPINAL COLUMN & CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63198	INCISE SPINAL COLUMN & CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63199	INCISE SPINAL COLUMN & CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63200	RELEASE OF SPINAL CORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63250	REVISE SPINAL CORD VESSELS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63251	REVISE SPINAL CORD VESSELS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63252	REVISE SPINAL CORD VESSELS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63265	EXCISE INTRASPINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63266	EXCISE INTRASPINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63267	EXCISE INTRASPINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63268	EXCISE INTRASPINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63270	EXCISE INTRASPINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
63271	EXCISE INTRASPINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63272	EXCISE INTRASPINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63273	EXCISE INTRASPINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63275	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63276	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63277	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63278	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63280	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63281	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63282	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63283	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63285	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
63286	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63287	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63290	BIOPSY/EXCISE SPINAL TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63295	REPAIR OF LAMINECTOMY DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63300	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63301	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63302	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63303	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63304	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63305	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63306	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63307	REMOVAL OF VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63308	REMOVE VERTEBRAL BODY ADD-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63600	REMOVE SPINAL CORD LESION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63610	STIMULATION OF SPINAL CORD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63615	REMOVE LESION OF SPINAL CORD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63620	STEREOTACTIC RADIOSURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63621	STEREOTACTIC RADIOSURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63650	IMPLANT NEUROELECTRODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63655	IMPLANT NEUROELECTRODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63660	REVISE/REMOVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63661	REMOVAL OF SPINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63662	REMOVAL OF SPINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63663	REVISION INCLUDING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
63664	REVISION INCLUDING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63685	INSRT/REDO SPINE N GENERATOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63688	REVISE/REMOVE NEUORECEIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63700	REPAIR OF SPINAL HERNIATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63702	REPAIR OF SPINAL HERNIATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63704	REPAIR OF SPINAL HERNIATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63706	REPAIR OF SPINAL HERNIATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63707	REPAIR SPINAL FLUID LEAKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63709	REPAIR SPINAL FLUID LEAKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63710	GRAFT REPAIR OF SPINE DEFECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63740	INSTALL SPINAL SHUNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63741	INSTALL SPINAL SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
63744	REVISION OF SPINAL SHUNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
63746	REMOVAL OF SPINAL SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64400	N BLOCK INJ, TRIGEMINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64402	N BLOCK INJ, FACIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64405	N BLOCK INJ, OCCIPITAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64408	N BLOCK INJ, VAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64410	N BLOCK INJ, PHRENIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64413	N BLOCK INJ, CERVICAL PLEXUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64415	N BLOCK INJ, BRACHIAL PLEXUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
64416	N BLOCK CONT INFUSE, B PLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64417	N BLOCK INJ, AXILLARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64418	N BLOCK INJ, SUPRASCAPULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64420	N BLOCK INJ, INTERCOST, SNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64421	N BLOCK INJ, INTERCOST, MLT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64425	N BLOCK INJ, ILIO-ING/HYPOGI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64430	N BLOCK INJ, PUDENDAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64435	N BLOCK INJ, PARACERVICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64445	N BLOCK INJ, SCIATIC, SNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64446	N BLK INJ, SCIATIC, CONT INF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64447	N BLOCK INJ FEM, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64448	N BLOCK INJ FEM, CONT INF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64449	N BLOCK INJ, LUMBAR PLEXUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64450	N BLOCK, OTHER PERIPHERAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64455	INJECT(S), ANESTHETIC AGENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64461	Paravertebral block (PVB)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64462	Paravertebral block (PVB)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64463	Paravertebral block (PVB)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64479	INJ FORAMEN EPIDURAL C/T	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64480	INJ FORAMEN EPIDURAL ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64483	INJ FORAMEN EPIDURAL L/S	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64484	INJ FORAMEN EPIDURAL ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64490	INJECT, DIAGNOSTIC OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64491	INJECT, DIAGNOSTIC OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64492	INJECT, DIAGNOSTIC OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64493	INJECT, DIAGNOSTIC OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
64494	INJECT, DIAGNOSTIC OR THERAPEUTIC AGENT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64495	INJECT, DIAGNOSTIC OR THERAPEUTIC AGENT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64505	N BLOCK, SPENOPALATINE GANGL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64508	N BLOCK, CAROTID SINUS S/P	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64510	N BLOCK, STELLATE GANGLION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64517	N BLOCK INJ, HYPOGAS PLXS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64520	N BLOCK, LUMBAR/THORACIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64530	N BLOCK INJ, CELIAC PELUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64550	APPLY NEUROSTIMULATOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64553	IMPLANT NEUROELECTRODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64555	IMPLANT NEUROELECTRODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64561	IMPLANT NEUROELECTRODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64565	IMPLANT NEUROELECTRODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64566	POST TIBIAL NEUROSTIM, PERC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64568	INCISION FOR IMPLANT CRANIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64569	REVISE/REPLACE CRANIAL NERVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64570	REMOVE CRANIAL NERVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64575	IMPLANT NEUROELECTRODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64580	IMPLANT NEUROELECTRODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64581	IMPLANT NEUROELECTRODES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
64585	REVISE/REMOVE NEUROELECTRODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64590	INSRT/REDO PN/GASTR STIMUL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64595	REVISE/RMV PN/GASTR STIMUL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64600	INJECT TREATMENT OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64605	INJECT TREATMENT OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64610	INJECT TREATMENT OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64611	CHEMODENERVATION OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64612	DESTROY NERVE, FACE MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64615	CHEMODENERVATION OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64617	Chemodenervation of muscle(s);	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64620	INJECT TREATMENT OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64630	INJECT TREATMENT OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64632	DESTRUCTION BY NEUROLYTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64633	DESTROY NEURO AGENT PARAVERTEBRAL FACET JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64634	DESTROY NEURO AGENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64635	DESTROY NEURO AGENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64636	DESTROY NEURO AGENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64640	INJECT TREATMENT OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64642	Chemodenervation of one extremity; 1-4 muscle(s)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64643	Chemodenervation of one extremity; each additional	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64644	Chemodenervation of one extremity; 5 or more muscles	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
64645	Chemodenervation of one extremity; each additional	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64650	CHEMODENERV ECCRINE GLANDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64653	CHEMODENERV ECCRINE GLANDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64680	INJECT TREATMENT OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64681	INJECT TREATMENT OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64702	REVISE FINGER/TOE NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64704	REVISE HAND/FOOT NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64708	REVISE ARM/LEG NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64712	REVISION OF SCIATIC NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64713	REVISION OF ARM NERVE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64714	REVISE LOW BACK NERVE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64716	REVISION OF CRANIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64718	REVISE ULNAR NERVE AT ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64719	REVISE ULNAR NERVE AT WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64721	CARPAL TUNNEL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
64722	RELIEVE PRESSURE ON NERVE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64726	RELEASE FOOT/TOE NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64727	INTERNAL NERVE REVISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64732	INCISION OF BROW NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64734	INCISION OF CHEEK NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64736	INCISION OF CHIN NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64738	INCISION OF JAW NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64740	INCISION OF TONGUE NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64742	INCISION OF FACIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64744	INCISE NERVE, BACK OF HEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64746	INCISE DIAPHRAGM NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64752	INCISION OF VAGUS NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64755	INCISION OF STOMACH NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64760	INCISION OF VAGUS NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64761	INCISION OF PELVIS NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64763	INCISE HIP/THIGH NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64766	INCISE HIP/THIGH NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64771	SEVER CRANIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64772	INCISION OF SPINAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64774	REMOVE SKIN NERVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64776	REMOVE DIGIT NERVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64778	DIGIT NERVE SURGERY ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64782	REMOVE LIMB NERVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64783	LIMB NERVE SURGERY ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64784	REMOVE NERVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64786	REMOVE SCIATIC NERVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64787	IMPLANT NERVE END	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
64788	REMOVE SKIN NERVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64790	REMOVAL OF NERVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64792	REMOVAL OF NERVE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64795	BIOPSY OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64802	REMOVE SYMPATHETIC NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64804	REMOVE SYMPATHETIC NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64809	REMOVE SYMPATHETIC NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64818	REMOVE SYMPATHETIC NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64820	REMOVE SYMPATHETIC NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64821	REMOVE SYMPATHETIC NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64822	REMOVE SYMPATHETIC NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64823	REMOVE SYMPATHETIC NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64831	REPAIR OF DIGIT NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64832	REPAIR NERVE ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64834	REPAIR HAND/FOOT NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64835	REPAIR HAND/FOOT NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64836	REPAIR HAND/FOOT NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64837	REPAIR NERVE ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
64840	REPAIR OF LEG NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64856	REPAIR/TRANSPOSE NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64857	REPAIR ARM/LEG NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64858	REPAIR SCIATIC NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64859	NERVE SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
64861	REPAIR OF ARM NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64862	REPAIR OF LOW BACK NERVES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64864	REPAIR OF FACIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64865	REPAIR OF FACIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64866	FUSION OF FACIAL/OTHER NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64868	FUSION OF FACIAL/OTHER NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64870	FUSION OF FACIAL/OTHER NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64872	SUBSEQUENT REPAIR OF NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64874	REPAIR & REVISE NERVE ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64876	REPAIR NERVE/SHORTEN BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64885	NERVE GRAFT, HEAD OR NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64886	NERVE GRAFT, HEAD OR NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64890	NERVE GRAFT, HAND OR FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64891	NERVE GRAFT, HAND OR FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64892	NERVE GRAFT, ARM OR LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64893	NERVE GRAFT, ARM OR LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64895	NERVE GRAFT, HAND OR FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64896	NERVE GRAFT, HAND OR FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64897	NERVE GRAFT, ARM OR LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64898	NERVE GRAFT, ARM OR LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
64901	NERVE GRAFT ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64902	NERVE GRAFT ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64905	NERVE PEDICLE TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64907	NERVE PEDICLE TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64910	NERVE REPAIR W/ALLOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64911	NEURORRAPHY W/VEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
64999	NERVOUS SYSTEM SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
65091	REVISE EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65093	REVISE EYE WITH IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65101	REMOVAL OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65103	REMOVE EYE/INSERT IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65105	REMOVE EYE/ATTACH IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65110	REMOVAL OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65112	REMOVE EYE/REVISE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65114	REMOVE EYE/REVISE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65125	REVISE OCULAR IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65130	INSERT OCULAR IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65135	INSERT OCULAR IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65140	ATTACH OCULAR IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65150	REVISE OCULAR IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65155	REINSERT OCULAR IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65175	REMOVAL OF OCULAR IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65205	REMOVE FOREIGN BODY FROM EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
65210	REMOVE FOREIGN BODY FROM EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65220	REMOVE FOREIGN BODY FROM EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65222	REMOVE FOREIGN BODY FROM EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65235	REMOVE FOREIGN BODY FROM EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65260	REMOVE FOREIGN BODY FROM EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65265	REMOVE FOREIGN BODY FROM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65270	REPAIR OF EYE WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65272	REPAIR OF EYE WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65273	REPAIR OF EYE WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65275	REPAIR OF EYE WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65280	REPAIR OF EYE WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65285	REPAIR OF EYE WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65286	REPAIR OF EYE WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65290	REPAIR OF EYE SOCKET WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65400	REMOVAL OF EYE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65410	BIOPSY OF CORNEA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65420	REMOVAL OF EYE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
65426	REMOVAL OF EYE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65430	CORNEAL SMEAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65435	CURETTE/TREAT CORNEA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65436	CURETTE/TREAT CORNEA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65450	TREATMENT OF CORNEAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65600	REVISION OF CORNEA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65710	CORNEAL TRANSPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65730	CORNEAL TRANSPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65750	CORNEAL TRANSPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65755	CORNEAL TRANSPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65756	KERATOPLASTY ENDOTHELIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65760	REVISION OF CORNEA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65765	REVISION OF CORNEA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
65767	CORNEAL TISSUE TRANSPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65770	REVISE CORNEA WITH IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65771	RADIAL KERATOTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
65772	CORRECTION OF ASTIGMATISM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
65775	CORRECTION OF ASTIGMATISM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SELF-RETAINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE LAYER, SUTURED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65780	OCULAR RECONST, TRANSPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
65781	OCULAR RECONST, TRANSPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65782	OCULAR RECONST, TRANSPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65785	Implantation of intrastromal corneal ring segments	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65800	DRAINAGE OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65805	DRAINAGE OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65810	DRAINAGE OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65815	DRAINAGE OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65820	RELIEVE INNER EYE PRESSURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65850	INCISION OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65855	LASER SURGERY OF EYE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
65860	INCISE INNER EYE ADHESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65865	INCISE INNER EYE ADHESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65870	INCISE INNER EYE ADHESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65875	INCISE INNER EYE ADHESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65880	INCISE INNER EYE ADHESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
65900	REMOVE EYE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65920	REMOVE IMPLANT OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
65930	REMOVE BLOOD CLOT FROM EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66020	INJECT TREATMENT OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66030	INJECT TREATMENT OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66130	REMOVE EYE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66150	GLAUCOMA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66155	GLAUCOMA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66160	GLAUCOMA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66165	GLAUCOMA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66170	GLAUCOMA SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66172	INCISION OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66174	TRANSLUMINAL DILATION OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66175	TRANSLUMINAL DILATION OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66180	IMPLANT EYE SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66183	Insertion of anterior segment	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66185	REVISE EYE SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66220	REPAIR EYE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66225	REPAIR/GRAFT EYE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66250	FOLLOW-UP SURGERY OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66500	INCISION OF IRIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66505	INCISION OF IRIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66600	REMOVE IRIS AND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66605	REMOVAL OF IRIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66625	REMOVAL OF IRIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66630	REMOVAL OF IRIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66635	REMOVAL OF IRIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66680	REPAIR IRIS & CILIARY BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
66682	REPAIR IRIS & CILIARY BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66700	DESTRUCTION, CILIARY BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66710	CILIARY TRANSSLERAL THERAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66711	CILIARY ENDOSCOPIC ABLATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66720	DESTRUCTION, CILIARY BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66740	DESTRUCTION, CILIARY BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66761	REVISION OF IRIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66762	REVISION OF IRIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66770	REMOVAL OF INNER EYE LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66820	INCISION, SECONDARY CATARACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66821	AFTER CATARACT LASER SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66825	REPOSITION INTRAOCULAR LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66830	REMOVAL OF LENS LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66840	REMOVAL OF LENS MATERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66850	REMOVAL OF LENS MATERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66852	REMOVAL OF LENS MATERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66920	EXTRACTION OF LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66930	EXTRACTION OF LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66940	EXTRACTION OF LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66982	CATARACT SURGERY, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66983	CATARACT SURG W/IOL, 1 STAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66984	CATARACT SURG W/IOL, 1 STAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66985	INSERT LENS PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
66986	EXCHANGE LENS PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66990	OPHTHALMIC ENDOSCOPE ADD-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
66999	EYE SURGERY PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67005	PARTIAL REMOVAL OF EYE FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67010	PARTIAL REMOVAL OF EYE FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67015	RELEASE OF EYE FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67025	REPLACE EYE FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67027	IMPLANT EYE DRUG SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67028	INJECT EYE DRUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67030	INCISE INNER EYE STRANDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67031	LASER SURGERY, EYE STRANDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67036	REMOVAL OF INNER EYE FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67038	STRIP RETINAL MEMBRANE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67039	LASER TREATMENT OF RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67040	LASER TREATMENT OF RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67041	VIT FOR MACULAR PUCKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67042	VIT FOR MACULAR HOLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67043	VIT FOR MEMBRANE DISSECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67101	REPAIR DETACHED RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67105	REPAIR DETACHED RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67107	REPAIR DETACHED RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67108	REPAIR DETACHED RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67110	REPAIR DETACHED RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67113	REPAIR RETINAL DETACH, CPLX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67115	RELEASE ENCIRCLING MATERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67120	REMOVE EYE IMPLANT MATERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
67121	REMOVE EYE IMPLANT MATERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67141	TREATMENT OF RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67145	TREATMENT OF RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67208	TREATMENT OF RETINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67210	TREATMENT OF RETINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67218	TREATMENT OF RETINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67220	TREATMENT OF CHOROID LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67221	OCULAR PHOTODYNAMIC THER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67225	EYE PHOTODYNAMIC THER ADD-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67227	TREATMENT OF RETINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67228	TREATMENT OF RETINAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67229	TR RETINAL LES PRETERM INF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67250	REINFORCE EYE WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67255	REINFORCE/GRAFT EYE WALL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67299	EYE SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67311	REVISE EYE MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67312	REVISE TWO EYE MUSCLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67314	REVISE EYE MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67316	REVISE TWO EYE MUSCLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67318	REVISE EYE MUSCLE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67320	REVISE EYE MUSCLE(S) ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67331	EYE SURGERY FOLLOW-UP ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67332	REREVISE EYE MUSCLES ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67334	REVISE EYE MUSCLE W/SUTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67335	EYE SUTURE DURING SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
67340	REVISE EYE MUSCLE ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67343	RELEASE EYE TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67345	DESTROY NERVE OF EYE MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67346	BIOPSY, EYE MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67399	EYE MUSCLE SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67400	EXPLORE/BIOPSY EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67405	EXPLORE/DRAIN EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67412	EXPLORE/TREAT EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67413	EXPLORE/TREAT EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67414	EXPLR/DECOMPRESS EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67415	ASPIRATION, ORBITAL CONTENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67420	EXPLORE/TREAT EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67430	EXPLORE/TREAT EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67440	EXPLORE/DRAIN EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67445	EXPLR/DECOMPRESS EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67450	EXPLORE/BIOPSY EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67500	INJECT/TREAT EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67505	INJECT/TREAT EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67515	INJECT/TREAT EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67550	INSERT EYE SOCKET IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67560	REVISE EYE SOCKET IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67570	DECOMPRESS OPTIC NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67599	ORBIT SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67700	DRAINAGE OF EYELID ABSCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67710	INCISION OF EYELID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67715	INCISION OF EYELID FOLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
67800	REMOVE EYELID LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67801	REMOVE EYELID LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67805	REMOVE EYELID LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67808	REMOVE EYELID LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67810	BIOPSY OF EYELID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67820	REVISE EYELASHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67825	REVISE EYELASHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67830	REVISE EYELASHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67835	REVISE EYELASHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67840	REMOVE EYELID LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67850	TREAT EYELID LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67875	CLOSURE OF EYELID BY SUTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67880	REVISION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67882	REVISION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67900	REPAIR BROW DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67901	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67902	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
67903	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67904	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67906	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67908	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67909	REVISE EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67911	REVISE EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67912	CORRECTION EYELID W/IMPLANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67914	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67915	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67916	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67917	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67921	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67922	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67923	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67924	REPAIR EYELID DEFECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67930	REPAIR EYELID WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67935	REPAIR EYELID WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67938	REMOVE EYELID FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
67950	REVISION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67961	REVISION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67966	REVISION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67971	RECONSTRUCTION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67973	RECONSTRUCTION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
67974	RECONSTRUCTION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67975	RECONSTRUCTION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
67999	REVISION OF EYELID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
68020	INCISE/DRAIN EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68040	TREATMENT OF EYELID LESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68100	BIOPSY OF EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68110	REMOVE EYELID LINING LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68115	REMOVE EYELID LINING LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68130	REMOVE EYELID LINING LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68135	REMOVE EYELID LINING LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68200	TREAT EYELID BY INJECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68320	REVISE/GRAFT EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68325	REVISE/GRAFT EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68326	REVISE/GRAFT EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68328	REVISE/GRAFT EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68330	REVISE EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68335	REVISE/GRAFT EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68340	SEPARATE EYELID ADHESIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68360	REVISE EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68362	REVISE EYELID LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68371	HARVEST EYE TISSUE, ALOGRAFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
68399	EYELID LINING SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
68400	INCISE/DRAIN TEAR GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68420	INCISE/DRAIN TEAR SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
68440	INCISE TEAR DUCT OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68500	REMOVAL OF TEAR GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68505	PARTIAL REMOVAL, TEAR GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68510	BIOPSY OF TEAR GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68520	REMOVAL OF TEAR SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68525	BIOPSY OF TEAR SAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68530	CLEARANCE OF TEAR DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68540	REMOVE TEAR GLAND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68550	REMOVE TEAR GLAND LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68700	REPAIR TEAR DUCTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68705	REVISE TEAR DUCT OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68720	CREATE TEAR SAC DRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68745	CREATE TEAR DUCT DRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68750	CREATE TEAR DUCT DRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68760	CLOSE TEAR DUCT OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68761	CLOSE TEAR DUCT OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68770	CLOSE TEAR SYSTEM FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68801	DILATE TEAR DUCT OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68810	PROBE NASOLACRIMAL DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68811	PROBE NASOLACRIMAL DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68815	PROBE NASOLACRIMAL DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68816	PROBE NL DUCT W/BALLOON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68840	EXPLORE/IRRIGATE TEAR DUCTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68850	INJECT FOR TEAR SAC X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
68899	TEAR DUCT SYSTEM SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
69000	DRAIN EXTERNAL EAR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69005	DRAIN EXTERNAL EAR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69020	DRAIN OUTER EAR CANAL LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69090	PIERCE EARLOBES	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
69100	BIOPSY OF EXTERNAL EAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69105	BIOPSY OF EXTERNAL EAR CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69110	REMOVE EXTERNAL EAR, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69120	REMOVAL OF EXTERNAL EAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69140	REMOVE EAR CANAL LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69145	REMOVE EAR CANAL LESION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69150	EXTENSIVE EAR CANAL SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69155	EXTENSIVE EAR/NECK SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69200	CLEAR OUTER EAR CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69205	CLEAR OUTER EAR CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69209	Removal impacted cerumen using irrigation/lavage,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69210	REMOVE IMPACTED EAR WAX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69220	CLEAN OUT MASTOID CAVITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69222	CLEAN OUT MASTOID CAVITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69300	REVISE EXTERNAL EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69310	REBUILD OUTER EAR CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69320	REBUILD OUTER EAR CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69399	OUTER EAR SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69400	INFLATE MIDDLE EAR CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
69401	INFLATE MIDDLE EAR CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69405	CATHETERIZE MIDDLE EAR CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69420	INCISION OF EARDRUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69421	INCISION OF EARDRUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69424	REMOVE VENTILATING TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69433	CREATE EARDRUM OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69436	CREATE EARDRUM OPENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69440	EXPLORATION OF MIDDLE EAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69450	EARDRUM REVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69501	MASTOIDECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69502	MASTOIDECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69505	REMOVE MASTOID STRUCTURES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69511	EXTENSIVE MASTOID SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69530	EXTENSIVE MASTOID SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69535	REMOVE PART OF TEMPORAL BONE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69540	REMOVE EAR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69550	REMOVE EAR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69552	REMOVE EAR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69554	REMOVE EAR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69601	MASTOID SURGERY REVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69602	MASTOID SURGERY REVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69603	MASTOID SURGERY REVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69604	MASTOID SURGERY REVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69605	MASTOID SURGERY REVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
69610	REPAIR OF EARDRUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69620	REPAIR OF EARDRUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69631	REPAIR EARDRUM STRUCTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69632	REBUILD EARDRUM STRUCTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69633	REBUILD EARDRUM STRUCTURES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69635	REPAIR EARDRUM STRUCTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69636	REBUILD EARDRUM STRUCTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69637	REBUILD EARDRUM STRUCTURES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69641	REVISE MIDDLE EAR & MASTOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69642	REVISE MIDDLE EAR & MASTOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69643	REVISE MIDDLE EAR & MASTOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69644	REVISE MIDDLE EAR & MASTOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69645	REVISE MIDDLE EAR & MASTOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69646	REVISE MIDDLE EAR & MASTOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69650	RELEASE MIDDLE EAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69660	REVISE MIDDLE EAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69661	REVISE MIDDLE EAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69662	REVISE MIDDLE EAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69666	REPAIR MIDDLE EAR STRUCTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69667	REPAIR MIDDLE EAR STRUCTURES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69670	REMOVE MASTOID AIR CELLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69676	REMOVE MIDDLE EAR NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69700	CLOSE MASTOID FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69710	IMPLANT/REPLACE HEARING AID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69711	REMOVE/REPAIR HEARING AID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69714	IMPLANT TEMPLE BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69715	TEMPLE BNE IMPLNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69717	TEMPLE BONE IMPLANT REVISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69718	REVISE TEMPLE BONE IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
69720	RELEASE FACIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69725	RELEASE FACIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69740	REPAIR FACIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69745	REPAIR FACIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69799	MIDDLE EAR SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69801	INCISE INNER EAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69805	EXPLORE INNER EAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69806	EXPLORE INNER EAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69820	ESTABLISH INNER EAR WINDOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69840	REVISE INNER EAR WINDOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69905	REMOVE INNER EAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69910	REMOVE INNER EAR & MASTOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69915	INCISE INNER EAR NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69930	IMPLANT COCHLEAR DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69949	INNER EAR SURGERY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69950	INCISE INNER EAR NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69955	RELEASE FACIAL NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69960	RELEASE INNER EAR CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69970	REMOVE INNER EAR LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
69979	TEMPORAL BONE SURGERY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
69990	MICROSURGERY ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70010	CONTRAST X-RAY OF BRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70015	CONTRAST X-RAY OF BRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70030	X-RAY EYE FOR FOREIGN BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70100	X-RAY EXAM OF JAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70110	X-RAY EXAM OF JAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70120	X-RAY EXAM OF MASTOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70130	X-RAY EXAM OF MASTOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70134	X-RAY EXAM OF MIDDLE EAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
70140	X-RAY EXAM OF FACIAL BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70150	X-RAY EXAM OF FACIAL BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70160	X-RAY EXAM OF NASAL BONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70170	X-RAY EXAM OF TEAR DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70190	X-RAY EXAM OF EYE SOCKETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70200	X-RAY EXAM OF EYE SOCKETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70210	X-RAY EXAM OF SINUSES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70220	X-RAY EXAM OF SINUSES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70240	X-RAY EXAM, PITUITARY SADDLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70250	X-RAY EXAM OF SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70260	X-RAY EXAM OF SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70300	X-RAY EXAM OF TEETH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70310	X-RAY EXAM OF TEETH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70320	FULL MOUTH X-RAY OF TEETH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70328	X-RAY EXAM OF JAW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70330	X-RAY EXAM OF JAW JOINTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70332	X-RAY EXAM OF JAW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70336	MAGNETIC IMAGE, JAW JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70350	X-RAY HEAD FOR ORTHODONTIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70355	PANORAMIC X-RAY OF JAWS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70360	X-RAY EXAM OF NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70370	THROAT X-RAY & FLUOROSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70371	SPEECH EVALUATION, COMPLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
70380	X-RAY EXAM OF SALIVARY GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70390	X-RAY EXAM OF SALIVARY DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
70450	CT HEAD/BRAIN W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70460	CT HEAD/BRAIN W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70470	CT HEAD/BRAIN W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70480	CT ORBIT/EAR/FOSSA W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70481	CT ORBIT/EAR/FOSSA W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70482	CT ORBIT/EAR/FOSSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70486	CT MAXILLOFACIAL W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70487	CT MAXILLOFACIAL W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70488	CT MAXILLOFACIAL W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70490	CT SOFT TISSUE NECK W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70491	CT SOFT TISSUE NECK W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70492	CT SFT TSUE NCK W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70496	CT ANGIOGRAPHY, HEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70498	CT ANGIOGRAPHY, NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70540	MRI ORBIT/FACE/NECK W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70542	MRI ORBIT/FACE/NECK W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70543	MRI ORBT/FAC/NCK W/O &	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70544	MR ANGIOGRAPHY HEAD W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70545	MR ANGIOGRAPHY HEAD W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70546	MR ANGIOGRAPH HEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70547	MR ANGIOGRAPHY NECK W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70548	MR ANGIOGRAPHY NECK W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70549	MR ANGIOGRAPH NECK W/O&W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70551	MRI BRAIN W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70552	MRI BRAIN W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70553	MRI BRAIN W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
70554	FMRI BRAIN BY TECH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70555	FMRI BRAIN BY PHYS/PSYCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70557	MRI BRAIN W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70558	MRI BRAIN W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
70559	MRI BRAIN W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71010	CHEST X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71015	CHEST X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71020	CHEST X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71021	CHEST X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71022	CHEST X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71023	CHEST X-RAY AND FLUOROSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71030	CHEST X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71034	CHEST X-RAY AND FLUOROSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71035	CHEST X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71100	X-RAY EXAM OF RIBS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71101	X-RAY EXAM OF RIBS/CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71110	X-RAY EXAM OF RIBS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71111	X-RAY EXAM OF RIBS/CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71120	X-RAY EXAM OF BREASTBONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71130	X-RAY EXAM OF BREASTBONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71250	CT THORAX W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71260	CT THORAX W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71270	CT THORAX W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71275	CT ANGIOGRAPHY, CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71550	MRI CHEST W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71551	MRI CHEST W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
71552	MRI CHEST W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
71555	MRI ANGIO CHEST W OR W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72020	X-RAY EXAM OF SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72040	X-RAY EXAM OF NECK SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72050	X-RAY EXAM OF NECK SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72052	X-RAY EXAM OF NECK SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72070	X-RAY EXAM OF THORACIC SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72072	X-RAY EXAM OF THORACIC SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72074	X-RAY EXAM OF THORACIC SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72080	X-RAY EXAM OF TRUNK SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72081	Radiologic examination, spine,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72082	Radiologic examination, spine,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72083	Radiologic examination, spine,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72084	Radiologic examination, spine,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72100	X-RAY EXAM OF LOWER SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72110	X-RAY EXAM OF LOWER SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72114	X-RAY EXAM OF LOWER SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72120	X-RAY EXAM OF LOWER SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72125	CT NECK SPINE W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72126	CT NECK SPINE W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72127	CT NECK SPINE W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72128	CT CHEST SPINE W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72129	CT CHEST SPINE W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
72130	CT CHEST SPINE W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72131	CT LUMBAR SPINE W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72132	CT LUMBAR SPINE W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72133	CT LUMBAR SPINE W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72141	MRI NECK SPINE W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72142	MRI NECK SPINE W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72146	MRI CHEST SPINE W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72147	MRI CHEST SPINE W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72148	MRI LUMBAR SPINE W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72149	MRI LUMBAR SPINE W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72156	MRI NECK SPINE W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72157	MRI CHEST SPINE W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72158	MRI LUMBAR SPINE W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72159	MR ANGIO SPINE W/O&W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72170	X-RAY EXAM OF PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72190	X-RAY EXAM OF PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72191	CT ANGIOGRAPH PELV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72192	CT PELVIS W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72193	CT PELVIS W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72194	CT PELVIS W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72195	MRI PELVIS W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72196	MRI PELVIS W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
72197	MRI PELVIS W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72198	MR ANGIO PELVIS W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72200	X-RAY EXAM SACROILIAC JOINTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72202	X-RAY EXAM SACROILIAC JOINTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72220	X-RAY EXAM OF TAILBONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72240	CONTRAST X-RAY OF NECK SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72255	CONTRAST X-RAY, THORAX SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72265	CONTRAST X-RAY, LOWER SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72270	CONTRAST X-RAY, SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72275	EPIDUROGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72285	X-RAY C/T SPINE DISK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72291	PERQ VERTEBROPLASTY, FLUOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72292	PERQ VERTEBROPLASTY, CT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
72295	X-RAY OF LOWER SPINE DISK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73000	X-RAY EXAM OF COLLAR BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73010	X-RAY EXAM OF SHOULDER BLADE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73020	X-RAY EXAM OF SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73030	X-RAY EXAM OF SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73040	CONTRAST X-RAY OF SHOULDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73050	X-RAY EXAM OF SHOULDERS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73060	X-RAY EXAM OF HUMERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73070	X-RAY EXAM OF ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73080	X-RAY EXAM OF ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73085	CONTRAST X-RAY OF ELBOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73090	X-RAY EXAM OF FOREARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73092	X-RAY EXAM OF ARM, INFANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73100	X-RAY EXAM OF WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73110	X-RAY EXAM OF WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73115	CONTRAST X-RAY OF WRIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
73120	X-RAY EXAM OF HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73130	X-RAY EXAM OF HAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73140	X-RAY EXAM OF FINGER(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73200	CT UPPER EXTREMITY W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73201	CT UPPER EXTREMITY W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73202	CT UPPER EXTREMITY W/O&W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73206	CT ANGIO UPPER EXTREMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73218	MRI UPPER EXTREMITY W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73219	MRI UPPER EXTREMITY W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73220	MRI UPPER EXTREMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73221	MRI JOINT UPPER EXTREMITY W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73222	MRI JOINT UPPER EXTREMITY W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73223	MRI JOINT UPPER EXTREMITY W/O&W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73225	MR ANGIO UPPER EXTREMITY W/O&W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73501	Radiologic examination, hip, unilateral, with pelvis when	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73502	Radiologic examination, hip,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73503	Radiologic examination, hip, unilateral, with pelvis when	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73521	Radiologic examination, hips, bilateral, with pelvis when	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73522	Radiologic examination, hips,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73523	Radiologic examination, hips,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73525	CONTRAST X-RAY OF HIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73551	Radiologic examination, femur; 1 view	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73552	Radiologic examination, femur;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73560	X-RAY EXAM OF KNEE, 1 OR 2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
73562	X-RAY EXAM OF KNEE, 3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73564	X-RAY EXAM, KNEE, 4 OR MORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73565	X-RAY EXAM OF KNEES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73580	CONTRAST X-RAY OF KNEE JOINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73590	X-RAY EXAM OF LOWER LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73592	X-RAY EXAM OF LEG, INFANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73600	X-RAY EXAM OF ANKLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73610	X-RAY EXAM OF ANKLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73615	CONTRAST X-RAY OF ANKLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73620	X-RAY EXAM OF FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73630	X-RAY EXAM OF FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73650	X-RAY EXAM OF HEEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73660	X-RAY EXAM OF TOE(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73700	CT LOWER EXTREMITY W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73701	CT LOWER EXTREMITY W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73702	CT LWR EXTREMITY W/O&W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73706	CT ANGIO LWR EXTR W/O&W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73718	MRI LOWER EXTREMITY W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73719	MRI LOWER EXTREMITY W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73720	MRI LWR EXTREMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73721	MRI JNT OF LWR EXTRE W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73722	MRI JOINT OF LWR EXTR W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
73723	MRI JOINT LWR EXTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
73725	MR ANG LWR EXT W OR W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74000	X-RAY EXAM OF ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74010	X-RAY EXAM OF ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74020	X-RAY EXAM OF ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74022	X-RAY EXAM SERIES, ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74150	CT ABDOMEN W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74160	CT ABDOMEN W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74170	CT ABDOMEN W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74174	CT ANGIO ABD/PELVIS W/O &	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74175	CT ANGIO ABDOM W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74176	CT ABD/PELVIS W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74177	CT ABDOMEN AND PELVIS; WITH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74178	CT ABD/PELVIS W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74181	MRI ABDOMEN W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74182	MRI ABDOMEN W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74183	MRI ABDOMEN W/O & W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74185	MRI ANGIO, ABDOM W ORW/O	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74190	X-RAY EXAM OF PERITONEUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74210	CONTRST X-RAY EXAM OF THROAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74220	CONTRAST X-RAY, ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74230	CINE/VID X-RAY, THROAT/ESOPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74235	REMOVE ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74240	X-RAY EXAM, UPPER GI TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74241	X-RAY EXAM, UPPER GI TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74245	X-RAY EXAM, UPPER GI TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74246	CONTRST X-RAY UPPR GI TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74247	CONTRST X-RAY UPPR GI TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
74249	CONTRST X-RAY UPPR GI TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74250	X-RAY EXAM OF SMALL BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74251	X-RAY EXAM OF SMALL BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74260	X-RAY EXAM OF SMALL BOWEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74261	CT COLON, DIAGNOSTIC, w/IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74262	CT COLON, DIAGNOSTIC, w/IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74263	COMPUTED TOMOGRAPHIC (CT)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74270	CONTRAST X-RAY EXAM OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74280	CONTRAST X-RAY EXAM OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74283	CONTRAST X-RAY EXAM OF COLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74290	CONTRAST X-RAY, GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74291	CONTRAST X-RAYS, GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74300	X-RAY BILE DUCTS/PANCREAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74301	X-RAYS AT SURGERY ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74328	X-RAY BILE DUCT ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74329	X-RAY FOR PANCREAS ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74330	X-RAY BILE/PANC ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74340	X-RAY GUIDE FOR GI TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74350	X-RAY GUIDE, STOMACH TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74355	X-RAY GUIDE, INTESTINAL TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74360	X-RAY GUIDE, GI DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74363	X-RAY, BILE DUCT DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74400	CONTRST X-RAY, URINARY TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74410	CONTRST X-RAY, URINARY TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74415	CONTRST X-RAY, URINARY TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74420	CONTRST X-RAY, URINARY TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
74425	CONTRST X-RAY, URINARY TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74430	CONTRAST X-RAY, BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74440	X-RAY, MALE GENITAL TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74445	X-RAY EXAM OF PENIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74450	X-RAY, URETHRA/BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74455	X-RAY, URETHRA/BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74470	X-RAY EXAM OF KIDNEY LESION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74485	X-RAY GUIDE, GU DILATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74710	X-RAY MEASUREMENT OF PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74712	Magnetic resonance (eg,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74713	Magnetic resonance (eg,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74740	X-RAY, FEMALE GENITAL TRACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74742	X-RAY, FALLOPIAN TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
74775	X-RAY EXAM OF PERINEUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75552	HEART MRI FOR MORPH W/O DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75553	HEART MRI FOR MORPH W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75554	CARDIAC MRI/FUNCTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75555	CARDIAC MRI/LIMITED STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75556	CARDIAC MRI/FLOW MAPPING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75557	CARDIAC MRI FOR MORPH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75558	CARDIAC MRI FLOW/VELOCITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75559	CARDIAC MRI W/STRESS IMG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75560	CARDIAC MRI FLOW/VEL/STRESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75561	CARDIAC MRI FOR MORPH W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
75562	CARD MRI FLOW/VEL W/DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75563	CARD MRI W/STRESS IMG & DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75564	HT MRI W/FLO/VEL/STRS & DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75565	CARDIAC MAGNETIC RESONANCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75571	COMPUTED TOMOGRAPHY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75572	COMPUTED TOMOGRAPHY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75573	COMPUTED TOMOGRAPHY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75574	COMPUTED TOMOGRAPHIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75600	CONTRAST X-RAY EXAM OF AORTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75605	CONTRAST X-RAY EXAM OF AORTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75625	CONTRAST X-RAY EXAM OF AORTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75630	X-RAY AORTA, LEG ARTERIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75635	CT ANGIO ABDOMINAL ARTERIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75658	ARTERY X-RAYS, ARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75705	ARTERY X-RAYS, SPINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75710	ARTERY X-RAYS, ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75716	ARTERY X-RAYS, ARMS/LEGS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75726	ARTERY X-RAYS, ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75731	ARTERY X-RAYS, ADRENAL GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75733	ARTERY X-RAYS, ADRENALS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75736	ARTERY X-RAYS, PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75741	ARTERY X-RAYS, LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75743	ARTERY X-RAYS, LUNGS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
75746	ARTERY X-RAYS, LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75756	ARTERY X-RAYS, CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75774	ARTERY X-RAY, EACH VESSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75790	VISUALIZE A-V SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75791	ANGIOGRAPHY, AV SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75801	LYMPH VESSEL X-RAY, ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75803	LYMPH VESSEL X-RAY, ARMS/LEGS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75805	LYMPH VESSEL X-RAY, TRUNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75807	LYMPH VESSEL X-RAY, TRUNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75809	NONVASCULAR SHUNT, X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75810	VEIN X-RAY, SPLEEN/LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75820	VEIN X-RAY, ARM/LEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75822	VEIN X-RAY, ARMS/LEGS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75825	VEIN X-RAY, TRUNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75827	VEIN X-RAY, CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75831	VEIN X-RAY, KIDNEY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75833	VEIN X-RAY, KIDNEYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75840	VEIN X-RAY, ADRENAL GLAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75842	VEIN X-RAY, ADRENAL GLANDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75860	VEIN X-RAY, NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75870	VEIN X-RAY, SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75872	VEIN X-RAY, SKULL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75880	VEIN X-RAY, EYE SOCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75885	VEIN X-RAY, LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75887	VEIN X-RAY, LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75889	VEIN X-RAY, LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
75891	VEIN X-RAY, LIVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75893	VENOUS SAMPLING BY CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75894	X-RAYS, TRANSCATH THERAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75898	FOLLOW-UP ANGIOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75901	REMOVE CVA DEVICE OBSTRUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75902	REMOVE CVA LUMEN OBSTRUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75952	ENDOVASC REPAIR ABDOM AORTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75953	ABDOM ANEURYSM ENDOVAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75954	ILIAC ANEURYSM ENDOVAS RPR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75956	XRAY, ENDOVASC THOR AO REPR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75957	XRAY, ENDOVASC THOR AO REPR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75958	XRAY, PLACE PROX EXT THOR AO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75959	XRAY, PLACE DIST EXT THOR AO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75962	REPAIR ARTERIAL BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75964	REPAIR ARTERY BLOCKAGE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75966	REPAIR ARTERIAL BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75968	REPAIR ARTERY BLOCKAGE, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75970	VASCULAR BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75978	REPAIR VENOUS BLOCKAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75984	XRAY CONTROL CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
75989	ABSCESS DRAINAGE UNDER X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
76000	FLUOROSCOPE EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76001	FLUOROSCOPE EXAM, EXTENSIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76010	X-RAY, NOSE TO RECTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76080	X-RAY EXAM OF FISTULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76098	X-RAY EXAM, BREAST SPECIMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76100	X-RAY EXAM OF BODY SECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76101	COMPLEX BODY SECTION X-RAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76102	COMPLEX BODY SECTION X-RAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76120	CINE/VIDEO X-RAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76125	CINE/VIDEO X-RAYS ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76140	X-RAY CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76376	3D RENDER W/O POSTPROCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76377	3D RENDERING W/POSTPROCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76380	CAT SCAN FOLLOW-UP STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76390	MR SPECTROSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76496	FLUOROSCOPIC PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
76497	CT PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
76498	MRI PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
76499	RADIOGRAPHIC PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
76506	ECHO EXAM OF HEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76510	OPHTH US, B & QUANT A	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76511	OPHTH US, QUANT A ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76512	OPHTH US, B W/NON-QUANT A	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76513	ECHO EXAM OF EYE, WATER BATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76514	ECHO EXAM OF EYE, THICKNESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76516	ECHO EXAM OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76519	ECHO EXAM OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76529	ECHO EXAM OF EYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76536	US EXAM OF HEAD AND NECK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76604	US EXAM, CHEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76645	US EXAM, BREAST(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76700	US EXAM, ABDOM, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76705	ECHO EXAM OF ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76770	US EXAM ABDO BACK WALL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76775	US EXAM ABDO BACK WALL, LIM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76776	US EXAM K TRANSPL W/DOPPLER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76800	US EXAM, SPINAL CANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76801	OB US < 14 WKS, SINGLE FETUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
76802	OB US < 14 WKS, ADD'L FETUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76805	OB US >= 14 WKS, SNGL FETUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76810	OB US >= 14 WKS, ADDL FETUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76811	OB US, DETAILED, SNGL FETUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76812	OB US, DETAILED, ADDL FETUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76813	OB US NUCHAL MEAS, 1 GEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76814	OB US NUCHAL MEAS, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76815	OB US, LIMITED, FETUS(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76816	OB US, FOLLOW-UP, PER FETUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76817	TRANSVAGINAL US, OBSTETRIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76818	FETAL BIOPHYS PROFILE W/NST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76819	FETAL BIOPHYS PROFIL W/O NST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76820	UMBILICAL ARTERY ECHO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76821	MIDDLE CEREBRAL ARTERY ECHO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76825	ECHO EXAM OF FETAL HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76826	ECHO EXAM OF FETAL HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76827	ECHO EXAM OF FETAL HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76828	ECHO EXAM OF FETAL HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76830	TRANSVAGINAL US, NON-OB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76831	ECHO EXAM, UTERUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76856	US EXAM, PELVIC, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76857	US EXAM, PELVIC, LIMITED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76870	US EXAM, SCROTUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
76872	US, TRANSRECTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76873	ECHOGRAP TRANS R, PROS STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76881	US EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76882	US EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76885	US EXAM INFANT HIPS, DYNAMIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76886	US EXAM INFANT HIPS, STATIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76930	ECHO GUIDE, CARDIOCENTESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76932	ECHO GUIDE FOR HEART BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76936	ECHO GUIDE FOR ARTERY REPAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76937	US GUIDE, VASCULAR ACCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
76940	US GUIDE, TISSUE ABLATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76941	ECHO GUIDE FOR TRANSFUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76942	ECHO GUIDE FOR BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76945	ECHO GUIDE, VILLUS SAMPLING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76946	ECHO GUIDE FOR AMNIOCENTESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76948	ECHO GUIDE, OVA ASPIRATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76950	ECHO GUIDANCE RADIOTHERAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
76965	ECHO GUIDANCE RADIOTHERAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76970	ULTRASOUND EXAM FOLLOW-UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76975	GI ENDOSCOPIC ULTRASOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76977	US BONE DENSITY MEASURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76998	US GUIDE, INTRAOP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
76999	ECHO EXAMINATION PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
77001	FLUOROGUIDE FOR VEIN DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77002	NEEDLE LOCALIZATION BY XRAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77003	FLUOROGUIDE FOR SPINE INJECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77011	CT SCAN FOR LOCALIZATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77012	CT SCAN FOR NEEDLE BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77013	CT GUIDE FOR TISSUE ABLATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77014	CT SCAN FOR THERAPY GUIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77021	MR GUIDANCE FOR NEEDLE PLACE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77022	MRI FOR TISSUE ABLATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77051	COMPUTER DX MAMMOGRAM ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77052	COMP SCREEN MAMMOGRAM ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77053	X-RAY OF MAMMARY DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77054	X-RAY OF MAMMARY DUCTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77055	MAMMOGRAM, ONE BREAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77056	MAMMOGRAM, BOTH BREASTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77057	MAMMOGRAM, SCREENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77058	MRI, ONE BREAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77059	MRI, BOTH BREASTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
77071	X-RAY STRESS VIEW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77072	X-RAYS FOR BONE AGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77073	X-RAYS, BONE LENGTH STUDIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77074	X-RAYS, BONE SURVEY, LIMITED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77075	X-RAYS, BONE SURVEY COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77076	X-RAYS, BONE SURVEY, INFANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77077	JOINT SURVEY, SINGLE VIEW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77078	CT BONE DENSITY, AXIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77080	DXA BONE DENSITY, AXIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77081	DXA BONE DENSITY/PERIPHERAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
77082	DXA BONE DENSITY, VERT FX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77084	MAGNETIC IMAGE, BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77261	RADIATION THERAPY PLANNING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77262	RADIATION THERAPY PLANNING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77263	RADIATION THERAPY PLANNING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77280	SET RADIATION THERAPY FIELD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77285	SET RADIATION THERAPY FIELD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77290	SET RADIATION THERAPY FIELD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77293	Respiratory motion management simulation (List separately in	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77295	SET RADIATION THERAPY FIELD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77299	RADIATION THERAPY PLANNING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
77300	RADIATION THERAPY DOSE PLAN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77301	RADIOTHERAPY DOSE PLAN, IMRT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77305	TELETX ISODOSE PLAN SIMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77310	TELETX ISODOSE PLAN INTERMED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77315	TELETX ISODOSE PLAN COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
77321	SPECIAL TELETX PORT PLAN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77326	BRACHYTX ISODOSE CALC SIMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77327	BRACHYTX ISODOSE CALC INTERM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77328	BRACHYTX ISODOSE PLAN COMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77331	SPECIAL RADIATION DOSIMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77332	RADIATION TREATMENT AID(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77333	RADIATION TREATMENT AID(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77334	RADIATION TREATMENT AID(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77336	RADIATION PHYSICS CONSULT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77338	MULTI-LEAF COLLIMATOR (MLC)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77370	RADIATION PHYSICS CONSULT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77371	SRS, MULTISOURCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77372	SRS, LINEAR BASED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77373	SBRT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77399	EXTERNAL RADIATION DOSIMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77401	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77402	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77403	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77404	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77406	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
77407	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77408	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77409	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77411	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77412	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77413	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77414	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77416	RADIATION TREATMENT DELIVERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77417	RADIOLOGY PORT FILM(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77418	RADIATION TX DELIVERY, IMRT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77421	STEREOSCOPIC X-RAY GUIDANCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77422	NEUTRON BEAM TX, SIMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77423	NEUTRON BEAM TX, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77424	INTRAOP RAD TX X-RAY SINGLE TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77425	INTRAOP RAD TX ELECTRONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77427	RADIATION TX MANAGEMENT, X5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77431	RADIATION THERAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77432	STEREOTACTIC RADIATION TRMT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77435	SBRT MANAGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77469	INTRAOP RAD TX MNGMT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77470	SPECIAL RADIATION TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77499	RADIATION THERAPY MANAGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77520	PROTON TRMT, SIMPLE W/O COMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77522	PROTON TRMT, SIMPLE W/COMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77523	PROTON TRMT, INTERMEDIATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77525	PROTON TREATMENT, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
77600	HYPERTHERMIA TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77605	HYPERTHERMIA TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77610	HYPERTHERMIA TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77615	HYPERTHERMIA TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77620	HYPERTHERMIA TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77750	INFUSE RADIOACTIVE MATERIALS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77761	APPLY INTRCAV RADIAT SIMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77762	APPLY INTRCAV RADIAT INTERM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77763	APPLY INTRCAV RADIAT COMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77767	Remote afterloading high dose rate radionuclide skin surface	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77768	Remote afterloading high dose rate radionuclide skin surface	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77770	Remote afterloading high dose rate radionuclide skin surface	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77771	Remote afterloading high dose rate radionuclide interstitial or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77772	Remote afterloading high dose rate radionuclide interstitial or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77778	APPLY INTERSTIT RADIAT COMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77789	APPLY SURFACE RADIATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77790	RADIATION HANDLING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
77799	RADIUM/RADIOISOTOPE THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78012	THYROID UPTAKE, SINGLE OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78013	THYROID IMAGING (INCLUDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78014	THYROID IMAGING (INCLUDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78015	THYROID MET IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78016	THYROID MET IMAGING/STUDIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78018	THYROID MET IMAGING, BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
78020	THYROID MET UPTAKE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78070	PARATHYROID NUCLEAR IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78072	PARATHYROID PLANAR IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78075	ADRENAL NUCLEAR IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78099	ENDOCRINE NUCLEAR PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78102	BONE MARROW IMAGING, LTD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78103	BONE MARROW IMAGING, MULT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78104	BONE MARROW IMAGING, BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78110	PLASMA VOLUME, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78111	PLASMA VOLUME, MULTIPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78120	RED CELL MASS, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78121	RED CELL MASS, MULTIPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78122	BLOOD VOLUME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78130	RED CELL SURVIVAL STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78135	RED CELL SURVIVAL KINETICS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78140	RED CELL SEQUESTRATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
78185	SPLEEN IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78190	PLATELET SURVIVAL, KINETICS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78191	PLATELET SURVIVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78195	LYMPH SYSTEM IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78199	BLOOD/LYMPH NUCLEAR EXAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78201	LIVER IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78202	LIVER IMAGING WITH FLOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78205	LIVER IMAGING (3D)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78206	LIVER IMAGE (3D) WITH FLOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78215	LIVER AND SPLEEN IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78216	LIVER & SPLEEN IMAGE/FLOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78226	HEPATOBIILIARY IMAGE W/GALLBLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78227	HEPATOBIILIARY IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78230	SALIVARY GLAND IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78231	SERIAL SALIVARY IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78232	SALIVARY GLAND FUNCTION EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78258	ESOPHAGEAL MOTILITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78261	GASTRIC MUCOSA IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78262	GASTROESOPHAGEAL REFLUX EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78264	GASTRIC EMPTYING STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78265	Gastric emptying imaging study	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78266	Gastric emptying imaging study	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78267	BREATH TST ATTAIN/ANAL C-14	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
78268	BREATH TEST ANALYSIS, C-14	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78270	VIT B-12 ABSORPTION EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78271	VIT B-12 ABSRP EXAM, INT FAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78272	VIT B-12 ABSORP, COMBINED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78278	ACUTE GI BLOOD LOSS IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78282	GI PROTEIN LOSS EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78290	MECKEL'S DIVERT EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78291	LEVEEN/SHUNT PATENCY EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78299	GI NUCLEAR PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78300	BONE IMAGING, LIMITED AREA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78305	BONE IMAGING, MULTIPLE AREAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78306	BONE IMAGING, WHOLE BODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78315	BONE IMAGING, 3 PHASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78320	BONE IMAGING (3D)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78350	BONE MINERAL, SINGLE PHOTON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78351	BONE MINERAL, DUAL PHOTON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78399	MUSCULOSKELETAL NUCLEAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78414	NON-IMAGING HEART FUNCTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78428	CARDIAC SHUNT IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78445	VASCULAR FLOW IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78453	MYOCARDIAL PERFUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR, Mult Studies	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78456	ACUTE VENOUS THROMBUS IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78457	VENOUS THROMBOSIS IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78458	VEN THROMBOSIS IMAGES, BILAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78459	HEART MUSCLE IMAGING (PET)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78460	HEART MUSCLE BLOOD, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78461	HEART MUSCLE BLOOD, MULTIPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78464	HEART IMAGE (3D), SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78465	HEART IMAGE (3D), MULTIPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78466	HEART INFARCT IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78468	HEART INFARCT IMAGE (EF)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78469	HEART INFARCT IMAGE (3D)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78472	GATED HEART, PLANAR, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78473	GATED HEART, MULTIPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78478	HEART WALL MOTION ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78480	HEART FUNCTION ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
78481	HEART FIRST PASS, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78483	HEART FIRST PASS, MULTIPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78491	HEART IMAGE (PET), SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78492	HEART IMAGE (PET), MULTIPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78494	HEART IMAGE, SPECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78496	HEART FIRST PASS ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78499	CARDIOVASCULAR NUCLEAR EXAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78579	PULMONARY VENTILATION IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78580	LUNG PERFUSION IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78582	PULMONARY VENTILATION/PERFUSION IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78597	QUANT DIFFERENTIAL PULMONARY PERFUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78598	QUANT DIFFERENTIAL PULMONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78599	RESPIRATORY NUCLEAR EXAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78600	BRAIN IMAGING, LTD STATIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78601	BRAIN IMAGING, LTD W/FLOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78605	BRAIN IMAGING, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78606	BRAIN IMAGING, COMPL W/FLOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
78607	BRAIN IMAGING (3D)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78608	BRAIN IMAGING (PET)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78609	BRAIN IMAGING (PET)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78610	BRAIN FLOW IMAGING ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78615	CEREBRAL VASCULAR FLOW IMAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78630	CEREBROSPINAL FLUID SCAN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78635	CSF VENTRICULOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78645	CSF SHUNT EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78647	CEREBROSPINAL FLUID SCAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78650	CSF LEAKAGE IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78660	NUCLEAR EXAM OF TEAR FLOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78699	NERVOUS SYSTEM NUCLEAR EXAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78700	KIDNEY IMAGING, MORPHOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78701	KIDNEY IMAGING WITH FLOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78707	K FLOW/FUNCT IMAGE W/O DRUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78708	K FLOW/FUNCT IMAGE W/DRUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78709	K FLOW/FUNCT IMAGE, MULTIPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78710	KIDNEY IMAGING (3D)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78725	KIDNEY FUNCTION STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78730	URINARY BLADDER RETENTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
78740	URETERAL REFLUX STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78761	TESTICULAR IMAGING W/FLOW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
78799	GENITOURINARY NUCLEAR EXAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78800	TUMOR IMAGING, LIMITED AREA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78801	TUMOR IMAGING, MULT AREAS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78802	TUMOR IMAGING, WHOLE BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78803	TUMOR IMAGING (3D)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78804	TUMOR IMAGING, WHOLE BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78805	ABSCESS IMAGING, LTD AREA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78806	ABSCESS IMAGING, WHOLE BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78807	NUCLEAR LOCALIZATION/ABSCESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78808	INJECT PROCEDURE FOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78811	TUMOR IMAGING (PET), LIMITED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
78812	TUMOR IMAGE (PET)/SKUL-THIGH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78813	TUMOR IMAGE (PET) FULL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78814	TUMOR IMAGE PET/CT, LIMITED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78815	TUMOR IMAGE PET/CT SKUL-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78816	TUMOR IMAGE PET/CT FULL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
78999	NUCLEAR DIAGNOSTIC EXAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
79005	NUCLEAR RX, ORAL ADMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
79101	NUCLEAR RX, IV ADMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
79200	NUCLEAR RX, INTRACAV ADMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
79300	NUCLR RX, INTERSTIT COLLOID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
79403	HEMATOPOIETIC NUCLEAR TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
79440	NUCLEAR RX, INTRA-ARTICULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
79445	NUCLEAR RX, INTRA-ARTERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
79999	NUCLEAR MEDICINE THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
80047	METABOLIC PANEL IONIZED CA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80048	BASIC METABOLIC PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80050	GENERAL HEALTH PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80051	ELECTROLYTE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80053	COMPREHEN METABOLIC PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80055	OBSTETRIC PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80061	LIPID PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80069	RENAL FUNCTION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80074	ACUTE HEPATITIS PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80076	HEPATIC FUNCTION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80081	Obstetric panel (includes HIV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80100	DRUG SCREEN, QUALITATE/MULTI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80101	DRUG SCREEN, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80102	DRUG CONFIRMATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80103	DRUG ANALYSIS, TISSUE PREP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
80104	DRUG SCREEN, QUAL; MULT DRUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80150	ASSAY OF AMIKACIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80152	ASSAY OF AMITRIPTYLINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80154	ASSAY OF BENZODIAZEPINES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80155	Caffeine	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80156	ASSAY, CARBAMAZEPINE, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80157	ASSAY, CARBAMAZEPINE, FREE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80158	ASSAY OF CYCLOSPORINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80159	Clozapine	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80160	ASSAY OF DESIPRAMINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80162	ASSAY OF DIGOXIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80164	ASSAY, DIPROPYLACETIC ACID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80166	ASSAY OF DOXEPIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80168	ASSAY OF ETHOSUXIMIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80169	Everolimus	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80170	ASSAY OF GENTAMICIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80171	Gabapentin	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80172	ASSAY OF GOLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80173	ASSAY OF HALOPERIDOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80174	ASSAY OF IMIPRAMINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80175	Lamotrigine	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80176	ASSAY OF LIDOCAINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80177	Levetiracetam	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80178	ASSAY OF LITHIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80180	Mycophenolate (mycophenolic	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
80182	ASSAY OF NORTRIPTYLINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80183	Oxcarbazepine	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80184	ASSAY OF PHENOBARBITAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80185	ASSAY OF PHENYTOIN, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80186	ASSAY OF PHENYTOIN, FREE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80188	ASSAY OF PRIMIDONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80190	ASSAY OF PROCAINAMIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80192	ASSAY OF PROCAINAMIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80194	ASSAY OF QUINIDINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80195	ASSAY OF SIROLIMUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80196	ASSAY OF SALICYLATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80197	ASSAY OF TACROLIMUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80198	ASSAY OF THEOPHYLLINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80199	Tiagabine	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80200	ASSAY OF TOBRAMYCIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80201	ASSAY OF TOPIRAMATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80202	ASSAY OF VANCOMYCIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
80203	Zonisamide	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80299	QUANTITATIVE ASSAY, DRUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80400	ACTH STIMULATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80402	ACTH STIMULATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80406	ACTH STIMULATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80408	ALDOSTERONE SUPPRESSION EVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80410	CALCITONIN STIMUL PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80412	CRH STIMULATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80414	TESTOSTERONE RESPONSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80415	ESTRADIOL RESPONSE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80416	RENIN STIMULATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80417	RENIN STIMULATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80418	PITUITARY EVALUATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80420	DEXAMETHASONE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80422	GLUCAGON TOLERANCE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80424	GLUCAGON TOLERANCE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80426	GONADOTROPIN HORMONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80428	GROWTH HORMONE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80430	GROWTH HORMONE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80432	INSULIN SUPPRESSION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80434	INSULIN TOLERANCE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80435	INSULIN TOLERANCE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80436	METYRAPONE PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
80438	TRH STIMULATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80439	TRH STIMULATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80440	TRH STIMULATION PANEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80500	LAB PATHOLOGY CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
80502	LAB PATHOLOGY CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81000	URINALYSIS, NONAUTO W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81001	URINALYSIS, AUTO W/SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81002	URINALYSIS NONAUTO W/O	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81003	URINALYSIS, AUTO, W/O SCOPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81005	URINALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81007	URINE SCREEN FOR BACTERIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81015	MICROSCOPIC EXAM OF URINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81020	URINALYSIS, GLASS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81025	URINE PREGNANCY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81050	URINALYSIS, VOLUME MEASURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
81099	URINALYSIS TEST PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
81161	DMD (DYSTROPHIN) (EG, DUCHENNE/BECKER MUSCULAR	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81200	ASPA GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81205	BCKDHB GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81206	BCR/ABL1 TRANSLOCATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
81207	BCR/ABL1 TRANSLOCATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81208	BCR/ABL1 TRANSLOCATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81210	BRAF GENE ANALYSIS V600E VARIANT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81211	BRCA1/BRCA2 GENE ANALYSIS FULL SEQ ANALYSIS/COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81212	BRCA1/BRCA2 GENE ANALYSIS 185DELAG/5385INSC/6174DELT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81213	BRCA1/BRCA2 GENE ANALYSIS UNCOMMON DUP/DELETE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81214	BRCA1 FULL SEQ	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81215	BRCA1 GENE ANALYSIS KNOWN FAMILY VARIANT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81216	BRCA2 GENE ANALYSIS FULL SEQ	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81217	BRCA2 GENE ANALYSIS KNOWN FAMILY VARIANT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81220	CFTR ANALYSIS COMMON VARIANTS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81221	CFTR GENE ANALYSIS KNOWN FAMILY VARIANTS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81222	CFTR GENE ANALYSIS DUP/DELETE VARIANTS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81223	CFTR GENE ANALYSIS FULL GENE SEQ	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81226	CYP2D6 GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81227	CYP2C9 GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
81228	CYTOGENE CONSTITUTIONAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81229	CYTOGENE CONSTITUTIONAL MICRO ANALYSIS/INTERROGATE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81235	EGFR (EPIDERMAL GROWTH	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81240	F2 GENE ANALYSIS 20210G>A	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81241	F5 GENE ANALYSIS LEIDEN VARIANT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81242	FANCC GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81243	FMR1 GENE ANALYSIS/EVAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81244	FMR1 GENE ANALYSIS CHARACTER	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81245	FLT3 GENE ANALYSIS INTERNAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81250	G6PC GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81251	GBA GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81252	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26)	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81253	GJB2 (GAP JUNCTION PROTEIN,	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81254	GJB6 (GAP JUNCTION PROTEIN,	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81255	HEXA GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81256	HFE GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81257	HBA1/HBA2 GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81261	IGH GENE REARRANGE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81262	IGH GENE REARRANGE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81263	IGH VARIABLE REGION SOMATIC	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81264	IGK GENE REARRANGE ANALYSIS EVAL/DETECT ABNL CLONAL POPS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81265	COMPARE/ANALYZE SHORT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81266	COMPARE/ANALYZE SHORT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81267	CHIMERISM ANALYSIS/POST	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81268	CHIMERISM ANALYSIS POST	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
81270	JAK2 GENE ANALYZE P.VAL617PHE VARIANT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81275	KRAS GENE ANALYSIS VARIANTS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81280	LONG QT SYNDROME GENE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81281	LONG QT SYNDROME GENE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81282	LONG QT SYNDROME GENE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81287	MGMT (O-6-methylguanine-DNA	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81290	MCOLN1 GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81291	MTHFR GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81292	MLH1 GENE ANALYSIS FULL SEQ	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81293	MLH1 GENE ANALYSIS KNOWN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81294	MLH1 GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81295	MSH2 GENE ANALYSIS FULL SEQ	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81296	MSH2 GENE ANALYSIS KNOWN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81297	MSH2 GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81298	MSH6 GENE ANALYSIS FULL SEQ	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81299	MSH6 GENE ANALYSIS KNOWN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81300	MSH6 GENE ANALYSIS DUP/DELETE VARIANTS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81301	MICROSATELLITE INSTABILITY	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81302	MECP2 GENE ANALYSIS FULL SEQ	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81303	MECP2 GENE ANALYSIS KNOWN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81304	MECP2 GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81310	NPM1 GENE ANALYSIS EXON 12	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81315	PML/RARALPHA TRANSLOCATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81316	PML/RARALPHA TRANSLOCATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81317	PMS2 GENE ANALYSIS FULL SEQ	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81318	PMS2 GENE ANALYSIS KNOWN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81319	PMS2 GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81321	PTEN (PHOSPHATASE AND TENSIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81322	PTEN (PHOSPHATASE AND TENSIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81323	PTEN (PHOSPHATASE AND TENSIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
81324	PMP22 (PERIPHERAL MYELIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81325	PMP22 (PERIPHERAL MYELIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81326	PMP22 (PERIPHERAL MYELIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81330	SMPD1 GENE ANALYSIS COMMON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81331	SNRPN/UBE3A METHYLATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81332	SERPINA1 GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81340	TRB GENE REARRANGE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81341	TRB GENE REARRANGE ANALYSIS DETECT ABNL CLONAL POPS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81342	TRG GENE REARRANGE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81350	UGT1A1 GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81355	VKORC1 GENE ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81370	HLA CLASS I/II TYPE LOW RES/HLA-	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81371	HLA CLASS I/II TYPE LOW RES/HLA-	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81372	HLA CLASS I TYPE LOW RES	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81373	HLA CLASS I TYPE LOW RES/ONE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81374	HLA CLASS I TYPE/LOW RES ONE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81375	HLA CLASS II TYPE/LOW RES HLA-	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81376	HLA CLASS II TYPE/LOW RES/ONE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81377	HLA CLASS II TYPE/LOW RES/ONE ANTIGEN EQUIV EA	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81378	HLA CLASS I/II TYPE/HI RES HLA-A, -	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81379	HLA CLASS I TYPE/HI RES	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81380	HLA CLASS I TYPE/HI RES ONE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81381	HLA CLASS I TYPE/HI RES ONE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81382	HLA CLASS II TYPE/HI RES ONE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81383	HLA CLASS II TYPE/HI RES ONE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81400	MOLECULAR PATH PROC LVL 1	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81401	MOLECULAR PATH PROC LVL2	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81402	MOLECULAR PATHOLOGY PROC	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81403	MOLECULAR PATH PROC LVL 4	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
81404	MOLECULAR PATH PROC LVL 5	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81405	MOLECULAR PATH PROC LVL 6	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81406	MOLECULAR PATH PROC LVL 7	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81407	MOLECULAR PATH PROC LVL 8	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81408	MOLECULAR PATH PROC LVL 9	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81500	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA-125 AND HE4), UTILIZING SERUM, WITH MENOPAUSAL STATUS, ALGORITHM REPORTED AS A RISK	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81503	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125, APOLIPOPROTEIN A1, BETA-2 MICROGLOBULIN, TRANSFERRIN, AND PRE-ALBUMIN), UTILIZING SERUM, ALGORITHM REPORTED	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81504	Oncology (tissue of origin), microarray gene expression	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
81506	ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTES (GLUCOSE,	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81508	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF TWO PROTEINS (PAPP-	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81509	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81510	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81511	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP,	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81512	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FIVE ANALYTES (AFP,	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82000	ASSAY OF BLOOD ACETALDEHYDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82003	ASSAY OF ACETAMINOPHEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82009	TEST FOR ACETONE/KETONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82010	ACETONE ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82013	ACETYLCHOLINESTERASE ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82016	ACYLCARNITINES, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82017	ACYLCARNITINES, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82024	ASSAY OF ACTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82030	ASSAY OF ADP & AMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82040	ASSAY OF SERUM ALBUMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82042	ASSAY OF URINE ALBUMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82043	MICROALBUMIN, QUANTITATIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82044	MICROALBUMIN, SEMIQUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82045	ALBUMIN, ISCHEMIA MODIFIED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82055	ASSAY OF ETHANOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82075	ASSAY OF BREATH ETHANOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82085	ASSAY OF ALDOLASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82088	ASSAY OF ALDOSTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82101	ASSAY OF URINE ALKALOIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82103	ALPHA-1-ANTITRYPSIN, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82104	ALPHA-1-ANTITRYPSIN, PHENO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82105	ALPHA-FETOPROTEIN, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
82106	ALPHA-FETOPROTEIN, AMNIOTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82107	ALPHA-FETOPROTEIN L3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82108	ASSAY OF ALUMINUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82120	AMINES, VAGINAL FLUID QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82127	AMINO ACID, SINGLE QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82128	AMINO ACIDS, MULT QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82131	AMINO ACIDS, SINGLE QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82135	ASSAY, AMINOLEVULINIC ACID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82136	AMINO ACIDS, QUANT, 2-5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82139	AMINO ACIDS, QUAN, 6 OR MORE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82140	ASSAY OF AMMONIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82143	AMNIOTIC FLUID SCAN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82145	ASSAY OF AMPHETAMINES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82150	ASSAY OF AMYLASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82154	ANDROSTANEDIOL GLUCURONIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82157	ASSAY OF ANDROSTENEDIONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82160	ASSAY OF ANDROSTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82163	ASSAY OF ANGIOTENSIN II	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82164	ANGIOTENSIN I ENZYME TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82172	ASSAY OF APOLIPOPROTEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82175	ASSAY OF ARSENIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82180	ASSAY OF ASCORBIC ACID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82190	ATOMIC ABSORPTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82205	ASSAY OF BARBITURATES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82232	ASSAY OF BETA-2 PROTEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82239	BILE ACIDS, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82240	BILE ACIDS, CHOLYLGLYCINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82247	BILIRUBIN, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82248	BILIRUBIN, DIRECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82252	FECAL BILIRUBIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
82261	ASSAY OF BIOTINIDASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82270	OCCULT BLOOD, FECES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82271	OCCULT BLOOD, OTHER SOURCES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82272	OCCULT BLOOD, FECES, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82274	ASSAY TEST FOR BLOOD, FECAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82286	ASSAY OF BRADYKININ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82300	ASSAY OF CADMIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82306	ASSAY OF VITAMIN D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82307	ASSAY OF VITAMIN D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82308	ASSAY OF CALCITONIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82310	ASSAY OF CALCIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82330	ASSAY OF CALCIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82331	CALCIUM INFUSION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82340	ASSAY OF CALCIUM IN URINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82355	CALCULUS ANALYSIS, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82360	CALCULUS ASSAY, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82365	CALCULUS SPECTROSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82370	X-RAY ASSAY, CALCULUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82373	ASSAY, C-D TRANSFER MEASURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82374	ASSAY, BLOOD CARBON DIOXIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82375	ASSAY, BLOOD CARBON MONOXIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82376	TEST FOR CARBON MONOXIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82378	CARCINOEMBRYONIC ANTIGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82379	ASSAY OF CARNITINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82380	ASSAY OF CAROTENE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82382	ASSAY, URINE CATECHOLAMINES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82383	ASSAY, BLOOD CATECHOLAMINES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82384	ASSAY, THREE CATECHOLAMINES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82387	ASSAY OF CATHEPSIN-D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82390	ASSAY OF CERULOPLASMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82397	CHEMILUMINESCENT ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82415	ASSAY OF CHLORAMPHENICOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82435	ASSAY OF BLOOD CHLORIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82436	ASSAY OF URINE CHLORIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82438	ASSAY, OTHER FLUID CHLORIDES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82441	TEST FOR CHLOROHYDROCARBONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82465	ASSAY, BLD/SERUM CHOLESTEROL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82480	ASSAY, SERUM CHOLINESTERASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82482	ASSAY, RBC CHOLINESTERASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82485	ASSAY, CHONDROITIN SULFATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82495	ASSAY OF CHROMIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82507	ASSAY OF CITRATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82520	ASSAY OF COCAINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82523	COLLAGEN CROSSLINKS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82525	ASSAY OF COPPER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82528	ASSAY OF CORTICOSTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82530	CORTISOL, FREE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82533	TOTAL CORTISOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82540	ASSAY OF CREATINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82542	COLUMN CHROMATOGRAPHY, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82550	ASSAY OF CK (CPK)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82552	ASSAY OF CPK IN BLOOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82553	CREATINE, MB FRACTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82554	CREATINE, ISOFORMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82565	ASSAY OF CREATININE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82570	ASSAY OF URINE CREATININE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82575	CREATININE CLEARANCE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82585	ASSAY OF CRYOFIBRINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82595	ASSAY OF CRYOGLOBULIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82600	ASSAY OF CYANIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82607	VITAMIN B-12	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82608	B-12 BINDING CAPACITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82610	CYSTATIN C	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82615	TEST FOR URINE CYSTINES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82626	DEHYDROEPIANDROSTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82627	DEHYDROEPIANDROSTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82633	DESOXYCORTICOSTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82634	DEOXYCORTISOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82638	ASSAY OF DIBUCAINE NUMBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82646	ASSAY OF DIHYDROCODEINONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82649	ASSAY OF DIHYDROMORPHINONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82651	ASSAY OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82652	ASSAY OF DIHYDROXYVITAMIN D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82654	ASSAY OF DIMETHADIONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82656	PANCREATIC ELASTASE, FECAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82657	ENZYME CELL ACTIVITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82658	ENZYME CELL ACTIVITY, RA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82664	ELECTROPHORETIC TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82666	ASSAY OF EPIANDROSTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82668	ASSAY OF ERYTHROPOIETIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82670	ASSAY OF ESTRADIOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82671	ASSAY OF ESTROGENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82672	ASSAY OF ESTROGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82677	ASSAY OF ESTRIOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82679	ASSAY OF ESTRONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82690	ASSAY OF ETHCHLORVYNOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82693	ASSAY OF ETHYLENE GLYCOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82696	ASSAY OF ETIOCHOLANOLONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82705	FATS/LIPIDS, FECES, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82710	FATS/LIPIDS, FECES, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82715	ASSAY OF FECAL FAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82725	ASSAY OF BLOOD FATTY ACIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82726	LONG CHAIN FATTY ACIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82728	ASSAY OF FERRITIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82731	ASSAY OF FETAL FIBRONECTIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82735	ASSAY OF FLUORIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82742	ASSAY OF FLURAZEPAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82746	BLOOD FOLIC ACID SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82747	ASSAY OF FOLIC ACID, RBC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82757	ASSAY OF SEMEN FRUCTOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82759	ASSAY OF RBC GALACTOKINASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82760	ASSAY OF GALACTOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82775	ASSAY GALACTOSE TRANSFERASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82776	GALACTOSE TRANSFERASE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82777	GALECTIN-3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82784	ASSAY OF GAMMAGLOBULIN IGM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82785	ASSAY OF GAMMAGLOBULIN IGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82787	IGG 1, 2, 3 OR 4, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82800	BLOOD PH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82803	BLOOD GASES: PH, PO2 & PCO2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82805	BLOOD GASES W/O2 SATURATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82810	BLOOD GASES, O2 SAT ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82820	HEMOGLOBIN-OXYGEN AFFINITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82930	GASTRIC ACID ANALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82938	GASTRIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82941	ASSAY OF GASTRIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82943	ASSAY OF GLUCAGON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
82945	GLUCOSE OTHER FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82946	GLUCAGON TOLERANCE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82947	ASSAY, GLUCOSE, BLOOD QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82948	REAGENT STRIP/BLOOD GLUCOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82950	GLUCOSE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82951	GLUCOSE TOLERANCE TEST (GTT)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82952	GTT-ADDED SAMPLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82953	GLUCOSE-TOLBUTAMIDE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82955	ASSAY OF G6PD ENZYME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82960	TEST FOR G6PD ENZYME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82962	GLUCOSE BLOOD TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82963	ASSAY OF GLUCOSIDASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82965	ASSAY OF GDH ENZYME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82975	ASSAY OF GLUTAMINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82977	ASSAY OF GGT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82978	ASSAY OF GLUTATHIONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82979	ASSAY, RBC GLUTATHIONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82980	ASSAY OF GLUTETHIMIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
82985	GLYCATED PROTEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83001	GONADOTROPIN (FSH)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83002	GONADOTROPIN (LH)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83003	ASSAY, GROWTH HORMONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
83008	ASSAY OF GUANOSINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83009	H PYLORI (C-13), BLOOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83010	ASSAY OF HAPTOGLOBIN, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83012	ASSAY OF HAPTOGLOBINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83013	H PYLORI (C-13), BREATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83014	H PYLORI DRUG ADMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83015	HEAVY METAL SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83018	QUANTITATIVE SCREEN, METALS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83020	HEMOGLOBIN ELECTROPHORESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83021	HEMOGLOBIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83026	HEMOGLOBIN, COPPER SULFATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83030	FETAL HEMOGLOBIN, CHEMICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83033	FETAL HEMOGLOBIN ASSAY, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83036	GLYCOSYLATED HEMOGLOBIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83037	GLYCOSYLATED HB, HOME DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83045	BLOOD METHEMOGLOBIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83050	BLOOD METHEMOGLOBIN ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83051	ASSAY OF PLASMA HEMOGLOBIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83055	BLOOD SULFHEMOGLOBIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83060	BLOOD SULFHEMOGLOBIN ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83065	ASSAY OF HEMOGLOBIN HEAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83068	HEMOGLOBIN STABILITY SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83069	ASSAY OF URINE HEMOGLOBIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83070	ASSAY OF HEMOSIDERIN, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83071	ASSAY OF HEMOSIDERIN, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
83080	ASSAY OF B HEXOSAMINIDASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83088	ASSAY OF HISTAMINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83090	ASSAY OF HOMOCYSTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83150	ASSAY OF FOR HVA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83491	ASSAY OF CORTICOSTEROIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83497	ASSAY OF 5-HIAA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83498	ASSAY OF PROGESTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83499	ASSAY OF PROGESTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83500	ASSAY, FREE HYDROXYPROLINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83505	ASSAY, TOTAL HYDROXYPROLINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83516	IMMUNOASSAY, NONANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83518	IMMUNOASSAY, DIPSTICK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83519	IMMUNOASSAY, NONANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83520	IMMUNOASSAY, RIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83525	ASSAY OF INSULIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83527	ASSAY OF INSULIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83528	ASSAY OF INTRINSIC FACTOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83540	ASSAY OF IRON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83550	IRON BINDING TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83570	ASSAY OF IDH ENZYME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83582	ASSAY OF KETOGENIC STEROIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83586	ASSAY 17- KETOSTEROIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83593	FRACTIONATION, KETOSTEROIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83605	ASSAY OF LACTIC ACID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83615	LACTATE (LD) (LDH) ENZYME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83625	ASSAY OF LDH ENZYMES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83630	LACTOFERRIN, FECAL (QUAL)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83631	LACTOFERRIN, FECAL (QUANT)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
83632	PLACENTAL LACTOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83633	TEST URINE FOR LACTOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83634	ASSAY OF URINE FOR LACTOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83655	ASSAY OF LEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83661	L/S RATIO, FETAL LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83662	FOAM STABILITY, FETAL LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83663	FLUORO POLARIZE, FETAL LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83664	LAMELLAR BDY, FETAL LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83670	ASSAY OF LAP ENZYME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83690	ASSAY OF LIPASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83695	ASSAY OF LIPOPROTEIN(A)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83698	ASSAY LIPOPROTEIN PLA2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83700	LIOPRO BLD, ELECTROPHORETIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83701	LIOPROTEIN BLD, HR FRACTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83704	LIOPROTEIN, BLD, BY NMR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83718	ASSAY OF LIPOPROTEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83719	ASSAY OF BLOOD LIPOPROTEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83721	ASSAY OF BLOOD LIPOPROTEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83727	ASSAY OF LRH HORMONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83735	ASSAY OF MAGNESIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83775	ASSAY OF MD ENZYME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83785	ASSAY OF MANGANESE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83789	MASS SPECTROMETRY QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83805	ASSAY OF MEPROBAMATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83825	ASSAY OF MERCURY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
83835	ASSAY OF METANEPHRINES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83840	ASSAY OF METHADONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83857	ASSAY OF METHEMALBUMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83858	ASSAY OF METHSUXIMIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83864	MUCOPOLYSACCHARIDES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83866	MUCOPOLYSACCHARIDES SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83872	ASSAY SYNOVIAL FLUID MUCIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83873	ASSAY OF CSF PROTEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83874	ASSAY OF MYOGLOBIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83876	MYELOPEROXIDASE (MPO)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83880	NATRIURETIC PEPTIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83883	ASSAY, NEPHELOMETRY NOT SPEC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83885	ASSAY OF NICKEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83887	ASSAY OF NICOTINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83915	ASSAY OF NUCLEOTIDASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83916	OLIGOCLONAL BANDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83918	ORGANIC ACIDS, TOTAL, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83919	ORGANIC ACIDS, QUAL, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83921	ORGANIC ACID, SINGLE, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83925	ASSAY OF OPIATES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83930	ASSAY OF BLOOD OSMOLALITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83935	ASSAY OF URINE OSMOLALITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83937	ASSAY OF OSTEOCALCIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83945	ASSAY OF OXALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83950	ONCOPROTEIN, HER-2/NEU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83951	ONCOPROTEIN; DES-GAMMA-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83970	ASSAY OF PARATHORMONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
83986	ASSAY OF BODY FLUID ACIDITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83987	PH; EXHALED BREATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83992	ASSAY FOR PHENCYCLIDINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
83993	ASSAY FOR CALPROTECTIN FECAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84022	ASSAY OF PHENOTHIAZINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84030	ASSAY OF BLOOD PKU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84035	ASSAY OF PHENYLKETONES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84060	ASSAY ACID PHOSPHATASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84061	PHOSPHATASE, FORENSIC EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84066	ASSAY PROSTATE PHOSPHATASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84075	ASSAY ALKALINE PHOSPHATASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84078	ASSAY ALKALINE PHOSPHATASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84080	ASSAY ALKALINE PHOSPHATASES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84081	AMNIOTIC FLUID ENZYME TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84085	ASSAY OF RBC PG6D ENZYME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84087	ASSAY PHOSPHOHEXOSE ENZYMES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84100	ASSAY OF PHOSPHORUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84105	ASSAY OF URINE PHOSPHORUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84106	TEST FOR PORPHOBILINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
84110	ASSAY OF PORPHOBILINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84112	PLACENTAL ALPHA MICRO1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84119	TEST URINE FOR PORPHYRINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84120	ASSAY OF URINE PORPHYRINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84126	ASSAY OF FECES PORPHYRINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84127	ASSAY OF FECES PORPHYRINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84132	ASSAY OF SERUM POTASSIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84133	ASSAY OF URINE POTASSIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84134	ASSAY OF PREALBUMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84135	ASSAY OF PREGNANEDIOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84138	ASSAY OF PREGNANETRIOL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84140	ASSAY OF PREGNENOLONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84143	ASSAY OF 17-HYDROXYPREGNENO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84144	ASSAY OF PROGESTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84145	PROCALCITONIN (PCT)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84146	ASSAY OF PROLACTIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84150	ASSAY OF PROSTAGLANDIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84152	ASSAY OF PSA, COMPLEXED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84153	ASSAY OF PSA, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84154	ASSAY OF PSA, FREE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84155	ASSAY OF PROTEIN, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84156	ASSAY OF PROTEIN, URINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84157	ASSAY OF PROTEIN, OTHER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84160	ASSAY OF PROTEIN, ANY SOURCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84163	PAPPA, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84165	PROTEIN E-PHORESIS, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
84166	PROTEIN E-PHORESIS/URINE/CSF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84181	WESTERN BLOT TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84182	PROTEIN, WESTERN BLOT TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84202	ASSAY RBC PROTOPORPHYRIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84203	TEST RBC PROTOPORPHYRIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84206	ASSAY OF PROINSULIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84207	ASSAY OF VITAMIN B-6	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84210	ASSAY OF PYRUVATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84220	ASSAY OF PYRUVATE KINASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84228	ASSAY OF QUININE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84233	ASSAY OF ESTROGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84234	ASSAY OF PROGESTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84235	ASSAY OF ENDOCRINE HORMONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84238	ASSAY, NONENDOCRINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84244	ASSAY OF RENIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84252	ASSAY OF VITAMIN B-2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84255	ASSAY OF SELENIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84260	ASSAY OF SEROTONIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84270	ASSAY OF SEX HORMONE GLOBUL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84275	ASSAY OF SIALIC ACID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84285	ASSAY OF SILICA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84295	ASSAY OF SERUM SODIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84300	ASSAY OF URINE SODIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84302	ASSAY OF SWEAT SODIUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84305	ASSAY OF SOMATOMEDIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
84307	ASSAY OF SOMATOSTATIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84311	SPECTROPHOTOMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84315	BODY FLUID SPECIFIC GRAVITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84375	CHROMATOGRAM ASSAY, SUGARS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84376	SUGARS, SINGLE, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84377	SUGARS, MULTIPLE, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84378	SUGARS, SINGLE, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84379	SUGARS MULTIPLE QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84392	ASSAY OF URINE SULFATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84402	ASSAY OF TESTOSTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84403	ASSAY OF TOTAL TESTOSTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84425	ASSAY OF VITAMIN B-1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84430	ASSAY OF THIOCYANATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84431	THROMBOXANE METABOLITE(S),	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84432	ASSAY OF THYROGLOBULIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84436	ASSAY OF TOTAL THYROXINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84437	ASSAY OF NEONATAL THYROXINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84439	ASSAY OF FREE THYROXINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84442	ASSAY OF THYROID ACTIVITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84443	ASSAY THYROID STIM HORMONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84445	ASSAY OF TSI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84446	ASSAY OF VITAMIN E	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84449	ASSAY OF TRANCORTIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84450	TRANSFERASE (AST) (SGOT)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84460	ALANINE AMINO (ALT) (SGPT)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84466	ASSAY OF TRANSFERRIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84478	ASSAY OF TRIGLYCERIDES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
84479	ASSAY OF THYROID (T3 OR T4)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84480	ASSAY, TRIIODOTHYRONINE (T3)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84481	FREE ASSAY (FT-3)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84482	T3 REVERSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84484	ASSAY OF TROPONIN, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84485	ASSAY DUODENAL FLUID TRYPSIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84488	TEST FECES FOR TRYPSIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84490	ASSAY OF FECES FOR TRYPSIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84510	ASSAY OF TYROSINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84512	ASSAY OF TROPONIN, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84520	ASSAY OF UREA NITROGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84525	UREA NITROGEN SEMI-QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84540	ASSAY OF URINE/UREA-N	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84545	UREA-N CLEARANCE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84550	ASSAY OF BLOOD/URIC ACID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84560	ASSAY OF URINE/URIC ACID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84577	ASSAY OF FECES/UROBILINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84578	TEST URINE UROBILINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84580	ASSAY OF URINE UROBILINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84583	ASSAY OF URINE UROBILINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84585	ASSAY OF URINE VMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84586	ASSAY OF VIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84588	ASSAY OF VASOPRESSIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84590	ASSAY OF VITAMIN A	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
84591	ASSAY OF NOS VITAMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84597	ASSAY OF VITAMIN K	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84600	ASSAY OF VOLATILES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84620	XYLOSE TOLERANCE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84630	ASSAY OF ZINC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84681	ASSAY OF C-PEPTIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84702	CHORIONIC GONADOTROPIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84703	CHORIONIC GONADOTROPIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84704	HCG, FREE BETACHAIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84830	OVULATION TESTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
84999	CLINICAL CHEMISTRY TEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
85002	BLEEDING TIME TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85004	AUTOMATED DIFF WBC COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85007	BL SMEAR W/DIFF WBC COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85008	BL SMEAR W/O DIFF WBC COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85009	MANUAL DIFF WBC COUNT B-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85013	SPUN MICROHEMATOCRIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85014	HEMATOCRIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85018	HEMOGLOBIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85025	COMPLETE CBC W/AUTO DIFF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85027	COMPLETE CBC, AUTOMATED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85032	MANUAL CELL COUNT, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85041	AUTOMATED RBC COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85044	MANUAL RETICULOCYTE COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85045	AUTOMATED RETICULOCYTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85046	RETICYTE/HGB CONCENTRATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85048	AUTOMATED LEUKOCYTE COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
85049	AUTOMATED PLATELET COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85055	RETICULATED PLATELET ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85060	BLOOD SMEAR INTERPRETATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85097	BONE MARROW INTERPRETATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85130	CHROMOGENIC SUBSTRATE ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85170	BLOOD CLOT RETRACTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85175	BLOOD CLOT LYSIS TIME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85210	BLOOD CLOT FACTOR II TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85220	BLOOD CLOT FACTOR V TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85230	BLOOD CLOT FACTOR VII TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85240	BLOOD CLOT FACTOR VIII TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85244	BLOOD CLOT FACTOR VIII TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85245	BLOOD CLOT FACTOR VIII TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85246	BLOOD CLOT FACTOR VIII TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85247	BLOOD CLOT FACTOR VIII TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85250	BLOOD CLOT FACTOR IX TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85260	BLOOD CLOT FACTOR X TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85270	BLOOD CLOT FACTOR XI TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85280	BLOOD CLOT FACTOR XII TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85290	BLOOD CLOT FACTOR XIII TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85291	BLOOD CLOT FACTOR XIII TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85292	BLOOD CLOT FACTOR ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85293	BLOOD CLOT FACTOR ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85300	ANTITHROMBIN III TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85301	ANTITHROMBIN III TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85302	BLOOD CLOT INHIBITOR ANTIGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85303	BLOOD CLOT INHIBITOR TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
85305	BLOOD CLOT INHIBITOR ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85306	BLOOD CLOT INHIBITOR TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85307	ASSAY ACTIVATED PROTEIN C	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85335	FACTOR INHIBITOR TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85337	THROMBOMODULIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85345	COAGULATION TIME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85347	COAGULATION TIME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85348	COAGULATION TIME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85360	EUGLOBULIN LYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85362	FIBRIN DEGRADATION PRODUCTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85366	FIBRINOGEN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85370	FIBRINOGEN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85378	FIBRIN DEGRADE, SEMIQUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85379	FIBRIN DEGRADATION, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85380	FIBRIN DEGRADATION, VTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85384	FIBRINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85385	FIBRINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85390	FIBRINOLYSINS SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85396	CLOTTING ASSAY, WHOLE BLOOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85397	COAGULATION AND FIBRINOLYSIS,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85400	FIBRINOLYTIC PLASMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85410	FIBRINOLYTIC ANTIPLASMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85415	FIBRINOLYTIC PLASMINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85420	FIBRINOLYTIC PLASMINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85421	FIBRINOLYTIC PLASMINOGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
85441	HEINZ BODIES, DIRECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85445	HEINZ BODIES, INDUCED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85460	HEMOGLOBIN, FETAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85461	HEMOGLOBIN, FETAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85475	HEMOLYSIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85520	HEPARIN ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85525	HEPARIN NEUTRALIZATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85530	HEPARIN-PROTAMINE TOLERANCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85536	IRON STAIN PERIPHERAL BLOOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85540	WBC ALKALINE PHOSPHATASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85547	RBC MECHANICAL FRAGILITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85549	MURAMIDASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85555	RBC OSMOTIC FRAGILITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85557	RBC OSMOTIC FRAGILITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85576	BLOOD PLATELET AGGREGATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85597	PLATELET NEUTRALIZATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85598	PHOSPHOLIPID NEUTRALIZATION;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85610	PROTHROMBIN TIME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85611	PROTHROMBIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85612	VIPER VENOM PROTHROMBIN TIME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85613	RUSSELL VIPER VENOM, DILUTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85635	REPTILASE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85651	RBC SED RATE, NONAUTOMATED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85652	RBC SED RATE, AUTOMATED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85660	RBC SICKLE CELL TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85670	THROMBIN TIME, PLASMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85675	THROMBIN TIME, TITER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
85705	THROMBOPLASTIN INHIBITION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85730	THROMBOPLASTIN TIME, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85732	THROMBOPLASTIN TIME, PARTIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85810	BLOOD VISCOSITY EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
85999	HEMATOLOGY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
86000	AGGLUTININS, FEBRILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86001	ALLERGEN SPECIFIC IGG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86003	ALLERGEN SPECIFIC IGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86005	ALLERGEN SPECIFIC IGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86021	WBC ANTIBODY IDENTIFICATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86022	PLATELET ANTIBODIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86023	IMMUNOGLOBULIN ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86038	ANTINUCLEAR ANTIBODIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86039	ANTINUCLEAR ANTIBODIES (ANA)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86060	ANTISTREPTOLYSIN O, TITER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86063	ANTISTREPTOLYSIN O, SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86077	PHYSICIAN BLOOD BANK SERVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86078	PHYSICIAN BLOOD BANK SERVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86079	PHYSICIAN BLOOD BANK SERVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86140	C-REACTIVE PROTEIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86141	C-REACTIVE PROTEIN, HS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86146	GLYCOPROTEIN ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86147	CARDIOLIPIN ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86148	PHOSPHOLIPID ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
86152	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86153	CELL ENUMERATION USING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86155	CHEMOTAXIS ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86156	COLD AGGLUTININ, SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86157	COLD AGGLUTININ, TITER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86160	COMPLEMENT, ANTIGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86161	COMPLEMENT/FUNCTION ACTIVITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86162	COMPLEMENT, TOTAL (CH50)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86171	COMPLEMENT FIXATION, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86185	COUNTERIMMUNOELECTROPHOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86200	CCP ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86215	DEOXYRIBONUCLEASE, ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86225	DNA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86226	DNA ANTIBODY, SINGLE STRAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86235	NUCLEAR ANTIGEN ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86243	FC RECEPTOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86255	FLUORESCENT ANTIBODY, SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86256	FLUORESCENT ANTIBODY, TITER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86277	GROWTH HORMONE ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86280	HEMAGGLUTINATION INHIBITION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86294	IMMUNOASSAY, TUMOR, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86300	IMMUNOASSAY, TUMOR, CA 15-3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86301	IMMUNOASSAY, TUMOR, CA 19-9	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86304	IMMUNOASSAY, TUMOR, CA 125	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86308	HETEROPHILE ANTIBODIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86309	HETEROPHILE ANTIBODIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86310	HETEROPHILE ANTIBODIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
86316	IMMUNOASSAY, TUMOR OTHER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86317	IMMUNOASSAY, INFECTIOUS AGENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86318	IMMUNOASSAY, INFECTIOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86320	SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86325	OTHER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86327	IMMUNOELECTROPHORESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86329	IMMUNODIFFUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86331	IMMUNODIFFUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86332	IMMUNE COMPLEX ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86334	IMMUNOFIX E-PHORESIS, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86335	IMMUNIFIX E-PHORSIS/URINE/CSF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86336	INHIBIN A	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86337	INSULIN ANTIBODIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86340	INTRINSIC FACTOR ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86341	ISLET CELL ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86343	LEUKOCYTE HISTAMINE RELEASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86344	LEUKOCYTE PHAGOCYTOSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86352	CELL FX ASSAY INVOLVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86353	LYMPHOCYTE TRANSFORMATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86355	B CELLS, TOTAL COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86356	MONONUCLEAR CELL ANTIGEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86357	NK CELLS, TOTAL COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86359	T CELLS, TOTAL COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86360	T CELL, ABSOLUTE COUNT/RATIO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86361	T CELL, ABSOLUTE COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86367	STEM CELLS, TOTAL COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
86376	MICROSOMAL ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86378	MIGRATION INHIBITORY FACTOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86382	NEUTRALIZATION TEST, VIRAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86384	NITROBLUE TETRAZOLIUM DYE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86386	NUCLEAR MATRIX PROTEIN 22	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86403	PARTICLE AGGLUTINATION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86406	PARTICLE AGGLUTINATION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86430	RHEUMATOID FACTOR TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86431	RHEUMATOID FACTOR, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86480	TB TEST, CELL IMMUN MEASURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86481	TB TEST CELL MEDIATED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86485	SKIN TEST, CANDIDA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86490	COCCIDIOIDOMYCOSIS SKIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86510	HISTOPLASMOSIS SKIN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86580	TB INTRADERMAL TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86586	SKIN TEST, UNLISTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86590	STREPTOKINASE, ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86592	BLOOD SEROLOGY, QUALITATIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86593	BLOOD SEROLOGY, QUANTITATIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86602	ANTINOMYCES ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86603	ADENOVIRUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86606	ASPERGILLUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86609	BACTERIUM ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86611	BARTONELLA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
86612	BLASTOMYCES ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86615	BORDETELLA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86617	LYME DISEASE ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86618	LYME DISEASE ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86619	BORRELIA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86622	BRUCELLA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86625	CAMPYLOBACTER ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86628	CANDIDA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86631	CHLAMYDIA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86632	CHLAMYDIA IGM ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86635	COCCIDIODES ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86638	Q FEVER ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86641	CRYPTOCOCCUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86644	CMV ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86645	CMV ANTIBODY, IGM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86648	DIPHTHERIA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86651	ENCEPHALITIS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86652	ENCEPHALITIS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86653	ENCEPHALITIS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86654	ENCEPHALITIS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86658	ENTEROVIRUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86663	EPSTEIN-BARR ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86664	EPSTEIN-BARR ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
86665	EPSTEIN-BARR ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86666	EHRlichia ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86668	FRANCISELLA TULARENSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86671	FUNGUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86674	GIARDIA LAMBLIA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86677	HELICOBACTER PYLORI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86682	HELMINTH ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86684	HEMOPHILUS INFLUENZA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86687	HTLV-I ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86688	HTLV-II ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86689	HTLV/HIV CONFIRMATORY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86692	HEPATITIS, DELTA AGENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86694	HERPES SIMPLEX TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86695	HERPES SIMPLEX TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86696	HERPES SIMPLEX TYPE 2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86698	HISTOPLASMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86701	HIV-1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
86702	HIV-2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86703	HIV-1/HIV-2, SINGLE ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86704	HEP B CORE ANTIBODY, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86705	HEP B CORE ANTIBODY, IGM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86706	HEP B SURFACE ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86707	HEP BE ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86708	HEP A ANTIBODY, TOTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86709	HEP A ANTIBODY, IGM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86710	INFLUENZA VIRUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86711	ANTIBODY; JC (JOHN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86713	LEGIONELLA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86717	LEISHMANIA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86720	LEPTOSPIRA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86723	LISTERIA MONOCYTOGENES AB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86727	LYMPH CHORIOMENINGITIS AB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86729	LYMPHO VENEREUM ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86732	MUCORMYCOSIS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86735	MUMPS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86738	MYCOPLASMA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
86741	NEISSERIA MENINGITIDIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86744	NOCARDIA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86747	PARVOVIRUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86750	MALARIA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86753	PROTOZOA ANTIBODY NOS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86756	RESPIRATORY VIRUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86757	RICKETTSIA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86759	ROTAVIRUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86762	RUBELLA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86765	RUBEOLA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86768	SALMONELLA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86771	SHIGELLA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86774	TETANUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86777	TOXOPLASMA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86778	TOXOPLASMA ANTIBODY, IGM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86780	ANTIBODY; TREPONEMA PALLIDUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86784	TRICHINELLA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86787	VARICELLA-ZOSTER ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86788	WEST NILE VIRUS AB, IGM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86789	WEST NILE VIRUS ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86790	VIRUS ANTIBODY NOS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86793	YERSINIA ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
86800	THYROGLOBULIN ANTIBODY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86803	HEPATITIS C AB TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86804	HEP C AB TEST, CONFIRM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86805	LYMPHOCYTOTOXICITY ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86806	LYMPHOCYTOTOXICITY ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86807	CYTOTOXIC ANTIBODY SCREENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86808	CYTOTOXIC ANTIBODY SCREENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86812	HLA TYPING, A, B, OR C	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86813	HLA TYPING, A, B, OR C	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86816	HLA TYPING, DR/DQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86817	HLA TYPING, DR/DQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86821	LYMPHOCYTE CULTURE, MIXED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86822	LYMPHOCYTE CULTURE, PRIMED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86825	HLA CROSSMATCH NON-CYTOTOXIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86826	HLA CROSSMATCH NON-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86828	ANTIBODY TO HUMAN LEUKOCYTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86829	ANTIBODY TO HUMAN LEUKOCYTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86830	ANTIBODY TO HUMAN LEUKOCYTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86833	ANTIBODY TO HUMAN LEUKOCYTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86834	ANTIBODY TO HUMAN LEUKOCYTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86835	ANTIBODY TO HUMAN LEUKOCYTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86849	IMMUNOLOGY PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86850	RBC ANTIBODY SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
86860	RBC ANTIBODY ELUTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86870	RBC ANTIBODY IDENTIFICATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86880	COOMBS TEST, DIRECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86885	COOMBS TEST, INDIRECT, QUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86886	COOMBS TEST, INDIRECT, TITER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86890	AUTOLOGOUS BLOOD PROCESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86891	AUTOLOGOUS BLOOD, OP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86900	BLOOD TYPING, ABO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86901	BLOOD TYPING, RH (D)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86902	BLOOD TYPING ANTIGEN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86904	BLOOD TYPING, PATIENT SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86905	BLOOD TYPING, RBC ANTIGENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86906	BLOOD TYPING, RH PHENOTYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86910	BLOOD TYPING, PATERNITY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86911	BLOOD TYPING, ANTIGEN SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86920	COMPATIBILITY TEST, SPIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86921	COMPATIBILITY TEST, INCUBATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86922	COMPATIBILITY TEST, ANTIGLOB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86923	COMPATIBILITY TEST, ELECTRIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86927	PLASMA, FRESH FROZEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86930	FROZEN BLOOD PREP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86931	FROZEN BLOOD THAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86932	FROZEN BLOOD FREEZE/THAW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86940	HEMOLYSINS/AGGLUTININS, AUTO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86941	HEMOLYSINS/AGGLUTININS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86945	BLOOD PRODUCT/IRRADIATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86950	LEUKACYTE TRANSFUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86960	VOL REDUCTION OF BLOOD/PROD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86965	POOLING BLOOD PLATELETS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86970	RBC PRETREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86971	RBC PRETREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86972	RBC PRETREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
86975	RBC PRETREATMENT, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86976	RBC PRETREATMENT, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86977	RBC PRETREATMENT, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86978	RBC PRETREATMENT, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86985	SPLIT BLOOD OR PRODUCTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
86999	TRANSFUSION PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
87001	SMALL ANIMAL INOCULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87003	SMALL ANIMAL INOCULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87015	SPECIMEN CONCENTRATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87040	BLOOD CULTURE FOR BACTERIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87045	FECES CULTURE, BACTERIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87046	STOOL CULTR, BACTERIA, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87070	CULTURE, BACTERIA, OTHER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87071	CULTURE BACTERI AEROBIC OTHR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87073	CULTURE BACTERIA ANAEROBIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87075	CULTR BACTERIA, EXCEPT BLOOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87076	CULTURE ANAEROBE IDENT, EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87077	CULTURE AEROBIC IDENTIFY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87081	CULTURE SCREEN ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87084	CULTURE OF SPECIMEN BY KIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87086	URINE CULTURE/COLONY COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87088	URINE BACTERIA CULTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87101	SKIN FUNGI CULTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87102	FUNGUS ISOLATION CULTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87103	BLOOD FUNGUS CULTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87106	FUNGI IDENTIFICATION, YEAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87107	FUNGI IDENTIFICATION, MOLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87109	MYCOPLASMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
87110	CHLAMYDIA CULTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87116	MYCOBACTERIA CULTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87118	MYCOBACTERIC IDENTIFICATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87140	CULTURE TYPE IMMUNO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87143	CULTURE TYPING, GLC/HPLC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87147	CULTURE TYPE, IMMUNOLOGIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87149	CULTURE TYPE, NUCLEIC ACID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87150	CULTURE TYPE ID DNA/ PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87152	CULTURE TYPE PULSE FIELD GEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87153	CULTURE TYPE ID NUCLEIC ACID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87158	CULTURE TYPING, ADDED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87164	DARK FIELD EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87166	DARK FIELD EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87168	MACROSCOPIC EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87169	MACROSCOPIC EXAM PARASITE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87172	PINWORM EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87176	TISSUE HOMOGENIZATION, CULTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87177	OVA AND PARASITES SMEARS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87181	MICROBE SUSCEPTIBLE, DIFFUSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87184	MICROBE SUSCEPTIBLE, DISK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87185	MICROBE SUSCEPTIBLE, ENZYME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87186	MICROBE SUSCEPTIBLE, MIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87187	MICROBE SUSCEPTIBLE, MLC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87188	MICROBE SUSCEPT, MACROBROTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87190	MICROBE SUSCEPT, MYCOBACTERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87197	BACTERICIDAL LEVEL, SERUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87205	SMEAR, GRAM STAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87206	SMEAR, FLUORESCENT/ACID STAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
87207	SMEAR, SPECIAL STAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87209	SMEAR, COMPLEX STAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87210	SMEAR, WET MOUNT, SALINE/INK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87220	TISSUE EXAM FOR FUNGI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87230	ASSAY, TOXIN OR ANTITOXIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87250	VIRUS INOCULATE, EGGS/ANIMAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87252	VIRUS INOCULATION, TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87253	VIRUS INOCULATE TISSUE, ADDL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87254	VIRUS INOCULATION, SHELL VIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
87255	GENET VIRUS ISOLATE, HSV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87260	ADENOVIRUS AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87265	PERTUSSIS AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
87267	ENTEROVIRUS ANTIBODY, DFA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87269	GIARDIA AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87270	CHLAMYDIA TRACHOMATIS AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
87271	CRYPTOSPORIDIUM/GARDIA AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87272	CRYPTOSPORIDIUM AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87273	HERPES SIMPLEX 2, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87274	HERPES SIMPLEX 1, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87275	INFLUENZA B, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87276	INFLUENZA A, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87277	LEGIONELLA MICDADEI, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87278	LEGION PNEUMOPHILIA AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87279	PARAINFLUENZA, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87280	RESPIRATORY SYNCYTIAL AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87281	PNEUMOCYSTIS CARINII, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87283	RUBEOLA, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87285	TREPONEMA PALLIDUM, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87290	VARICELLA ZOSTER, AG, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87299	ANTIBODY DETECTION, NOS, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87300	AG DETECTION, POLYVAL, IF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87301	ADENOVIRUS AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
87305	ASPERGILLUS AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87320	CHYLM D TRACH AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87324	CLOSTRIDIUM AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87327	CRYPTOCOCCUS NEOFORM AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87328	CRYPTOSPORIDIUM AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87329	GIARDIA AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87332	CYTOMEGALOVIRUS AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87335	E COLI 0157 AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87336	ENTAMOEB HIST DISPR, AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87337	ENTAMOEB HIST GROUP, AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87338	HPYLORI, STOOL, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87339	H PYLORI AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87340	HEPATITIS B SURFACE AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87341	HEPATITIS B SURFACE, AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87350	HEPATITIS BE AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87380	HEPATITIS DELTA AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87385	HISTOPLASMA CAPSUL AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87389	HIV-1 AG, w/HIV-1/HIV-2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87390	HIV-1 AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87391	HIV-2 AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87400	INFLUENZA A/B, AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87420	RESP SYNCYTIAL AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87425	ROTAVIRUS AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87427	SHIGA-LIKE TOXIN AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87430	STREP A AG, EIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
87449	AG DETECT NOS, EIA, MULT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87450	AG DETECT NOS, EIA, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87451	AG DETECT POLYVAL, EIA, MULT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87470	BARTONELLA, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87471	BARTONELLA, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87472	BARTONELLA, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87475	LYME DIS, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87476	LYME DIS, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87477	LYME DIS, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87480	CANDIDA, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87481	CANDIDA, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87482	CANDIDA, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87485	CHYLMD PNEUM, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87486	CHYLMD PNEUM, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87487	CHYLMD PNEUM, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87490	CHYLMD TRACH, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87491	CHYLMD TRACH, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87492	CHYLMD TRACH, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87493	INFECT AGENT DETECT DNA/RNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87495	CYTOMEG, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87496	CYTOMEG, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87497	CYTOMEG, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87498	ENTEROVIRUS, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87500	VANOMYCIN, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
87501	INFECT AGENT DETECT BY NUCLEIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87502	INFLUENZA VIRUS, MULT TYPES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87502	INFECT AGENT DETECT BY NUCLEIC ACID (DNA OR RNA)MULT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87503	INFECT AGENT DETECT NUCLEIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87510	GARDNER VAG, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87511	GARDNER VAG, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87512	GARDNER VAG, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87515	HEPATITIS B, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87516	HEPATITIS B, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87517	HEPATITIS B, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87520	HEPATITIS C, RNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87521	HEPATITIS C, RNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87522	HEPATITIS C, RNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87525	HEPATITIS G, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87526	HEPATITIS G, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87527	HEPATITIS G, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87528	HSV, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87529	HSV, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87530	HSV, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87531	HHV-6, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87532	HHV-6, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
87533	HHV-6, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87534	HIV-1, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87535	HIV-1, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87536	HIV-1, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87537	HIV-2, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87538	HIV-2, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87539	HIV-2, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87540	LEGION PNEUMO, DNA, DIR PROB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87541	LEGION PNEUMO, DNA, AMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87542	LEGION PNEUMO, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87550	MYCOBACTERIA, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87551	MYCOBACTERIA, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87552	MYCOBACTERIA, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87555	M.TUBERCULO, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87556	M.TUBERCULO, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87557	M.TUBERCULO, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87560	M.AVIUM-INTRA, DNA, DIR PROB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87561	M.AVIUM-INTRA, DNA, AMP PROB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87562	M.AVIUM-INTRA, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87580	M.PNEUMON, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87581	M.PNEUMON, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87582	M.PNEUMON, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87590	N.GONORRHOEAE, DNA, DIR PROB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87591	N.GONORRHOEAE, DNA, AMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
87592	N.GONORRHOEAE, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87620	HPV, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87621	HPV, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87622	HPV, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87631	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA);	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87632	INFECTIOUS AGENT DETECTION BY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87633	INFECTIOUS AGENT DETECTION BY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87640	STAPH A, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87641	MR-STAPH, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87650	STREP A, DNA, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87651	STREP A, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87652	STREP A, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87653	STREP B, DNA, AMP PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87660	TRICHOMONAS VAGIN, DIR PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87661	Infectious agent detection by	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87797	DETECT AGENT NOS, DNA, DIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87798	DETECT AGENT NOS, DNA, AMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87799	DETECT AGENT NOS, DNA, QUANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87800	DETECT AGNT MULT, DNA, DIREC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87801	DETECT AGNT MULT, DNA, AMPLI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87802	STREP B ASSAY W/OPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87803	CLOSTRIDIUM TOXIN A W/OPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87804	INFLUENZA ASSAY W/OPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87807	RSV ASSAY W/OPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87808	TRICHOMONAS ASSAY W/OPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87809	ADENOVIRUS ASSAY W/OPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87810	CHYLM D TRACH ASSAY W/OPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87850	N. GONORRHOEAE ASSAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
87880	STREP A ASSAY W/OPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87899	AGENT NOS ASSAY W/OPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87900	PHENOTYPE, INFECT AGENT DRUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87901	GENOTYPE, DNA, HIV REVERSE T	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87902	GENOTYPE, DNA, HEPATITIS C	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87903	PHENOTYPE, DNA HIV W/CULTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87904	PHENOTYPE, DNA HIV W/CLT ADD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87905	BILIRUBIN, TOTAL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87906	INFECT AGENT GENOTYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87910	INFECTIOUS AGENT GENOTYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87912	INFECTIOUS AGENT GENOTYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
87999	MICROBIOLOGY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
88000	AUTOPSY (NECROPSY), GROSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88005	AUTOPSY (NECROPSY), GROSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88007	AUTOPSY (NECROPSY), GROSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88012	AUTOPSY (NECROPSY), GROSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88014	AUTOPSY (NECROPSY), GROSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88016	AUTOPSY (NECROPSY), GROSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88020	AUTOPSY (NECROPSY), COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88025	AUTOPSY (NECROPSY), COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88027	AUTOPSY (NECROPSY), COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88028	AUTOPSY (NECROPSY), COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88029	AUTOPSY (NECROPSY), COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88036	LIMITED AUTOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88037	LIMITED AUTOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
88040	FORENSIC AUTOPSY (NECROPSY)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88045	CORONER'S AUTOPSY (NECROPSY)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88099	NECROPSY (AUTOPSY)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
88104	CYTOPATH FL NONGYN, SMEARS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88106	CYTOPATH FL NONGYN, FILTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88107	CYTOPATH FL NONGYN, SM/FLTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88108	CYTOPATH, CONCENTRATE TECH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88112	CYTOPATH, CELL ENHANCE TECH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88120	CYTOPATH, IN SITU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88121	CYTOPATH IN SITU HYBRIDIZATION URINARY TRACT SPECIMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88125	FORENSIC CYTOPATHOLOGY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88130	SEX CHROMATIN IDENTIFICATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88140	SEX CHROMATIN IDENTIFICATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88141	CYTOPATH, C/V, INTERPRET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88142	CYTOPATH, C/V, THIN LAYER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88143	CYTOPATH C/V THIN LAYER REDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88147	CYTOPATH, C/V, AUTOMATED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88148	CYTOPATH, C/V, AUTO RESCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88150	CYTOPATH, C/V, MANUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88152	CYTOPATH, C/V, AUTO REDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88153	CYTOPATH, C/V, REDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
88154	CYTOPATH, C/V, SELECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88155	CYTOPATH, C/V, INDEX ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88160	CYTOPATH SMEAR, OTHER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88161	CYTOPATH SMEAR, OTHER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88162	CYTOPATH SMEAR, OTHER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88164	CYTOPATH TBS, C/V, MANUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88165	CYTOPATH TBS, C/V, REDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88166	CYTOPATH TBS, C/V, AUTO REDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88167	CYTOPATH TBS, C/V, SELECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88172	CYTOPATHOLOGY EVAL OF FNA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88173	CYTOPATH EVAL, FNA, REPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88174	CYTOPATH, C/V AUTO, IN FLUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88175	CYTOPATH C/V AUTO FLUID REDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88177	CYTOPATH EVALFINE NEEDLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88182	CELL MARKER STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88184	FLOWCYTOMETRY/ TC, 1 MARKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88185	FLOWCYTOMETRY/TC, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88187	FLOWCYTOMETRY/READ, 2-8	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88188	FLOWCYTOMETRY/READ, 9-15	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88189	FLOWCYTOMETRY/READ, 16 & >	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88199	CYTOPATHOLOGY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
88230	TISSUE CULTURE, LYMPHOCYTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88233	TISSUE CULTURE, SKIN/BIOPSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88235	TISSUE CULTURE, PLACENTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
88237	TISSUE CULTURE, BONE MARROW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88239	TISSUE CULTURE, TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88240	CELL CRYOPRESERVE/STORAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88241	FROZEN CELL PREPARATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88245	CHROMOSOME ANALYSIS, 20-25	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88248	CHROMOSOME ANALYSIS, 50-100	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88249	CHROMOSOME ANALYSIS, 100	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88261	CHROMOSOME ANALYSIS, 5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88262	CHROMOSOME ANALYSIS, 15-20	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88263	CHROMOSOME ANALYSIS, 45	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88264	CHROMOSOME ANALYSIS, 20-25	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88267	CHROMOSOME ANALYSIS, PLACENTA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
88269	CHROMOSOME ANALYSIS, AMNIOTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88271	CYTOGENETICS, DNA PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88272	CYTOGENETICS, 3-5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88273	CYTOGENETICS, 10-30	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
88274	CYTOGENETICS, 25-99	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88275	CYTOGENETICS, 100-300	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88280	CHROMOSOME KARYOTYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88283	CHROMOSOME BANDING STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88285	CHROMOSOME COUNT, ADDITIONAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88289	CHROMOSOME STUDY, ADDITIONAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88291	CYTO/MOLECULAR REPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88299	CYTOGENETIC STUDY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
88300	SURGICAL PATH, GROSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88302	TISSUE EXAM BY PATHOLOGIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88304	TISSUE EXAM BY PATHOLOGIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88305	TISSUE EXAM BY PATHOLOGIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88307	TISSUE EXAM BY PATHOLOGIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88309	TISSUE EXAM BY PATHOLOGIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88311	DECALCIFY TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88312	SPECIAL STAINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88313	SPECIAL STAINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88314	HISTOCHEMICAL STAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88319	ENZYME HISTOCHEMISTRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88321	MICROSLIDE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
88323	MICROSLIDE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88325	COMP REVIEW OF DATA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88329	PATH CONSULT INTROP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88331	PATH CONSULT INTRAOP, 1 BLOC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88332	PATH CONSULT INTRAOP, ADD'L	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88333	INTRAOP CYTO PATH CONSULT, 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88334	INTRAOP CYTO PATH CONSULT, 2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88342	IMMUNOHISTOCHEMISTRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88343	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88346	IMMUNOFLUORESCENT STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88348	ELECTRON MICROSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88349	SCANNING ELECTRON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88350	Immunofluorescence, per	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88355	ANALYSIS, SKELETAL MUSCLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88356	ANALYSIS, NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88358	ANALYSIS, TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88360	TUMOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
88362	NERVE TEASING PREPARATIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88363	EXAM/SELECT RETRIEVE ARCHIVAL TISSUE MOLECULAR ANALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88365	INSITU HYBRIDIZATION (FISH)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88367	INSITU HYBRIDIZATION, AUTO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88368	INSITU HYBRIDIZATION, MANUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88371	PROTEIN, WESTERN BLOT TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88372	PROTEIN ANALYSIS W/PROBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88375	OPTICAL ENDOMICROSCOPIC IMAGE(S), INTERPRETATION AND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88380	MICRODISSECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88381	MICRODISSECTION, MANUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88387	MACRO EXAM/DISSECT/PREPARE TISSUE NON-MICROSCOPIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88388	MACRO EXAM/DISSECT/PREPARE TISSUE NON-MICROSCOPIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88399	SURGICAL PATHOLOGY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88738	HEMOGLOBIN (HGB),	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
88749	UNLISTED IN VIVO LAB SERVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89049	CHCT FOR MAL HYPERTHERMIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89050	BODY FLUID CELL COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89051	BODY FLUID CELL COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89055	LEUKOCYTE ASSESSMENT, FECAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89060	EXAM,SYNOVIAL FLUID CRYSTALS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89125	SPECIMEN FAT STAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89160	EXAM FECES FOR MEAT FIBERS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89190	NASAL SMEAR FOR EOSINOPHILS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89220	SPUTUM SPECIMEN COLLECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89230	COLLECT SWEAT FOR TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89240	PATHOLOGY LAB PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89250	CULTR OOCYTE/EMBRYO <4 DAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89251	CULTR OOCYTE/EMBRYO <4 DAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89253	EMBRYO HATCHING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89254	OOCYTE IDENTIFICATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89255	PREPARE EMBRYO FOR TRANSFER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89257	SPERM IDENTIFICATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89258	CRYOPRESERVATION; EMBRYO(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89259	CRYOPRESERVATION, SPERM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
89260	SPERM ISOLATION, SIMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89261	SPERM ISOLATION, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89264	IDENTIFY SPERM TISSUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89268	INSEMINATION OF OOCYTES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89272	EXTENDED CULTURE OF OOCYTES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89280	ASSIST OOCYTE FERTILIZATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89281	ASSIST OOCYTE FERTILIZATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89290	BIOPSY, OOCYTE POLAR BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89291	BIOPSY, OOCYTE POLAR BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89300	SEMEN ANALYSIS W/HUHNER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89310	SEMEN ANALYSIS W/COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89320	SEMEN ANALYSIS, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89321	SEMEN ANALYSIS & MOTILITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89322	SEMEN ANAL, STRICT CRITERIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89325	SPERM ANTIBODY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89329	SPERM EVALUATION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89330	EVALUATION, CERVICAL MUCUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89331	RETROGRADE EJACULATION ANAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
89335	CRYOPRESERVE TESTICULAR TISS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89342	STORAGE/YEAR; EMBRYO(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89343	STORAGE/YEAR; SPERM/SEMEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89344	STORAGE/YEAR; REPROD TISSUE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89346	STORAGE/YEAR; OOCYTE(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
89352	THAWING CRYOPRESERVED;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89353	THAWING CRYOPRESERVED; SPERM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89354	THAW CRYOPRSVRD; REPROD TISS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89356	THAWING CRYOPRESERVED;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
89398	UNLISTED REPRODUCTIVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90281	HUMAN IG, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90283	HUMAN IG, IV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90284	HUMAN IG, SC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90287	BOTULINUM ANTITOXIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90288	BOTULISM IG, IV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90291	CMV IG, IV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90296	DIPHTHERIA ANTITOXIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90371	HEP B IG, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90375	RABIES IG, IM/SC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90376	RABIES IG, HEAT TREATED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90378	RSV IG, IM, 50MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90379	RSV IG, IV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90384	RH IG, FULL-DOSE, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90385	RH IG, MINIDOSE, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
90386	RH IG, IV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90389	TETANUS IG, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90393	VACCINA IG, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90396	VARICELLA-ZOSTER IG, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90399	IMMUNE GLOBULIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90461	IMMUNIZATION ADMIN TO 18YRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90471	IMMUNIZATION ADMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90472	IMMUNIZATION ADMIN, EACH ADD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90473	IMMUNE ADMIN ORAL/NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90474	IMMUNE ADMIN ORAL/NASAL ADDL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90476	ADENOVIRUS VACCINE, TYPE 4	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90477	ADENOVIRUS VACCINE, TYPE 7	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90581	ANTHRAX VACCINE, SC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90585	BCG VACCINE, PERCUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90586	BCG VACCINE, INTRAVESICAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90620	Meningococcal recombinant	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule for IM use.	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
90630	Influenza virus vaccine,	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
90632	HEP A VACCINE, ADULT IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
90633	HEP A VACC, PED/ADOL, 2 DOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90634	HEP A VACC, PED/ADOL, 3 DOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90636	HEP A/HEP B VACC, ADULT IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90647	HIB VACCINE, PRP-OMP, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90648	HIB VACCINE, PRP-T, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90649	H PAPILOMA VACC 3 DOSE IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90650	HPV TYP BIVAL 3 DOSE IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52,	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
90654	FLU VACCINE/SPLIT VIRUS PRES FREE INTRADERMAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90655	FLU VACCINE NO PRESERV 6-35M	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90656	FLU VACCINE NO PRESERV 3 & >	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90657	FLU VACCINE, 3 YRS, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90658	FLU VACCINE, 3 YRS & >, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90660	FLU VACCINE, NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90661	FLU VACC CELL CULT PRSV FREE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
90662	FLU VACC PRSV FREE INC ANTIG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90663	FLU VACC PANDEMIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90672	INFLUENZA VIRUS VACCINE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90673	Influenza virus vaccine, trivalent,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90675	RABIES VACCINE, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90676	RABIES VACCINE, ID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90680	ROTOVIRUS VACC 3 DOSE, ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90681	ROTAVIRUS VACC 2 DOSE ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90686	INFLUENZA VIRUS VACCINE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90688	INFLUENZA VIRUS VACCINE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90690	TYPHOID VACCINE, ORAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90691	TYPHOID VACCINE, IM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90696	DTAP-IPV VACC 4-6 YR IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90697	Diphtheria, tetanus toxoids,	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
90698	DTAP-HIB-IP VACCINE, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90700	DTAP VACCINE, < 7 YRS, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90702	DT VACCINE < 7, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90707	MMR VACCINE, SC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90710	MMRV VACCINE, SC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90713	POLIOVIRUS, IPV, SC/IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90714	TD VACCINE NO PRSRV >= 7 IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90715	TDAP VACCINE >7 IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90716	CHICKEN POX VACCINE, SC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
90717	YELLOW FEVER VACCINE, SC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90723	DTAP-HEP B-IPV VACCINE, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90732	PNEUMOCOCCAL VACCINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90733	MENINGOCOCCAL VACCINE, SC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90734	MENINGOCOCCAL VACCINE, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90736	ZOSTER VACC, SC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90739	HEPATITIS B VACCINE, ADULT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90740	HEPB VACC, ILL PAT 3 DOSE IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90743	HEP B VACC, ADOL, 2 DOSE, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90744	HEPB VACC PED/ADOL 3 DOSE IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90746	HEP B VACCINE, ADULT, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90747	HEPB VACC, ILL PAT 4 DOSE IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90748	HEP B/HIB VACCINE, IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90749	VACCINE TOXOID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90791	PSYCHIATRIC DIAGNOSTIC	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90792	PSYCHIATRIC DIAGNOSTIC	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90832	PSYCHOTHERAPY, 30 MINUTES	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90833	PSYCHOTHERAPY, 30 MINUTES	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90834	PSYCHOTHERAPY, 45 MINUTES	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90836	PSYCHOTHERAPY, 45 MINUTES	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
90837	PSYCHOTHERAPY, 60 MINUTES	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90838	PSYCHOTHERAPY, 60 MINUTES	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90839	PSYCHOTHERAPY FOR CRISIS;	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90840	PSYCHOTHERAPY FOR CRISIS;	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90845	PSYCHOANALYSIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90846	FAMILY PSYTX W/O PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90847	FAMILY PSYTX W/PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90849	MULTIPLE FAMILY GROUP PSYTX	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90853	GROUP PSYCHOTHERAPY	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90863	PHARMACOLOGIC MANAGEMENT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90865	NARCOSYNTHESIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90867	TRANSCRANIAL MAG STIM TX Plan	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90868	TRANSCRANIAL MAG STIM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90869	TRANSCRANIAL MAG STIM SUBSEQ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90870	ELECTROCONVULSIVE THERAPY	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
90875	PSYCHOPHYSIOLOGICAL THERAPY	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Prior Authorization Required		
90876	PSYCHOPHYSIOLOGICAL THERAPY	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Prior Authorization Required		
90880	HYPNOTHERAPY	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
90882	ENVIRONMENTAL MANIPULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90885	PSY EVALUATION OF RECORDS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
90887	CONSULTATION WITH FAMILY	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
90889	PREPARATION OF REPORT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
90899	PSYCHIATRIC SERVICE/THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
90901	BIOFEEDBACK TRAIN, ANY METH	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
90911	BIOFEEDBACK PERI/URO/RECTAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
90935	HEMODIALYSIS, ONE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
90937	HEMODIALYSIS, REPEATED EVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90940	HEMODIALYSIS ACCESS STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90945	DIALYSIS, ONE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90947	DIALYSIS, REPEATED EVAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90951	ESRD SRVCS/MONTH >2YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90952	W/2-3 VISITS/MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90953	W/1 VISIT/MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90954	ESRD SRVCS/MO 2-11YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90955	W/2-3 VISITS/MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90956	W/1 VISIT/MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90957	ESRD SRVCS/MO 12-19YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90958	W/2-3 VISITS/MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90959	W/1 VISIT/MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90960	ESRD SRVCS/MO >20YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90961	W/2-3 VISITS/MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90962	W/1 VISIT/MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90963	ESRD MO HOME DIALYSIS SRV <2YRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90964	ESRD MO HOME DIALYSIS SRV 2-11YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
90965	ESRD MO HOME DIALYSIS SRV 12-19YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90966	ESRD MO HOME DIALYSIS SRV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90967	ESRD PART MO <2YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90968	ESRD PART MO 2-11YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90969	ESRD PART MO 12-19YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90970	ESRD PART MO >20YRS OLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90989	DIALYSIS TRAINING, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90993	DIALYSIS TRAINING, INCOMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
90997	HEMOPERFUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
90999	DIALYSIS PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91010	ESOPHAGUS MOTILITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91013	ESO STUDY W/STIM/PERF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91020	GASTRIC MOTILITY STUDIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91022	DUODENAL MOTILITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91030	ACID PERFUSION OF ESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91034	GASTROESOPHAGEAL REFLUX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91035	G-ESOPH REFLX TST W/ELECTROD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91037	ESOPH IMPED FUNCTION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91038	ESOPH IMPED FUNCT TEST > 1H	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91040	ESOPH BALLOON DISTENSION TST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91065	BREATH HYDROGEN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91110	GI TRACT CAPSULE ENDOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91111	ESOPHAGEAL CAPSULE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91112	GASTROINTESTINAL TRANSIT AND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91117	COLON MOTILITY STUDY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91120	RECTAL SENSATION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91122	ANAL PRESSURE RECORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91132	ELECTROGASTROGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91133	ELECTROGASTROGRAPHY W/TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
91299	GASTROENTEROLOGY PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92002	EYE EXAM, NEW PATIENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92004	EYE EXAM, NEW PATIENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92012	EYE EXAM ESTABLISHED PAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
92014	EYE EXAM & TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92015	REFRACTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92018	NEW EYE EXAM & TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92019	EYE EXAM & TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92020	SPECIAL EYE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92025	CORNEAL TOPOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92060	SPECIAL EYE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92065	ORTHOPTIC/PLEOPTIC TRAINING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92070	FITTING OF CONTACT LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92071	FIT CONTACT LENS TX OCULAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92072	FIT CONTACT LENS MNGMT KERATOCONUS INITIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92081	VISUAL FIELD EXAMINATION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92082	VISUAL FIELD EXAMINATION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92083	VISUAL FIELD EXAMINATION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92100	SERIAL TONOMETRY EXAM(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92120	TONOGRAPHY & EYE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92130	WATER PROVOCATION TONOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
92132	SCAN COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, UNI/BILATERAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POST SEGMENT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POST SEGMENT, UNI/BILAT; RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92136	OPHTHALMIC BIOMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92140	GLAUCOMA PROVOCATIVE TESTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
92225	SPECIAL EYE EXAM, INITIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92226	SPECIAL EYE EXAM, SUBSEQUENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92227	REMOTE IMAGING DETECT RETINAL DISEASE UNI/BILATERAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92228	REMOTE IMAGING MONITOR/MANAGE ACTIVE RETINAL DISEASE UNI/BILATERAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92230	EYE EXAM WITH PHOTOS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92235	EYE EXAM WITH PHOTOS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92240	ICG ANGIOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92250	EYE EXAM WITH PHOTOS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92260	EYESCOPE/DYNAMOMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
92265	EYE MUSCLE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92270	ELECTRO-OCULOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92275	ELECTRORETINOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92283	COLOR VISION EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92284	DARK ADAPTATION EYE EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92285	EYE PHOTOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92286	INTERNAL EYE PHOTOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92287	INTERNAL EYE PHOTOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92310	CONTACT LENS FITTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92311	CONTACT LENS FITTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92312	CONTACT LENS FITTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
92313	CONTACT LENS FITTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92314	PRESCRIPTION OF CONTACT LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92315	PRESCRIPTION OF CONTACT LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92316	PRESCRIPTION OF CONTACT LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92317	PRESCRIPTION OF CONTACT LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92325	MODIFICATION OF CONTACT LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92326	REPLACEMENT OF CONTACT LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92340	FITTING OF SPECTACLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92341	FITTING OF SPECTACLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92342	FITTING OF SPECTACLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92352	SPECIAL SPECTACLES FITTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92353	SPECIAL SPECTACLES FITTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92354	SPECIAL SPECTACLES FITTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92355	SPECIAL SPECTACLES FITTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92358	EYE PROSTHESIS SERVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92370	REPAIR & ADJUST SPECTACLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92371	REPAIR & ADJUST SPECTACLES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92499	EYE SERVICE OR PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92502	EAR AND THROAT EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92504	EAR MICROSCOPY EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92507	SPEECH/HEARING THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92508	SPEECH/HEARING THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92511	NASOPHARYNGOSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92512	NASAL FUNCTION STUDIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
92516	FACIAL NERVE FUNCTION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92520	LARYNGEAL FUNCTION STUDIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92522	Evaluation of speech sound production (eg, articulation,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92523	Evaluation of speech sound	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92524	Behavioral and qualitative analysis of voice and resonance	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92526	ORAL FUNCTION THERAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92531	SPONTANEOUS NYSTAGMUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92532	POSITIONAL NYSTAGMUS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92533	CALORIC VESTIBULAR TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92534	OPTOKINETIC NYSTAGMUS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92538	Caloric vestibular test with	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92540	BASIC VESTIBULAR EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92541	SPONTANEOUS NYSTAGMUS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92542	POSITIONAL NYSTAGMUS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
92544	OPTOKINETIC NYSTAGMUS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92545	OSCILLATING TRACKING TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92546	SINUSOIDAL ROTATIONAL TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92547	SUPPLEMENTAL ELECTRICAL TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92548	POSTUROGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92550	TYMPANOMETRY AND REFLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92551	PURE TONE HEARING TEST, AIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92552	PURE TONE AUDIOMETRY, AIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92553	AUDIOMETRY, AIR & BONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92555	SPEECH THRESHOLD AUDIOMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92556	SPEECH AUDIOMETRY, COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92557	COMPREHENSIVE HEARING TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92558	EVOKED OTOACOUSTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92559	GROUP AUDIOMETRIC TESTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92560	BEKESY AUDIOMETRY, SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92561	BEKESY AUDIOMETRY, DIAGNOSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92562	LOUDNESS BALANCE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92563	TONE DECAY HEARING TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92564	SISI HEARING TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92565	STENGER TEST, PURE TONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92567	TYMPANOMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92568	ACOUSTIC REFL THRESHOLD TST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
92569	ACOUSTIC REFLEX DECAY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92570	ACOUSTIC IMMITTANCE TEST W/TYMPANOMETRY/ACOUSTIC REFLEX THRESHOLD/ACOUSTIC REFLEX DECAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92571	FILTERED SPEECH HEARING TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92572	STAGGERED SPONDAIC WORD TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92575	SENSORINEURAL ACUITY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92576	SYNTHETIC SENTENCE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92577	STENGER TEST, SPEECH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92579	VISUAL AUDIOMETRY (VRA)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92582	CONDITIONING PLAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92583	SELECT PICTURE AUDIOMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92584	ELECTROCOCHLEOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92585	AUDITOR EVOKE POTENT,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92586	AUDITOR EVOKE POTENT, LIMIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92587	EVOKED AUDITORY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92588	EVOKED AUDITORY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92590	HEARING AID EXAM, ONE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92591	HEARING AID EXAM, BOTH EARS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92592	HEARING AID CHECK, ONE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92593	HEARING AID CHECK, BOTH EARS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
92594	ELECTRO HEARNG AID TEST, ONE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92595	ELECTRO HEARNG AID TST, BOTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92596	EAR PROTECTOR EVALUATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92597	ORAL SPEECH DEVICE EVAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92601	COCHLEAR IMPLT F/UP EXAM < 7	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92602	REPROGRAM COCHLEAR IMPLT < 7	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92603	COCHLEAR IMPLT F/UP EXAM 7 >	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92604	REPROGRAM COCHLEAR IMPLT 7 >	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92605	EVAL FOR NONSPEECH DEVICE RX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92606	NON-SPEECH DEVICE SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92607	EX FOR SPEECH DEVICE RX, 1HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92608	EX FOR SPEECH DEVICE RX ADDL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92609	USE OF SPEECH DEVICE SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92610	EVALUATE SWALLOWING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92611	MOTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92612	ENDOSCOPY SWALLOW TST (FEES)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92613	ENDOSCOPY SWALLOW TST (FEES)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92614	LARYNGOSCOPIC SENSORY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92615	EVAL LARYNGOSCOPY SENSE TST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92616	FEES W/LARYNGEAL SENSE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92617	INTERPRT FEES/LARYNGEAL TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92618	EVAL FOR NONSPEECH DEVICE RX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92620	AUDITORY FUNCTION, 60 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92621	AUDITORY FUNCTION, + 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
92625	TINNITUS ASSESSMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92626	EVAL AUD REHAB STATUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92627	EVAL AUD STATUS REHAB ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92630	AUD REHAB PRE-LING HEAR LOSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92633	AUD REHAB POSTLING HEAR LOSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92640	AUD BRAINSTEM IMPLT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92700	ENT PROCEDURE/SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY (LIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92924	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY ARTERY OR BRANCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92925	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92928	PERCUTANEOUS TRANSCATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92929	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92933	PERCUTANEOUS TRANSLUMINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92934	PERCUTANEOUS TRANSLUMINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92937	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
92938	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92941	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92943	PERCUTANEOUS TRANSLUMINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92944	PERCUTANEOUS TRANSLUMINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92950	HEART/LUNG RESUSCITATION CPR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92953	TEMPORARY EXTERNAL PACING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92960	CARDIOVERSION ELECTRIC, EXT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92961	CARDIOVERSION, ELECTRIC, INT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92970	CARDIOASSIST, INTERNAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92971	CARDIOASSIST, EXTERNAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92973	PERCUT CORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92974	CATH PLACE, RADIO BRACHYTHERAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92975	DISSOLVE CLOT, HEART VESSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92977	DISSOLVE CLOT, HEART VESSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92978	INTRAVASC US, HEART ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92979	INTRAVASC US, HEART ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92986	REVISION OF AORTIC VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92987	REVISION OF MITRAL VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92990	REVISION OF PULMONARY VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92992	REVISION OF HEART CHAMBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
92993	REVISION OF HEART CHAMBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92997	PUL ART BALLOON REPR, PERCUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
92998	PUL ART BALLOON REPR, PERCUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93000	ELECTROCARDIOGRAM,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93005	ELECTROCARDIOGRAM, TRACING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93010	ELECTROCARDIOGRAM REPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93015	CARDIOVASCULAR STRESS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93016	CARDIOVASCULAR STRESS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93017	CARDIOVASCULAR STRESS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93018	CARDIOVASCULAR STRESS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93024	CARDIAC DRUG STRESS TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93025	MICROVOLT T-WAVE ASSESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93040	RHYTHM ECG WITH REPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93041	RHYTHM ECG, TRACING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93042	RHYTHM ECG, REPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93050	Arterial pressure waveform	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93224	ECG MONITOR/REPORT, 24 HRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93225	ECG MONITOR/RECORD, 24 HRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93226	ECG MONITOR/REPORT, 24 HRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93227	ECG MONITOR/REVIEW, 24 HRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93228	WEARABLE MOBILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93229	WEARABLE MOBILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
93268	ECG RECORD/REVIEW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93270	ECG RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93271	ECG/MONITORING AND ANALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93272	ECG/REVIEW, INTERPRET ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93278	ECG/SIGNAL-AVERAGED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93279	PROGRAMMING DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93281	PROGRAMMING DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93282	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93283	DUAL LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93284	MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93285	IMPLANTABLE LOOP RECORDER SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93286	PERI-PROCEDURAL DEVICE EVALUATION AND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93287	SINGLE, DUAL, OR MULTIPLE LEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93289	SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93290	IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM, INCLUDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93291	IMPLANTABLE LOOP RECORDER SYSTEM, INCLUDING HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93292	WEARABLE DEFIBRILLATOR SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93295	SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93296	SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93297	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93298	IMPLANTABLE LOOP RECORDER SYSTEM, INCLUDING ANALYSIS OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93299	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93303	ECHO TRANSTHORACIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93304	ECHO TRANSTHORACIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93306	ECHOCARDIOGRAPHY,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93307	ECHO EXAM OF HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93308	ECHO EXAM OF HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93312	ECHO TRANSESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93313	ECHO TRANSESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93314	ECHO TRANSESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93315	ECHO TRANSESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93316	ECHO TRANSESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93317	ECHO TRANSESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93318	ECHO TRANSESOPHAGEAL INTRAOP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93320	DOPPLER ECHO EXAM, HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93321	DOPPLER ECHO EXAM, HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93325	DOPPLER COLOR FLOW ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93350	ECHO TRANSTHORACIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93451	RIGHT HEART CATH w/MEASURE OXYGEN SAT AND CARDIAC OUTPUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93452	LEFT HEART CATH w/INJECT(S) FOR LEFT VENTRICULOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93453	COMBINED RIGHT LEFT HEART CATH w/INJECT(S) FOR LEFT VENTRICULOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93454	CATH PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93455	CATH PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93456	CATH PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93457	CATH PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93458	CATH PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93459	CATH PLACEMENT IN CORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93460	CATH PLACEMENT IN CORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93461	CATH PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93462	LEFT HEART CATH BY TRANSSEPTAL PUNCTURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93463	PHARMACOLOGIC AGENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93464	PHYSIOLOGIC EXERCISE STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93503	INSERT/PLACE HEART CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93505	BIOPSY OF HEART LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93530	RT HEART CATH, CONGENITAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93531	R & L HEART CATH, CONGENITAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93532	R & L HEART CATH, CONGENITAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93533	R & L HEART CATH, CONGENITAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93561	CARDIAC OUTPUT MEASUREMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93562	CARDIAC OUTPUT MEASUREMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93563	INJECT CARDIAC CATH SELECTIVE CORONARY ANGIOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93564	INJECTDURING CARDIAC CATH SELECT OPACIFICATION OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93565	INJECT CARDIAC CATH SELECT LVOR LA ANGIO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93566	INJECT CARDIAC CATHSELECT RVOR RA ANGIO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93567	INJECT CARDIAC CATH SUPRAVALVULAR AORTOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93568	INJECT CARDIAC CATH PULM ANGIO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93571	HEART FLOW RESERVE MEASURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93572	HEART FLOW RESERVE MEASURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93580	TRANSCATH CLOSURE OF ASD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93581	TRANSCATH CLOSURE OF VSD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93582	Percutaneous transcatheter	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93583	Percutaneous transcatheter septal	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93600	BUNDLE OF HIS RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93602	INTRA-ATRIAL RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93603	RIGHT VENTRICULAR RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93609	MAP TACHYCARDIA, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93610	INTRA-ATRIAL PACING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93612	INTRAVENTRICULAR PACING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
93613	ELECTROPHYS MAP 3D, ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93615	ESOPHAGEAL RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93616	ESOPHAGEAL RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93618	HEART RHYTHM PACING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93619	ELECTROPHYSIOLOGY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93620	ELECTROPHYSIOLOGY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93621	ELECTROPHYSIOLOGY EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93622	ELECTROPHYSIOLOGY EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93623	STIMULATION, PACING HEART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93624	ELECTROPHYSIOLOGIC STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93631	HEART PACING, MAPPING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93640	EVALUATION HEART DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93641	ELECTROPHYSIOLOGY EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93642	ELECTROPHYSIOLOGY EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93650	ABLATE HEART DYSRHYTHM FOCUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DISTINCT FROM THE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT ATRIUM FOR TREATMENT OF ATRIAL FIBRILLATION REMAINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93660	TILT TABLE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93662	INTRACARDIAC ECG (ICE)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93701	BIOIMPEDANCE, THORACIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93724	ANALYZE PACEMAKER SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93745	SET-UP CARDIOVERT-DEFIBRILL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93770	MEASURE VENOUS PRESSURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93784	AMBULATORY BP MONITORING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93786	AMBULATORY BP RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93788	AMBULATORY BP ANALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93790	REVIEW/REPORT BP RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93797	CARDIAC REHAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
93798	CARDIAC REHAB/MONITOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
93799	CARDIOVASCULAR PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
93880	EXTRACRANIAL STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93882	EXTRACRANIAL STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93886	INTRACRANIAL STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
93888	INTRACRANIAL STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93890	TCD, VASOREACTIVITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93892	TCD, EMBOLI DETECT W/O INJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93893	TCD, EMBOLI DETECT W/INJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93922	EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93923	EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93924	EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93925	LOWER EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93926	LOWER EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93930	UPPER EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93931	UPPER EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93965	EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
93970	EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93971	EXTREMITY STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93975	VASCULAR STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93976	VASCULAR STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93978	VASCULAR STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93979	VASCULAR STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93980	PENILE VASCULAR STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93981	PENILE VASCULAR STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93982	ANEURYSM PRESSURE SENS STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93990	DOPPLER FLOW TESTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
93998	UNLISTED NONINVASIVE VASC DX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
94002	VENT MGMT INPAT, INIT DAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94003	VENT MGMT INPAT, SUBQ DAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94004	VENT MGMT NF PER DAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94005	HOME VENT MGMT SUPERVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
94010	BREATHING CAPACITY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94013	MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY [FRC], FORCED VITAL CAPACITY [FVC],	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94014	PATIENT RECORDED SPIROMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94015	PATIENT RECORDED SPIROMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94016	REVIEW PATIENT SPIROMETRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94060	EVALUATION OF WHEEZING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94070	EVALUATION OF WHEEZING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94150	VITAL CAPACITY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
94200	LUNG FUNCTION TEST (MBC/MVV)	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94240	RESIDUAL LUNG CAPACITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94250	EXPIRED GAS COLLECTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94260	THORACIC GAS VOLUME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94350	LUNG NITROGEN WASHOUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94360	MEASURE AIRFLOW RESISTANCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94370	BREATH AIRWAY CLOSING VOLUME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94375	RESPIRATORY FLOW VOLUME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94400	CO2 BREATHING RESPONSE CURVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94450	HYPOXIA RESPONSE CURVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94452	HAST W/REPORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
94453	HAST W/OXYGEN TITRATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
94610	SURFACTANT ADMIN THRU TUBE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94620	PULMONARY STRESS TEST/SIMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94621	PULM STRESS TEST/COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94640	AIRWAY INHALATION TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94642	AEROSOL INHALATION TREATMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94644	CBT, 1ST HOUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94645	CBT, EACH ADDL HOUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94660	POS AIRWAY PRESSURE, CPAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
94662	NEG PRESS VENTILATION, CNP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94664	EVALUATE PT USE OF INHALER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94667	CHEST WALL MANIPULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94668	CHEST WALL MANIPULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94669	Mechanical chest wall oscillation to facilitate lung function, per	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
94680	EXHALED AIR ANALYSIS, O2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
94681	EXHALED AIR ANALYSIS, O2/CO2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
94690	EXHALED AIR ANALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
94720	MONOXIDE DIFFUSING CAPACITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
94725	MEMBRANE DIFFUSION CAPACITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94726	PLETHYSMOGRAPHY LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94727	GAS DILUTE/WASHOUT LUNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94728	AIRWAY RESIST IMPULSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94729	DIFFUSE CAPACITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94750	PULMONARY COMPLIANCE STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94760	MEASURE BLOOD OXYGEN LEVEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94761	MEASURE BLOOD OXYGEN LEVEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94762	MEASURE BLOOD OXYGEN LEVEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94770	EXHALED CARBON DIOXIDE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94772	BREATH RECORDING, INFANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94774	PED HOME APNEA REC, COMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94775	PED HOME APNEA REC, HK-UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94776	PED HOME APNEA REC, DOWNLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94777	PED HOME APNEA REC, REPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94780	CAR SEAT/BED TESTAIRWAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
94781	CAR SEAT/BED TEST/AIRWAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
94799	PULMONARY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95004	PERCUT ALLERGY SKIN TESTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95012	EXHALED NITRIC OXIDE MEAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95024	ID ALLERGY TEST, DRUG/BUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95027	ID ALLERGY TITRATE-AIRBORNE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95028	ID ALLERGY TEST-DELAYED TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95044	ALLERGY PATCH TESTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95052	PHOTO PATCH TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95056	PHOTOSENSITIVITY TESTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95060	EYE ALLERGY TESTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95065	NOSE ALLERGY TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95070	BRONCHIAL ALLERGY TESTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95071	BRONCHIAL ALLERGY TESTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95076	INGESTION CHALLENGE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95079	INGESTION CHALLENGE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95115	IMMUNOTHERAPY, ONE INJECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95117	IMMUNOTHERAPY INJECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95120	IMMUNOTHERAPY, ONE INJECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95125	IMMUNOTHERAPY, MANY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95130	IMMUNOTHERAPY, INSECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95131	IMMUNOTHERAPY, INSECT VENOMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95132	IMMUNOTHERAPY, INSECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95133	IMMUNOTHERAPY, INSECT VENOMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95134	IMMUNOTHERAPY, INSECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95144	ANTIGEN THERAPY SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95145	ANTIGEN THERAPY SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95146	ANTIGEN THERAPY SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95147	ANTIGEN THERAPY SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
95148	ANTIGEN THERAPY SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95149	ANTIGEN THERAPY SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95165	ANTIGEN THERAPY SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95170	ANTIGEN THERAPY SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95180	RAPID DESENSITIZATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95199	ALLERGY IMMUNOLOGY SERVICES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95250	GLUCOSE MONITORING, CONT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95251	GLUC MONITOR, CONT, PHYS I&R	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95782	POLYSOMNOGRAPHY; YOUNGER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95800	SLEEP STUDY, UNATTENDED,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95801	SLEEP STUDY, UNATTENDED,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
95805	MULTIPLE SLEEP LATENCY TEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95806	SLEEP STUDY, UNATTENDED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95807	SLEEP STUDY, ATTENDED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95808	POLYSOMNOGRAPHY, 1-3	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95810	POLYSOMNOGRAPHY, 4 OR MORE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95811	POLYSOMNOGRAPHY W/CPAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
95812	EEG, 41-60 MINUTES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95813	EEG, OVER 1 HOUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95816	EEG, AWAKE AND DROWSY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95819	EEG, AWAKE AND ASLEEP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95822	EEG, COMA OR SLEEP ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95824	EEG, CEREBRAL DEATH ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95827	EEG, ALL NIGHT RECORDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95829	SURGERY ELECTROCORTICOGRAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95830	INSERT ELECTRODES FOR EEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95831	LIMB MUSCLE TESTING, MANUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95832	HAND MUSCLE TESTING, MANUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95833	BODY MUSCLE TESTING, MANUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95834	BODY MUSCLE TESTING, MANUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95851	RANGE OF MOTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95852	RANGE OF MOTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
95857	TENSILON TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95860	MUSCLE TEST, ONE LIMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95861	MUSCLE TEST, 2 LIMBS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95863	MUSCLE TEST, 3 LIMBS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95864	MUSCLE TEST, 4 LIMBS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95865	MUSCLE TEST, LARYNX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95866	MUSCLE TEST, HEMIDIAPHRAGM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95867	MUSCLE TEST CRAN NERV UNILAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95868	MUSCLE TEST CRAN NERVE BILAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95869	MUSCLE TEST, THOR PARASPINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95870	MUSCLE TEST, NONPARASPINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95872	MUSCLE TEST, ONE FIBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95873	GUIDE NERV DESTR, ELEC STIM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95874	GUIDE NERV DESTR, NEEDLE EMG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95875	LIMB EXERCISE TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95885	NEEDLE EMG EA EXT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95886	NEEDLE EMG EA EXT W/PARASPINAL AREAS DONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
95887	NEEDLE EMG NON-EXTREMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95908	NERVE CONDUCTION STUDIES; 3-4 STUDIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95910	NERVE CONDUCTION STUDIES; 7-8 STUDIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95911	NERVE CONDUCTION STUDIES; 9-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95912	NERVE CONDUCTION STUDIES; 11-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95913	NERVE CONDUCTION STUDIES; 13	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95921	AUTONOMIC NERV FUNCTION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95922	AUTONOMIC NERV FUNCTION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95923	AUTONOMIC NERV FUNCTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95924	TESTING OF AUTONOMIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95925	SOMATOSENSORY TESTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95926	SOMATOSENSORY TESTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95927	SOMATOSENSORY TESTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95928	C MOTOR EVOKED, UPPR LIMBS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95929	C MOTOR EVOKED, LWR LIMBS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
95930	VISUAL EVOKED POTENTIAL TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95933	BLINK REFLEX TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95937	NEUROMUSCULAR JUNCTION TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95938	SHORT-LATENCY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95943	SIMULTANEOUS, INDEPENDENT, QUANTITATIVE MEASURES OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95950	AMBULATORY EEG MONITORING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95951	EEG MONITORING/VIDEORECORD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
95953	EEG MONITORING/COMPUTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95954	EEG MONITORING/GIVING DRUGS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95955	EEG DURING SURGERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95956	EEG MONITORING, CABLE/RADIO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95957	EEG DIGITAL ANALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95958	EEG MONITORING/FUNCTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95961	ELECTRODE STIMULATION, BRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95962	ELECTRODE STIM, BRAIN ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95965	MEG, SPONTANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95966	MEG, EVOKED, SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95967	MEG, EVOKED, EACH ADD'L	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95970	ANALYZE NEUROSIM, NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95971	ANALYZE NEUROSIM, SIMPLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95972	ANALYZE NEUROSIM, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
95974	CRANIAL NEUROSIM, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95975	CRANIAL NEUROSIM, COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95978	ANALYZE NEUROSIM BRAIN/1H	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95979	ANALYZ NEUROSIM BRAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95980	IO ANAL GAST N-STIM INIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95981	IO ANAL GAST N-STIM SUBSQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95982	IO GA N-STIM SUBSQ W/REPROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95990	SPIN/BRAIN PUMP REFIL & MAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95991	SPIN/BRAIN PUMP REFIL & MAIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95992	CANALITH REPOSITIONING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
95999	NEUROLOGICAL PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96000	MOTION ANALYSIS, VIDEO/3D	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96001	MOTION TEST W/FT PRESS MEAS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96002	DYNAMIC SURFACE EMG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96003	DYNAMIC FINE WIRE EMG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96004	PHYS REVIEW OF MOTION TESTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96020	FUNCTIONAL BRAIN MAPPING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96040	GENETIC COUNSELING, 30 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
96101	PSYCHO TESTING BY PSYCH/PHYS	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
96102	PSYCHO TESTING BY TECHNICIAN	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
96103	PSYCH TESTING ADMIN BY COMP	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Prior Authorization Required		
96105	ASSESSMENT OF APHASIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96110	DEVELOPMENTAL TEST, LIM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96111	DEVELOPMENTAL TEST, EXTEND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96116	NEUROBEHAVIORAL STATUS	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
96118	NEUROPSYCH TST BY PSYCH/PHYS	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
96119	NEUROPSYCH TESTING BY TEC	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
96120	NEUROPSYCH TST ADMIN	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Prior Authorization Required		
96125	COGNITIVE TEST BY HC PRO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96127	BRIEF EMOTIONAL - BEHAVIORAL ASSESSMENT WITH SCORING & DOCUMENTATION, PER STANDARDIZED INSTRUMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96150	ASSESS HLTH/BEHAVE, INIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96151	ASSESS HLTH/BEHAVE, SUBSEQ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96152	INTERVENE HLTH/BEHAVE, INDIV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96153	INTERVENE HLTH/BEHAVE, GROUP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96154	INTERV HLTH/BEHAV, FAM W/PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
96155	INTERV HLTH/BEHAV FAM NO PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96360	INTRAVENOUS INFUSION,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96365	INTRAVENOUS INFUSION, FOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECT (SPECIFY	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECT (SPECIFY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECT (SPECIFY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECT (SPECIFY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECT (SPECIFY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96401	CHEMO, ANTI-NEOPL, SQ/IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96402	CHEMO HORMON ANTINEOPL SQ/IM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96405	CHEMO INTRALESIONAL, UP TO 7	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96406	CHEMO INTRALESIONAL OVER 7	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96409	CHEMO, IV PUSH, SNGL DRUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96411	CHEMO, IV PUSH, ADDL DRUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96413	CHEMO, IV INFUSION, 1 HR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96415	CHEMO, IV INFUSION, ADDL HR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96416	CHEMO PROLONG INFUSE W/PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96417	CHEMO IV INFUS EACH ADDL SEQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
96420	CHEMO, IA, PUSH TECHNIQUE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96422	CHEMO IA INFUSION UP TO 1 HR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96423	CHEMO IA INFUSE EACH ADDL HR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96425	CHEMOTHERAPY,INFUSION METHOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
96440	CHEMOTHERAPY, INTRACAVITARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96446	CHEMO ADMIN PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96450	CHEMOTHERAPY, INTO CNS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
96521	REFILL/MAINT, PORTABLE PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96522	REFILL/MAINT PUMP/RESVR SYST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96523	IRRIG DRUG DELIVERY DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96542	CHEMOTHERAPY INJECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96549	CHEMOTHERAPY, UNSPECIFIED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96567	PHOTODYNAMIC TX, SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96570	PHOTODYNAMIC TX, 30 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96571	PHOTODYNAMIC TX, ADDL 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96900	ULTRAVIOLET LIGHT THERAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96902	TRICHOGRAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96904	WHOLE BODY PHOTOGRAPHY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96910	PHOTOCHEMOTX W/UV-B	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96912	PHOTOCHEMOTX W/UV-A	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96913	PHOTOCHEMOTX UV-A OR B	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
96920	LASER TX, SKIN < 250 SQ CM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96921	LASER TX, SKIN 250-500 SQ CM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96922	LASER TX, SKIN > 500 SQ CM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96934	Reflectance confocal microscopy	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96935	Reflectance confocal microscopy	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
96999	DERMATOLOGICAL PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97001	PT EVALUATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97002	PT RE-EVALUATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97003	OT EVALUATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97004	OT RE-EVALUATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97005	ATHLETIC TRAIN EVAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
97006	ATHLETIC TRAIN REEVAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
97010	HOT OR COLD PACKS THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97012	MECHANICAL TRACTION THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97014	ELECTRIC STIMULATION THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97016	VASOPNEUMATIC DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97018	PARAFFIN BATH THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97022	WHIRLPOOL THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97024	DIATHERMY EG, MICROWAVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97026	INFRARED THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97028	ULTRAVIOLET THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
97032	ELECTRICAL STIMULATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97033	ELECTRIC CURRENT THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97034	CONTRAST BATH THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97035	ULTRASOUND THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97036	HYDROTHERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97039	PHYSICAL THERAPY TREATMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97110	THERAPEUTIC EXERCISES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97112	NEUROMUSCULAR REEDUCATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97113	AQUATIC THERAPY/EXERCISES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97116	GAIT TRAINING THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97124	MASSAGE THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97139	PHYSICAL MEDICINE PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97140	MANUAL THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97150	GROUP THERAPEUTIC PROCEDURES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97530	THERAPEUTIC ACTIVITIES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
97532	COGNITIVE SKILLS DEVELOPMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97533	SENSORY INTEGRATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
97535	SELF CARE MNGMENT TRAINING	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
97537	COMMUNITY/WORK REINTEGRATION	Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
97542	WHEELCHAIR MNGMENT TRAINING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97545	WORK HARDENING	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
97546	WORK HARDENING ADD-ON	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
97597	ACTIVE WOUND CARE/20 CM OR <	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
97598	ACTIVE WOUND CARE > 20 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
97602	WOUND(S) CARE NON-SELECTIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
97605	NEG PRESS WOUND TX, < 50 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
97606	NEG PRESS WOUND TX, > 50 CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
97610	Low frequency, non-contact, non-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
97750	PHYSICAL PERFORMANCE TEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97755	ASSISTIVE TECHNOLOGY ASSESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97760	ORTHOTIC MGMT AND TRAINING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97761	PROSTHETIC TRAINING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97762	C/O FOR ORTHOTIC/PROSTH USE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97799	PHYSICAL MEDICINE PROCEDURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
97802	MEDICAL NUTRITION, INDIV, IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
97803	MED NUTRITION, INDIV, SUBSEQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
97804	MEDICAL NUTRITION, GROUP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
97810	ACUPUNCT W/O STIMUL 15 MIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
97811	ACUPUNCT W/O STIMUL ADDL 15M	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
97813	ACUPUNCT W/STIMUL 15 MIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
97814	ACUPUNCT W/STIMUL ADDL 15M	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
98925	OSTEOPATHIC MANIPULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
98926	OSTEOPATHIC MANIPULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
98927	OSTEOPATHIC MANIPULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
98928	OSTEOPATHIC MANIPULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
98929	OSTEOPATHIC MANIPULATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
98940	CHIROPRACTIC MANIPULATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
98941	CHIROPRACTIC MANIPULATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
98942	CHIROPRACTIC MANIPULATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
98943	CHIROPRACTIC MANIPULATION	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
98960	SELF-MGMT EDUC & TRAIN, 1 PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
98961	SELF-MGMT EDUC/TRAIN, 2-4 PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
98962	SELF-MGMT EDUC/TRAIN, 5-8 PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
98966	HC PRO PHONE CALL 5-10 MIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
98967	HC PRO PHONE CALL 11-20 MIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
98968	HC PRO PHONE CALL 21-30 MIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
98969	ONLINE SERVICE BY HC PRO	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
99000	SPECIMEN HANDLING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99001	SPECIMEN HANDLING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99002	DEVICE HANDLING	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
99024	POSTOP FOLLOW-UP VISIT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
99026	IN-HOSPITAL ON CALL SERVICE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
99027	OUT-OF-HOSP ON CALL SERVICE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
99050	MEDICAL SERVICES AFTER HRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99051	MED SERV, EVE/WKEND/HOLIDAY	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
99053	MED SERV 10PM-8AM, 24 HR FAC	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
99056	MED SERVICE OUT OF OFFICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99058	OFFICE EMERGENCY CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99060	OUT OF OFFICE EMERG MED SERV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99070	SPECIAL SUPPLIES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99071	PATIENT EDUCATION MATERIALS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99075	MEDICAL TESTIMONY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99078	GROUP HEALTH EDUCATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
99080	SPECIAL REPORTS OR FORMS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99082	UNUSUAL PHYSICIAN TRAVEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99090	COMPUTER DATA ANALYSIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99091	COLLECT/REVIEW DATA FROM PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99100	SPECIAL ANESTHESIA SERVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99116	ANESTHESIA WITH HYPOTHERMIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99135	SPECIAL ANESTHESIA PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99140	EMERGENCY ANESTHESIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99143	MOD CS BY SAME PHYS, < 5 YRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99144	MOD CS BY SAME PHYS, 5 YRS +	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99145	MOD CS BY SAME PHYS ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99148	MOD CS DIFF PHYS < 5 YRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99149	MOD CS DIFF PHYS 5 YRS +	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99150	MOD CS DIFF PHYS ADD-ON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99170	ANOGENITAL EXAM, CHILD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99172	OCULAR FUNCTION SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99173	VISUAL ACUITY SCREEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99174	OCULAR PHOTOSCREENING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99175	INDUCTION OF VOMITING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99177	Instrument-based ocular screening (eg, photoscreening, automated-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99183	HYPERBARIC OXYGEN THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99185	REGIONAL HYPOTHERMIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99186	TOTAL BODY HYPOTHERMIA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99190	SPECIAL PUMP SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
99191	SPECIAL PUMP SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99192	SPECIAL PUMP SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99195	PHLEBOTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99199	SPECIAL SERVICE/PROC/REPORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99201	OFFICE/OUTPATIENT VISIT, NEW	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99202	OFFICE/OUTPATIENT VISIT, NEW	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99203	OFFICE/OUTPATIENT VISIT, NEW	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99204	OFFICE/OUTPATIENT VISIT, NEW	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99205	OFFICE/OUTPATIENT VISIT, NEW	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99211	OFFICE/OUTPATIENT VISIT, EST	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99212	OFFICE/OUTPATIENT VISIT, EST	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99213	OFFICE/OUTPATIENT VISIT, EST	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99214	OFFICE/OUTPATIENT VISIT, EST	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99215	OFFICE/OUTPATIENT VISIT, EST	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99217	OBSERVATION CARE DISCHARGE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99218	OBSERVATION CARE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99219	OBSERVATION CARE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
99220	OBSERVATION CARE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99221	INITIAL HOSPITAL CARE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99222	INITIAL HOSPITAL CARE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99223	INITIAL HOSPITAL CARE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99224	SUB OBS/DAY, EVAL/MANAGE 2	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99225	SUB OBS/DAY, EVAL/MANAGE 2	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99226	SUB OBS/DAY, EVAL/MANAGE 2	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99231	SUBSEQUENT HOSPITAL CARE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99232	SUBSEQUENT HOSPITAL CARE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99233	SUBSEQUENT HOSPITAL CARE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99234	OBSERV/HOSP SAME DATE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99235	OBSERV/HOSP SAME DATE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99236	OBSERV/HOSP SAME DATE	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99238	HOSPITAL DISCHARGE DAY	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99239	HOSPITAL DISCHARGE DAY	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99241	OFFICE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99242	OFFICE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99243	OFFICE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99244	OFFICE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99245	OFFICE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
99251	INPATIENT CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99252	INPATIENT CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99253	INPATIENT CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99254	INPATIENT CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99255	INPATIENT CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99281	EMERGENCY DEPT VISIT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99282	EMERGENCY DEPT VISIT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99283	EMERGENCY DEPT VISIT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99284	EMERGENCY DEPT VISIT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99285	EMERGENCY DEPT VISIT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99288	DIRECT ADVANCED LIFE SUPPORT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99291	CRITICAL CARE, FIRST HOUR	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99292	CRITICAL CARE, ADD'L 30 MIN	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99304	NURSING FACILITY CARE, INIT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99305	NURSING FACILITY CARE, INIT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99306	NURSING FACILITY CARE, INIT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99307	NURSING FAC CARE, SUBSEQ	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99308	NURSING FAC CARE, SUBSEQ	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99309	NURSING FAC CARE, SUBSEQ	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99310	NURSING FAC CARE, SUBSEQ	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99315	NURSING FAC DISCHARGE DAY	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99316	NURSING FAC DISCHARGE DAY	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99318	ANNUAL NURSING FAC ASSESSMNT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99324	DOMICIL/R-HOME VISIT NEW PAT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
99325	DOMICIL/R-HOME VISIT NEW PAT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99326	DOMICIL/R-HOME VISIT NEW PAT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99327	DOMICIL/R-HOME VISIT NEW PAT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99328	DOMICIL/R-HOME VISIT NEW PAT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99334	DOMICIL/R-HOME VISIT EST PAT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99335	DOMICIL/R-HOME VISIT EST PAT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99336	DOMICIL/R-HOME VISIT EST PAT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99337	DOMICIL/R-HOME VISIT EST PAT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99339	DOMICIL/R-HOME CARE SUPERVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99340	DOMICIL/R-HOME CARE SUPERVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99341	HOME VISIT, NEW PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99342	HOME VISIT, NEW PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99343	HOME VISIT, NEW PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99344	HOME VISIT, NEW PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99345	HOME VISIT, NEW PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99347	HOME VISIT, EST PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99348	HOME VISIT, EST PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99349	HOME VISIT, EST PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99350	HOME VISIT, EST PATIENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99354	PROLONGED SERVICE, OFFICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99355	PROLONGED SERVICE, OFFICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99356	PROLONGED SERVICE, INPATIENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99357	PROLONGED SERVICE, INPATIENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
99358	PROLONGED SERV, W/O CONTACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99359	PROLONGED SERV, W/O CONTACT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99360	PHYSICIAN STANDBY SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99361	PHYSICIAN/TEAM CONFERENCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99362	PHYSICIAN/TEAM CONFERENCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99363	ANTICOAG MGMT, INIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99364	ANTICOAG MGMT, SUBSEQ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99366	TEAM CONF W/PAT BY HC PRO	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99367	TEAM CONF W/O PAT BY PHYS	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99368	TEAM CONF W/O PAT BY HC PRO	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99371	PHYSICIAN PHONE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99372	PHYSICIAN PHONE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99373	PHYSICIAN PHONE CONSULTATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99374	HOME HEALTH CARE SUPERVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99375	HOME HEALTH CARE SUPERVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99377	HOSPICE CARE SUPERVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99378	HOSPICE CARE SUPERVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99379	NURSING FAC CARE SUPERVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99380	NURSING FAC CARE SUPERVISION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99381	INIT PM E/M, NEW PAT, INF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99382	INIT PM E/M, NEW PAT 1-4 YRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99383	PREV VISIT, NEW, AGE 5-11	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99384	PREV VISIT, NEW, AGE 12-17	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99385	PREV VISIT, NEW, AGE 18-39	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99386	PREV VISIT, NEW, AGE 40-64	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99387	INIT PM E/M, NEW PAT 65+ YRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99391	PER PM REEVAL, EST PAT, INF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99392	PREV VISIT, EST, AGE 1-4	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
99393	PREV VISIT, EST, AGE 5-11	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99394	PREV VISIT, EST, AGE 12-17	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99395	PREV VISIT, EST, AGE 18-39	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99396	PREV VISIT, EST, AGE 40-64	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99397	PER PM REEVAL EST PAT 65+ YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99401	PREVENTIVE COUNSELING, INDIV	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99402	PREVENTIVE COUNSELING, INDIV	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99403	PREVENTIVE COUNSELING, INDIV	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99404	PREVENTIVE COUNSELING, INDIV	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
99406	BEHAV CHNG SMOKING 3-10 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99407	BEHAV CHNG SMOKING < 10 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99408	AUDIT/DAST, 15-30 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99409	AUDIT/DAST, OVER 30 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99411	PREVENTIVE COUNSELING, GROUP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99412	PREVENTIVE COUNSELING, GROUP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99415	Prolonged clinical staff service (the	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99416	Prolonged clinical staff service (the	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99420	HEALTH RISK ASSESSMENT TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99429	UNLISTED PREVENTIVE SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99441	PHONE E/M BY PHYS 5-10 MIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
99442	PHONE E/M BY PHYS 11-20 MIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
99443	PHONE E/M BY PHYS 21-30 MIN	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
99444	ONLINE E/M BY PHYS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
99446	Interprofessional telephone/Internet assessment	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99447	Interprofessional telephone/Internet assessment	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99448	Interprofessional telephone/Internet assessment	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
99449	Interprofessional telephone/Internet assessment	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99450	BASIC LIFE DISABILITY EXAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99455	WORK RELATED DISABILITY EXAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99456	DISABILITY EXAMINATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99464	ATTENDANCE AT DELIVERY (WHEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99465	DELIVERY/BIRTHING ROOM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99466	CRITICAL CARE SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99467	CRITICAL CARE SERVICES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99468	INITIAL INPATIENT NEONATAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99469	SUBSEQUENT INPATIENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99471	INITIAL INPATIENT PEDIATRIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99472	SUBSEQUENT INPATIENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99477	INIT DAY HOSP NEONATE CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99478	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
99479	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99480	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99481	Total body systemic hypothermia	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99482	Selective head hypothermia in a	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99485	SUPERVISION BY A CONTROL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99486	SUPERVISION BY A CONTROL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99487	COMPLEX CHRONIC CARE COORDINATION SERVICES; FIRST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99488	COMPLEX CHRONIC CARE COORDINATION SERVICES; FIRST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99489	COMPLEX CHRONIC CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99495	TRANSITIONAL CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99496	TRANSITIONAL CARE MANAGEMENT SERVICES WITH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99499	UNLISTED E&M SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99500	HOME VISIT, PRENATAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99501	HOME VISIT, POSTNATAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99502	HOME VISIT, NB CARE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99503	HOME VISIT, RESP THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99504	HOME VISIT MECH VENTILATOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99505	HOME VISIT, STOMA CARE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99506	HOME VISIT, IM INJECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99507	HOME VISIT, CATH MAINTAIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99509	HOME VISIT DAY LIFE ACTIVITY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99510	HOME VISIT, SING/M/FAM COUNS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99511	HOME VISIT, FECAL/ENEMA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99512	HOME VISIT FOR HEMODIALYSIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99600	HOME VISIT NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
99601	HOME INFUSION/VISIT, 2 HRS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99602	HOME INFUSION, EACH ADDTL HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
99605	MTMS BY PHARM, NP, 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99606	MTMS BY PHARM, EST, 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
99607	MTMS BY PHARM, ADDL 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
0019T	ESW MUSCOLOSKELETAL SYSTEM, LOW ENERGY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0042T	CEREBRAL PERFUSION ANALYSIS USING CT W/CONTRAST &	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0051T	IMPLANTATION OF A TOTAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0052T	REPLACEMENT OR REPAIR OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0053T	REPLACEMENT OR REPAIR OF IMPLANTABLE COMPONENT OR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0054T	COMPUTER-ASSISTED MUSCOLOSKELETAL SURGICAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0055T	COMPUTER-ASSISTED MUSCOLOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0058T	CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0059T	CRYOPRESERVATION;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0071T	FOCUSED US ABLATION OF UTERINE LEIOMYOMATA,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0072T	FOCUSED US ABLATION OF UTERINE LEIOMYOMATA,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0073T	COMPENSATOR-BASED BEAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, PERCUTANEOUS; INITIAL VESSEL					
0075T	PERCUTANEOUS; INITIAL VESSEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, PERCUTANEOUS; EACH ADDITIONAL VESSEL					
0076T	ADDITIONAL VESSEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
0085T	BREATH TEST FOR HEART TRANSPLANT REJECTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0092T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), EACH ADDITIONAL INTERSPACE, CERVICAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0095T	REMOVAL OF TOTAL DISC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0099T	IMPLANTATION OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND IMPLANTATION OF INTRA-OCULAR RETINAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOS, HIGH ENERGY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0102T	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0106T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING TOUCH PRESSURE STIMULI TO ASSESS LARGE DIAMETER SENSATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0107T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION STIMULI TO ASSESS LARGE DIAMETER FIBER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0108T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0109T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0110T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING OTHER STIMULI TO ASSESS SENSATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0111T	LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0126T	COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLEROTIC BURDEN OR CORONARY HEART DISEASE RISK FACTOR ASSESSMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0159T	COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF MRI DATA FOR LESION DETECTION/CHARACTERIZATION, PHARMACOKINETIC ANALYSIS, WITH FURTHER PHYSICIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EACH ADDITIONAL INTERSPACE,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0165T	REVISION INCLUDING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0169T	STEREOTACTIC PLACEMENT OF INFUSION CATHETER(S) IN THE COMPUTERIZED STEREOTACTIC PLANNING AND BURR HOLE(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0171T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY REMOVAL OF BONE OR LIGAMENT FOR INSERTION AND IMAGING GUIDANCE), LUMBAR; SINGLE LEVEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0172T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY REMOVAL OF BONE OR LIGAMENT FOR INSERTION AND IMAGING GUIDANCE), LUMBAR; EACH ADDITIONAL LEVEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0174T	COMPUTER-AIDED DETECTION(CAD), INCLUDING COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE FOR LESION DETECTION) WITH FURTHER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0175T	COMPUTER-AIDED DETECTION(CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE FOR LESION DETECTION)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0178T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; WITH INTERPRETATION AND REPORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0179T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; TRACING AND GRAPHICS ONLY, WITHOUT INTERPRETATION AND REPORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0180T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; TRACING AND GRAPHICS ONLY, INTERPRETATION AND REPORT ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0181T	CORNEAL HYTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, BILATERAL, WITH INTERPRETATION AND REPORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS), INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0188T	REMOTE REAL-TIME INTERACTIVE VIDEO-CONFERENCED CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; FIRST 30-74 MINUTES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0189T	REMOTE REAL-TIME INTERACTIVE VIDEO-CONFERENCED CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; EACH ADDITIONAL 30 MINUTES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0190T	PLACEMENT OF INTRAOCULAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
0191T	INSERTION OF ANTERIOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0195T	ARTHRODESIS, PRE-SACRAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0196T	ARTHRODESIS, PRE-SACRAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0197T	INTR-FRACTION LOCALIZATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0198T	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0199T	PHYSIOLOGIC RECORDING OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0200T	PERCUTANEOUS SACRAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0201T	PERCUTANEOUS SACRAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0202T	POSTERIOR VERTEBRAL JOINT(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0205T	INTRAVASCULAR CATHETER- BASED CORONARY VESSEL OR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0206T	COMPUTERIZED DATABASE ANALYSIS OF MULTIPLE CYCLES OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0207T	EVACUATION OF MELBOMIAN GLANDS, AUTOMATED, USING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0208T	PURETONE AUDIOMETRY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0209T	PURETONE AUDIOMETRY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0210T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0211T	SPEECH AUDIOMETRY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0212T	COMPREHENSIVE AUDIOMETRY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0219T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S),	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0220T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S),	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0221T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S),	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0222T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S),	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0226T	ANOSCOPY, HIGH RESOLUTION (HRA) (WITH MAGNIFICATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0227T	ANOSCOPY, HIGH RESOLUTION (HRA) (WITH MAGNIFICATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0228T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0229T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0230T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0231T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0232T	INJECTION(S), PLATELET RICH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0234T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0236T	TRANSLUMINAL PERIPHERAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0237T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0239T	BIOIMPEDANCE SPECTROSCOPY (BIS), MEASURING 100	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0245T	OPEN TREATMENT OF RIB FRACTURE REQUIRING INTERNAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0246T	OPEN TREATMENT OF RIB FRACTURE REQUIRING INTERNAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0247T	OPEN TREATMENT OF RIB FRACTURE REQUIRING INTERNAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0248T	OPEN TREATMENT OF RIB FRACTURE REQUIRING INTERNAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0249T	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0254T	ENDOVASCULAR REPAIR OF ILIAC ARTERY BIFURCATION (EG,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0255T	ENDOVASCULAR REPAIR OF ILIAC ARTERY BIFURCATION (EG,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0263T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0264T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0265T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0266T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0267T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0268T	IMPLANTATION OR REPLACEMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0269T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0270T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0271T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0272T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0273T	INTERROGATION DEVICE EVALUATION (IN PERSON),	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0281T	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0282T	PERCUTANEOUS OR OPEN IMPLANTATION OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0283T	PERCUTANEOUS OR OPEN IMPLANTATION OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0284T	REVISION OR REMOVAL OF PULSE GENERATOR OR ELECTRODES,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0285T	ELECTRONIC ANALYSIS OF IMPLANTED PERIPHERAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0286T	NEAR-INFRARED SPECTROSCOPY STUDIES OF LOWER EXTREMITY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0287T	NEAR-INFRARED GUIDANCE FOR VASCULAR ACCESS REQUIRING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0288T	ANASCOPY, WITH DELIVERY OF THERMAL ENERGY TO THE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0289T	CORNEAL INCISIONS IN THE DONOR CORNEA CREATED USING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0290T	CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0291T	INTRAVASCULAR OPTICAL COHERENCE TOMOGRAPHY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0292T	INTRAVASCULAR OPTICAL COHERENCE TOMOGRAPHY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0293T	INSERTION OF LEFT ATRIAL HEMODYNAMIC MONITOR;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0294T	INSERTION OF LEFT ATRIAL HEMODYNAMIC MONITOR;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0295T	EXTERNAL ELECTROCARDIOGRAPHIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0296T	EXTERNAL ELECTROCARDIOGRAPHIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0297T	EXTERNAL ELECTROCARDIOGRAPHIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0298T	EXTERNAL ELECTROCARDIOGRAPHIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0299T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0300T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0301T	DESTRUCTION/REDUCTION OF MALIGNANT BREAST TUMOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0302T	INSERTION OR REMOVAL AND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0303T	INSERTION OR REMOVAL AND REPLACEMENT OF INTRACARDIAC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0304T	INSERTION OR REMOVAL AND REPLACEMENT OF INTRACARDIAC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0305T	PROGRAMMING DEVICE EVALUATION (IN PERSON) OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0306T	INTERROGATION DEVICE EVALUATION (IN PERSON) OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0307T	REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0308T	INSERTION OF OCULAR TELESCOPE PROSTHESIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0309T	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0310T	MOTOR FUNCTION MAPPING USING NON-INVASIVE NAVIGATED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0312T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY);	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0313T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY);	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0314T	VAGUS NERVE BLOCKING THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0315T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REMOVAL OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0316T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REPLACEMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0317T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY);	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0319T	INSERTION OR REPLACEMENT OF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0320T	INSERTION OF SUBCUTANEOUS DEFIBRILLATOR ELECTRODE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0321T	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY WITH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0322T	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0323T	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0324T	REMOVAL OF SUBCUTANEOUS DEFIBRILLATOR ELECTRODE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0325T	REPOSITIONING OF SUBCUTANEOUS IMPLANTABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0326T	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0327T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0328T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0330T	Tear film imaging, unilateral or bilateral, with interpretation and	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0331T	Myocardial sympathetic innervation imaging, planar	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0332T	Myocardial sympathetic innervation imaging, planar	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0333T	Visual evoked potential, screening of visual acuity, automated	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0334T	Sacroiliac joint stabilization for arthrodesis, percutaneous or	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0336T	Laparoscopy, surgical, ablation of uterine fibroid(s), including	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0337T	Endothelial function assessment, using peripheral vascular response	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0338T	Transcatheter renal sympathetic denervation, percutaneous	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0339T	Transcatheter renal sympathetic denervation, percutaneous	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0341T	Quantitative pupillometry with interpretation and report,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0342T	Therapeutic apheresis with selective HDL delipidation and	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0343T	Transcatheter mitral valve repair percutaneous approach including	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0344T	Transcatheter mitral valve repair percutaneous approach including	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0345T	Transcatheter mitral valve repair percutaneous approach via the	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0346T	Ultrasound, elastography (List separately in addition to code for	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0394T	High dose rate electronic brachytherapy, skin surface	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0395T	High dose rate electronic brachytherapy, interstitial or	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0396T	Intra-operative use of kinetic balance sensor for implant	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0397T	Endoscopic retrograde cholangiopancreatography	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0398T	Magnetic resonance image guided high intensity focused	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0399T	Myocardial strain imaging (quantitative assessment of	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0400T	Multi-spectral digital skin lesion analysis of clinically	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0401T	Multi-spectral digital skin lesion analysis of clinically	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0402T	Collagen cross-linking of cornea (including removal of	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0403T	Preventive behavior change, intensive program of	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0404T	Transcervical uterine fibroid(s) ablation with ultrasound	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0405T	Oversight of the care of an extracorporeal liver assist	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0408T	Insertion or replacement of permanent cardiac	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0409T	Insertion or replacement of permanent cardiac	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0410T	Insertion or replacement of permanent cardiac	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0411T	Insertion or replacement of permanent cardiac	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0412T	Removal of permanent cardiac contractility modulation	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0413T	Removal of permanent cardiac contractility modulation	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0414T	Removal and replacement of permanent cardiac	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0415T	Repositioning of previously implanted cardiac contractility	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0416T	Relocation of skin pocket for implanted cardiac contractility	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0417T	Programming device evaluation (in person) with iterative	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0418T	Interrogation device evaluation	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0419T	Destruction neurofibromata, extensive, (cutaneous, dermal	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0420T	Destruction neurofibromata, extensive, (cutaneous, dermal	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0421T	Transurethral waterjet ablation of prostate, including	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0422T	Tactile breast imaging by	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0423T	Secretory type II phospholipase	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0424T	Insertion or replacement of neurostimulator system for	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0425T	Insertion or replacement of neurostimulator system for	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0426T	Insertion or replacement of neurostimulator system for	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0427T	Insertion or replacement of neurostimulator system for	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0428T	Removal of neurostimulator system for treatment of	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0429T	Removal of neurostimulator system for treatment of	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0430T	Removal of neurostimulator system for treatment of	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0431T	Removal and replacement of neurostimulator system for	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0432T	Repositioning of neurostimulator system for	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0433T	Repositioning of neurostimulator system for	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
0434T	Interrogation device evaluation implanted neurostimulator	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0435T	Programming device evaluation of implanted neurostimulator	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
0436T	Programming device evaluation of implanted neurostimulator	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A0021	AMB SRVC OTSD STATE-MILE TRANSPORT;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0080	NONEMERG TRNSPRT VOLUN NOT VESTED	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0090	NONEMERG TRNSPRT IND W/VESTED INT;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0100	NONEMERGENCY TRANSPORTATION; TAXI;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0110	NONEMERG TRNSPRT&BUS INTERSTATE;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0120	NONEMERG TRNSPRT: MINI-BUS MTN/OTH;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0130	NONEMERG TRNSPRT: WHEELCHAIR VAN;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0140	NONEMERG TRNSPRT & AIR TRAVEL;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0160	NONEMERG TRNSPRT:MILE-CASE/SOCL WRK;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0170	TRNSPRT ANCILLRY: PARK FEE TOLL OTH;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0180	NONEMERG TRNSPRT: LODGING-RECIP;	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0190	NONEMERG TRNSPRT: MEALS-RECIP	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0200	NONEMERG TRNSPRT: LODGING-ESCORT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A0210	NONEMERG TRNSPRT: MEALS-ESCORT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0225	AMB SRVC NEONAT TRNSPRT EMERG 1 WAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0380	BLS MILEAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0382	BLS ROUTINE DISPOSABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0384	BLS SPCLIZED SRVC DISPBL SPL;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0390	ALS MILEAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0392	ALS SPCLIZED SRVC DISPBL SPL; DEFIB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0394	ALS SPCLIZED SRVC DISPBL SPL; IV RX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0396	ALS SPCLIZD SRVC DISPBL SPL;INTUBAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0420	AMB WAITING TIME 1/2 HR INCREMENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0422	AMB OXYGEN&O2 SPL LIFE SUSTAINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0424	EXTRA AMB ATTENDANT GROUND/AIR;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0425	GROUND MILEAGE PER STATUTE MILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0426	AMB SRVC ALS NONEMERG TRNSPRT LVL 1	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A0427	AMB SRVC ALS EMERG TRANSPORT LEVEL 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0428	AMB SERVICE BLS NONEMERG TRANSPORT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A0429	AMB SERVICE BLS EMERGENCY TRANSPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0430	AMB SRVC AIR TRNSPRT 1 WAY FIX WING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0431	AMB SRVC AIR TRNSPRT 1 WAY ROTARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0432	PARAMED INTRCPT RURL NO 3 PARTY PAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0433	ADVANCED LIFE SUPPORT LEVEL 2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0434	SPECIALTY CARE TRANSPORT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0435	FIX WING AIR MILEAGE-STATUTE MILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0436	ROTARY WING AIR MILEAGE-STATUT MILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0888	NONCOVERED AMB MILEAGE PER MILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0998	AMBULANCE RSPN&TREATMENT NO TRNSPRT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A0999	UNLISTED AMBULANCE SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4206	SYRINGE W/NEEDLE STERILE 1 CC EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4207	SYRINGE W/NEEDLE STERILE 2 CC EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4208	SYRINGE W/NEEDLE STERILE 3 CC EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4209	SYRINGE W/NEEDLE STERILE 5 CC/> EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4210	NEEDLE-FREE INJECT DEVICE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A4211	SUPPLIES SELF-ADMINED INJECTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4212	NONCORING NEEDLE/STYLET W/WO CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4213	SYRINGE STERILE 20 CC/GREATER EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4215	NEEDLE STERILE ANY SIZE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4216	STERL H2O SALINE & OR DXT DIL 10 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4217	STERILE WATER/SALINE 500 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4218	STERL SALINE/WATR METRD DOSE 10 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4220	REFILL KIT IMPLANTABLE INFUS PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4221	SPL MAINT DRUG INFUS CATHETER WEEK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4222	INFUS SPL EXT RX INFUS PUMP CAS/BAG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4223	INFUS SPL NO EXT INFUS PUMP CAS/BAG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4230	INFUS SET EXT INSULIN PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4231	INFUS SET EXT INSULIN PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4232	SYRINGE NDLE EXT INSULIN PUMP STERL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4233	REPL BATT ALK NOT J CELL HOM BG MON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A4234	REPL BATT ALK J CELL HOM BG MON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4235	REPL BATT LITHIUM HOM BG MON OWN PT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4236	REPL BATT SILVER OXIDE HOM BG MON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4244	ALCOHOL OR PEROXIDE PER PINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4245	ALCOHOL WIPES PER BOX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4246	BETADINE/PHISOHEX SOLUTION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4247	BETADINE/IODINE SWABS/WIPES PER BOX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4250	URINE TEST/REAGENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4252	BLOOD KETONE TEST/REAGENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4253	BLD GLU TST/REAGT STRIPS HOM MON-50	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4255	PLATFORMS HOM BLD GLU MON 50-BOX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4256	NORMAL LOW&HI CALIBRATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4257	REPL LENS SHIELD CARTRIDGE LASR SKN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4258	SPRING-POWERED DEVICE LANCET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4259	LANCETS PER BOX OF 100	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4261	CERVICAL CAP FOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4262	TEMP ABSORB LAC DUCT IMPLANT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4263	PERM NONDISSOLV LAC DUCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4265	PARAFFIN PER POUND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE EA	Not a CHP+ HMO Covered Bnft - Should be obtained through Family Planning	Not a Covered Benefit - Should be obtained through Family Planning	Not an ABC Covered Code		
A4268	CONTRACEPT SUPPLY CONDOM FEMALE EA	Not a CHP+ HMO Covered Bnft - Should be obtained through Family Planning	Not a Covered Benefit - Should be obtained through Family Planning	Not an ABC Covered Code		
A4269	CONTRACEPTIVE SUPPLY SPERMICIDE EA	Not a CHP+ HMO Covered Bnft - Should be obtained through Family Planning	Not a Covered Benefit - Should be obtained through Family Planning	Not an ABC Covered Code		
A4270	DISPOSABLE ENDOSCOPE SHEATH EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4280	ADHES SKN SUPP ATTCH BRST PROSTH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4281	TUBING FOR BREAST PUMP REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4282	ADAPTER FOR BREAST PUMP REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4283	CAP BREAST PUMP BOTTLE REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4284	BRST SHIELD&SPLSH PROTCTR PUMP REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A4285	POLYCARBATE BOTTLE BREAST PUMP REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4286	LOCKING RING BREAST PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4290	SACRAL NERVE STIM TEST LEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4300	IMPL ACSS CATHETER EXTERNAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4301	IMPL ACSS TOTAL CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4305	DISPBL RX DEL SYS RATE 50 ML/>-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4306	DISPOSABL RX DEL SYS FLW < 50 ML HR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4310	INSRTION TRAY W/O DRN BAG&W/O CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4311	INSRTION TRAY W/O BAG 2-WAY LATEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4312	INSRTION TRAY W/O BAG 2-WAY SILCON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4313	INSRT TRAY W/O BAG 3-WAY CNT IRRIG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4314	INSRTION TRAY W/BAG 2-WAY LATEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4315	INSRTION TRAY W/BAG 2-WAY SILCON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4316	INSRTION TRAY W/BAG 3-WAY CONT IRRG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4320	IRRIG TRAY W/BULB/PISTON SYRINGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4321	THERAPEUTIC AGT URIN CATH IRRIG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4322	IRRIGATION SYRINGE BULB/PISTON EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4326	MALE EXT CATH CLCT CHAMB ANY TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4327	FE EXT URIN CLCT DEVC; METL CUP EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4328	FE EXT URIN CLCT DEVICE; POUCH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4330	PERIAN FECAL CLCT POUCH W/ADHES EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4331	EXT DRN TUBING W/CNCTOR/ADAPTR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4332	LUBRICNT INDIVIDUAL STERL PACKET EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4333	URIN CATH ANCHR DEVC ADHES ATTCH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4334	URIN CATH ANCHR DEVICE LEG STRAP EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4336	INCONT SUPPLY; URETHRAL INSERT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4337	Incontinence supply, rectal insert, any type, each	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4338	INDWLL CATH; 2-WAY LATEX W/COAT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4340	INDWELL CATHETER; SPECIALTY TYPE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4344	INDWLL CATH FOLEY 2-WAY SILCON EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4346	INDWLL CATH; FOLY 3-WAY CONT IRRIG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4349	MALE EXT CATH W/VO ADHES DISPBL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4351	INTERMIT URIN CATH; STRAIT TIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A4352	INTERMIT URIN CATH; COUDE TIP EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4353	INTERMIT URIN CATH W/INSERTION SPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4354	INSRTION TRAY W/DRN BAG W/O CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4355	IRRIG TUBING CONT 3-WAY CATH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4356	EXT URETHRAL CLAMP/COMPRS DEVICE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4357	BEDSID DRN BAG DAY/NGT W/WO TUBE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4358	URINARY LEG BAG; VINYL W/WO TUBE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4360	DISP EXT URETHRAL CLAMP/DEVICE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4361	OSTOMY FACEPLATE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4362	SKN BARRIER; SOLID 4X4/EQUVALNT; EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4363	OSTOMY CLAMP ANY TYPE REPL ONLY EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4364	ADHES LIQUID/EQUAL ANY TYPE- OUNCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4366	OSTOMY VENT ANY TYPE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4367	OSTOMY BELT EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4368	OSTOMY FILTER ANY TYPE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4369	OSTOMY SKIN BARRIER LIQUID PER OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4371	OSTOMY SKIN BARRIER POWDER PER OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4372	OST SKIN BARR SOL 4X4/EQUV STD EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4373	OST SKN BARR W/FLNGE BUILT-IN CONVX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4375	OST POUCH DRNABLE W/FCEPLAT PLST EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4376	OST POUCH DRNABLE W/FCEPLAT RUBR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4377	OST POUCH DRNABLE FCEPLAT PLSTC EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4378	OST POUCH DRAINABLE FCEPLAT RUBR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4379	OST POUCH URIN W/FCEPLAT PLSTC EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4380	OST POUCH URIN W/FCEPLAT RUBR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4381	OST POUCH URIN USE FCEPLAT PLSTC EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4382	OST POUCH URIN FCEPLAT HVY PLSTC EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4383	OST POUCH URIN USE FCEPLAT RUBR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4384	OST FCEPLAT EQUIVALNT SILCON RING EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4385	OST SKN BARRIER 4X4 EXT W/O CONVXTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4387	OST POUCH CLOS BARR BUILT-IN CONVX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4388	OST POUCH DRNABL W/EXT WEAR BARR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4389	OST POUCH DRNBL BARR BUILT-IN CONVX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4390	OST POUCH DRNABLE EXT W/CONVXITY EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4391	OST POUCH URIN W/EXT WEAR BARR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4392	OST POUCH URIN STD W/CONVXITY EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4393	OST POUCH URIN EXT W/CONVXITY EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4394	OSTOMY DEODORANT W/WO LUB PER FL OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4395	OST DEODORANT OST POUCH SOLID-TAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4396	OSTOMY BELT W/PERISTOMAL HERN SUP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4397	IRRIGATION SUPPLY; SLEEVE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4398	OSTOMY IRRIGATION SUPPLY; BAG EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4399	OST IRRIG SPL; CONE/CATH INCL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4400	OSTOMY IRRIGATION SET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4402	LUBRICANT PER OUNCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4404	OSTOMY RING EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4405	OST SKN BARRIER NONPECTIN PASTE-OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4406	OST SKN BARRIER PECTIN PASTE-OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4407	OST SKN BARRIER W/CONVXITY 4X4 IN/<	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4408	OST SKN BARRIER W/CONVXITY > 4X4 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4409	OST SKN BARR EXT W/O CONVX 4X4 IN/<	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4410	OST SKN BARR EXT W/O CONVX >4X4 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4411	OST SKN BARR SOLID 4X4/EQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4412	OST POUCH DRNBL BARR FLNGE W/O FLTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4413	OST POUCH DRNABL BARRIER FLNGE/FLTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4414	OST SKN BARRIER W/O CONVX 4X4 IN/<	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4415	OST SKN BARRIER W/O CONVX >4X4 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4416	OST POUCH CLO BARR ATTCH W/FILTR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4417	OST POUCH CLO BARR W/BLT-IN CONVXIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4418	OST POUCH CLOS; W/O BARR W/FILTR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4419	OST POUCH CLOS; BARRIER W/NON-LOCK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4420	OST POUCH CLO;USE BARR LOCK FLNG EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4421	OSTOMY SUPPLY; MISCELLANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4422	OST ABSORB MATL THICKN LQD STOML OP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4423	OST POUCH CLOS; BARR W/LOCK FLNG EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4424	OST POUCH DRNBL BARR ATTCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4425	OST POUCH DRNBL; BARR NON-LOCK FLNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4426	OST POUCH DRNBL;BARR W/LOCK FLNG EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4427	OST POUCH DRN;BARR LOCK FLNG FLTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4428	OST POUCH URIN W/FAUCET TAP W/VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4429	OST POUCH URIN W/BLT-IN CONVX VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4430	OST POUCH URN BLT-IN CNVX FAUCT VLV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4431	OST POUCH URIN;BARR FAUCT TAP VLV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4432	OST POUCH URN;NO-LCK FLNG FAUCT VLV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4433	OST POUCH URIN; BARR W/LOCK FLNG EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4434	OST POUCH URN;LOCK FLNG FAUCT VLV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4450	TAPE NON-WATERPROOF 18 SQUARE IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4452	TAPE WATERPROOF PER 18 SQUARE IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4455	ADHESIVE REMOVER/SOLVENT PER OUNCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4458	ENEMA BAG WITH TUBING REUSABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4461	SURG DRESSING HOLDR NON-REUSABLE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A4463	SURG DRESSING HOLDER REUSABLE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4465	NONELASTIC BINDER FOR EXTREMITY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4470	GRAVLEE JET WASHER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4480	VABRA ASPIRATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4481	TRACHEOSTOMA FLTR TYPE SZ EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4483	MOISTR EXCHGR DISPBL W/INVASV VENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4490	SURG STOCKING ABOVE KNEE LENGTH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4495	SURGICAL STOCKING THIGH LENGTH EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4500	SURG STOCKING BELOW KNEE LENGTH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4510	SURGICAL STOCKING FULL-LENGTH EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4520	INCONTINENCE GARMENT ANY TYPE EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4550	SURGICAL TRAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4554	DISPOSABLE UNDERPADS ALL SIZES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4555	Electrode/transducer for use with electrical stimulation device used	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4556	ELECTRODES PER PAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4557	LEAD WIRES PER PAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4558	CONDUCTVE GEL/PASTE USE W/ELEC DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4559	COUPLING GEL/PASTE W/US DEVC PER OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4561	PESSARY RUBBER ANY TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4562	PESSARY NON RUBBER ANY TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4565	SLINGS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4570	SPLINTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4575	TOPICAL HYPRBR OXYGEN CHAMB DISPBL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4580	CAST SUPPLIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4590	SPECIAL CASTING MATERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4595	ELEC STIM SUPPLIES 2 LEAD PER MONTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4600	SLEEVE INTERMITT LIMB COMP REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4601	LITHIUM ION BATT NONPROSTH USE REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4604	TUBING W/INTGR HEAT ELEM W/PAP DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4605	TRACHEAL SUCTION CATH CLOS SYS EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4606	O2 PROBE W/OXIMETER DEVICE REPLCMT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4608	TRANSTRACHEAL OXYGEN CATHETER EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4611	BATTERY HEVY DUTY; REPL PT-OWNED VENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4612	BATTERY CABLES; REPL PT-OWNED VENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4613	BATTERY CHARGER; REPL PT-OWNED VENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4614	PEAK EXPIRATORY FLW METER HAND HELD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4615	CANNULA NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4616	TUBING PER FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4617	MOUTHPIECE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4618	BREATHING CIRCUITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4619	FACE TENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4620	VARIABLE CONCENTRATION MASK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4623	TRACHEOSTOMY INNER CANNULA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4624	TRACHEAL SUCTN CATH NOT CLOS SYS EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4625	TRACHEOST CARE KIT NEW TRACHEOST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4626	TRACHEOSTOMY CLEANING BRUSH EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4627	SPACR BAG/RESRVOR METRD DOSE INHAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A4628	OROPHARYNGEAL SUCTION CATHETER EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4629	TRACHEOST CARE KIT EST TRACHEOST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4630	REPL BATTERY TRNSQ ELEC STIM OWND PT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4633	REPLCMT BULB/LAMP UV LGHT TX SYS EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4634	REPLCMT BULB TX LGHT BOX TABOP MDL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4635	UNDERARM PAD CRUTCH REPLACEMENT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4636	REPL HANDGRIP CANE CRTCH/WALKER EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4637	REPL TIP CANE CRUTCH WALKER EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4638	REPL BATT PT-OWND EAR PULSE GEN EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4639	REPL PAD INFRARD HEATING PAD SYS EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4640	REPL PAD W/ALTRNAT PRSS PAD OWND PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4642	IN-111 SATUMOMB PENDETID DX TO 6MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4648	TISSUE MARKER IMPLANTBL ANY TYPE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4650	IMPLANTABLE RADIATION DOSIMETER EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4651	CALIBRATED MICROCAPILLARY TUBE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4652	MICROCAPILLARY TUBE SEALANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4653	PERITON DIALYSIS CATH ANCHR BELT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4660	SPHYGMOMANOMETER/BP W/CUFF&STETH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4663	BLOOD PRESSURE CUFF ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A4671	DISPBL CYCLR SET USED W/CYCLR DIALY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4672	DRAIN EXT LINE STERILE DIALYSIS EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4673	EXT LINE W/EASY LOCK CNCTR DIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4674	CHEMS/ANTISPTC SOL CLEAN/STERL 8OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4680	ACTIVATED CARBON FILTER HEMODIAL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4690	DIALYZER ALL TYPES SZS HEMODIAL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4706	BICARBONATE CONC SOL HEMODIAL-GAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4707	BICARBONAT CONC PWDR HEMODIAL-PCKET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4708	ACTAT CONC SOL HEMODIAL-GALLON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A4709	ACID CONC SOL HEMODIAL-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4714	TREATED H2O PERITON DIALYSIS-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4719	Y SET TUBING PERITONEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4720	DIALYSATE FL>249<=999 CC DIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4721	DIALYSATE FL>999<=1999CC DIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4722	DIALYSATE FL>1999<=2999CC DIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4723	DIALYSATE FL>2999<=3999CC DIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4724	DIALYSATE FL>3999<=4999CC DIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4725	DIALYSATE FL>4999<=5999CC DIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4726	DIALYSATE DEXTROSE FLUID >5999 CC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4728	DIALYSAT SOL NO-DXTRS CNTAIN 500 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4730	FIST CANNULAT SET HEMODIALYSIS EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4736	TOPICAL ANESTHETIC DIALYSIS PER GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4737	INJ ANESTHETIC DIALYSIS PER 10 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4740	SHUNT ACCESSRY HEMODIAL ANY TYPE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4750	BLD TUBING ART/VENOUS HEMODIAL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4755	BLD TUBING ART&VENOUS HEMODIAL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4760	DIALYSATE SOL TST KIT PERITON EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4765	DIALYSATE POWDER PERITON DIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4766	DIALYSATE SOL PERITON DIALYSIS-10ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4770	BLD COLLECTION TUBE VAC DIALYSIS-50	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4771	SERUM CLOT TIME TUBE DIALYSIS-50	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4772	BLD GLU TEST STRIPS DIALYSIS PER 50	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4773	OCCULT BLD TEST STRIPS DIALYSIS-50	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4774	AMMONIA TEST STRIPS DIALYSIS PER 50	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4802	PROTAMINE SULFATE HEMODIAL-50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4860	DISPBL CATH TIP PERITON DIALYSIS-10	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4870	PLUMB &/ ELEC WRK HOM HEMODIAL EQP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4890	CONTRACTS REPR&MAINT HEMODIAL EQP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4911	DRAIN BAG/BOTTLE FOR DIALYSIS EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4918	VENOUS PRESSURE CLAMP HEMODIAL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4927	GLOVES NON-STERILE PER 100	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A4928	SURGICAL MASK PER 20	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4929	TOURNIQUET FOR DIALYSIS EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4930	GLOVES STERILE PER PAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4931	ORL THERMOMETER REUSBL ANY TYPE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A4932	RECTAL THERMOMETER REUSBL TYPE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5051	OST POUCH CLOS; W/BARRIER ATTCH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5052	OST POUCH CLOS; W/O BARR ATTACH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5053	OSTOMY POUCH CLOS; USE FACEPLATE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5054	OST POUCH CLOS; BARRIER W/FLNGE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5055	STOMA CAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5061	OST POUCH DRNABLE; W/BARR ATTCH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5062	OST POUCH DRNABL; W/O BARR ATTCH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5063	OST POUCH DRNABLE; BARR W/FLNGE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5071	OST POUCH URIN; W/BARRIER ATTCH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5072	OST POUCH URIN; W/O BARR ATTCH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5073	OST POUCH URIN; BARRIER W/FLNGE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A5081	CONTINENT DEVC;PLUG CONTINENT STOMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5082	CONTINENT DEVC;CATH CONTINENT STOMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5083	CONT DEVICE STOMA ABSORPTIVE COVER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5093	OSTOMY ACCESSORY; CONVEX INSERT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5102	BEDSIDE DRN BOTTLE W/WO TUBING EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5105	URINARY SUSPENSRY; W/WO BAG/TUBE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5112	URINARY LEG BAG; LATEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5113	LEG STRAP; LATEX REPLCMT ONLY- SET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5114	LEG STRAP; FOAM/FABRIC REPL- SET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5120	SKIN BARRIER WIPES OR SWABS EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5121	SKN BARRIER; SOLID 6X6/EQUVALNT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5122	SKN BARRIER; SOLID 8X8/EQUVALNT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5126	ADHES/NON-ADHES; DISK/FOAM PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5131	APPLINC CLNR INCONT&OST APPLN-16 OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A5200	PERQ CATH/TUBE ANCHR DEVC ADHES SKN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A5500	DM ONLY CSTM PREP SHOE MX DNS INSRT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5501	DM ONLY CSTM PREP SHOE MOLD PTS FT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5503	DM ONLY MOD SHOE/CSTM ROLLER/ROCKER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5504	DM ONLY MOD SHOE/CSTM W/WEDGE SHOE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5505	DM ONLY MOD SHOE/CSTM W/MT BAR SHOE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5506	DM ONLY MOD SHOE/CSTM OFF SET HEEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5507	DM ONLY NOS MOD SHOE/CSTM MOLD SHOE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5508	DM ONLY DELUX FEATUR SHOE/CSTM MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5510	DIAB ONLY DIR FORM COMPRS MOLD FT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5512	FOR DIAB ONLY MX DNSITY INSRT PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A5513	FOR DIAB ONLY MX DNSITY INSRT CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6000	NON-CNTC WND WARMING COVR W/DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6010	COLL BASED WND FIL DRY FORM-GM COLL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6011	COLL BASED WND FIL GEL/PASTE-GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6021	COLL DRESS PAD SIZE 16 SQ/LESS EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A6022	COLL DRESS PAD >16 BUT <= 48 SQ EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6023	COLL DRESSING PAD SIZE > 48 SQ EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6024	COLL DRESSING WOUND FILLER PER 6 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6025	GEL SHEET DERMAL/EPIDERMAL APPLIC EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6154	WOUND POUCH EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6196	ALGINAT/OTH FIBR GELL PAD 16 SQ/<EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6197	ALGINAT/OTH FIBR GELL >16<=48 SQEA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6198	ALGINAT/OTH FIBR GELL PAD >48 SQ EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6199	ALGINAT/OTH FIBR GELL DRESS FIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6200	COMPOS DRESS 16SQ/< W/O ADHES BORDR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6201	COMPOS DRESS >16 <=48 SQ W/O ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6202	COMPOS DRESS >48 SQ W/O ADHES BORDR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6203	COMPOS DRESS 16 SQ/< W/ADHES BORDR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6204	COMPOS DRESS >16 <=48 SQ W/ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6205	COMPOS DRESS >48SQ W/ADHES BORDR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6206	CNTC LAYER 16 SQ/LESS EA DRESSING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A6207	CNTC LAYER > 16 SQ BUT <= 48 SQ EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6208	CONTACT LAYER > 48 SQ EACH DRESSING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6209	FOAM DRESS 16 SQ/< W/O ADHES EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6210	FOAM DRESS >16 <=48SQ W/O ADHES EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6211	FOAM DRESS > 48 SQ W/O ADHES EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6212	FOAM DRESS 16 SQ/< W/ADHES BORDR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6213	FOAM DRESS >16 <= 48 SQ W/ADHES EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6214	FOAM DRESS > 48 SQ W/ADHES BORDR EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6215	FOAM DRESSING WOUND FILLER PER GRAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6216	GAUZE NON-IMPREG NONSTERL 16 SQ/<	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6217	GAUZE NON-IMPREG NONSTRL >16<=48SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6218	GAUZE NON-IMPREG NONSTERL > 48 SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6219	GAUZE NON-IMPREG 16 SQ/LESS W/ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6220	GAUZE NON-IMPREG >16 <=48 SQ ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6221	GAUZE NON-IMPREG > 48 SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6222	GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/<	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A6223	GAUZ IMPREG NOT H2O/HYDRGL >16<=48	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6224	GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6228	GAUZ IMPREG WATR/NL SALINE > 16 SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6229	GAUZ IMPREG WATR/SALINE >16<=48 SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6230	GAUZ IMPREG WATR/SALINE > 48 SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6231	GAUZ IMPREG HYDRGEL DIR WND 16 SQ/<	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6232	GAUZ IMPREG HYDRGEL DIR >16	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6233	GAUZ IMPREG HYDRGEL DIR WND > 48 SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6234	HYDRCOLLOID DRESS 16 SQ/< W/O ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6235	HYDRCOLLOID DRESS >16<=48 NO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6236	HYDROCOLLOID DRESS >48 SQ W/O ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6237	HYDROCOLLOID DRESS 16 SQ/< W/ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6238	HYDRCOLLOID DRESS >16<= 48 W/ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6239	HYDROCOLLOID DRESS > 48 SQ W/ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6240	HYDROCOLLOID DRESS FIL PASTE-FL OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6241	HYDROCOLLOID DRESS FIL DRY FORM-GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A6242	HYDROGEL DRESS 16 SQ/< W/O ADHES EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6243	HYDROGEL DRESS >16 <=48SQ NO ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6244	HYDROGEL DRESS > 48 SQ W/O ADHES EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6245	HYDROGEL DRESS 16 SQ/<	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6246	HYDROGEL DRESS >16 <=48 SQ W/ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6247	HYDROGEL DRESS > 48 SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6248	HYDROGEL DRESS WOUND FIL GEL-FL OZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6250	SKN SEALNT PROTCT MOISTURZR OINTMNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6251	SPCLTY ABSORB DRESS 16SQ/< NO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6252	SPCL ABSORB DRESS >16<=48 NO ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6253	SPCLTY ABSORB DRESS >48 SQ NO ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6254	SPCLTY ABSORB DRESS 16 SQ/< W/ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6255	SPCL ABSORB DRESS >16<= 48 W/ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6256	SPCLTY ABSORB DRESS > 48 SQ W/ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6257	TRNSPRT FILM 16 SQ/LESS EA DRESSING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6258	TRNSPRT FILM >16 SQ BUT <=48 SQ EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6259	TRNSPRT FILM > 48 SQ EA DRESSING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A6260	WOUND CLEANSERS ANY TYPE ANY SIZE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6261	WOUND FILLER GEL/PASTE-FL OUNCE NEC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6262	WOUND FILLER DRY FORM PER GRAM NEC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6266	GAUZ IMPRG NOT H2O SAL/ZINC LINR YD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6402	GAUZ NON-IMPREG STERL 16 SQ/< NO AD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6403	GAUZ NON-IMPREG STERL >16 <= 48 SQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6404	GAUZ NON-IMPREG STRL >48SQ NO ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6407	PACK STRIPS NON-IMPREGNTD UP 2 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6410	EYE PAD STERILE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6411	EYE PAD NON-STERILE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6412	EYE PATCH OCCLUSIVE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6413	ADHESIVE BANDAGE FIRST-AID TYPE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6441	PADD BANDGE NON-ELAST NON- WOVEN/NON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6442	CONFORMING BANDGE NON- ELAST KNITTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6443	CONFORMING BANDGE NON- ELAST KNITTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6444	CONFORMING BANDGE NON-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A6445	CONFORMING BANDGE NON-ELAST KNITTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6446	CONFORMING BANDGE NON-ELAST KNITTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6447	CONFORMING BANDGE NON-ELAST KNITTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6448	LT COMPRS BANDGE ELAST WDT < 3 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6449	LT COMPRS BANDGE WDT >= 3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6450	LT COMPRS BANDGE WDT >= 5 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6451	MOD COMPRS BANDGE WD >= 3 & <5 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6452	HI COMPRS BANDGE WD >= 3 & <5 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6453	SELF-ADHERENT BANDGE WDT <= 3 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6454	SLF ADHERNT BANDGE WD >= 3 & <5 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6455	SELF-ADHERENT BANDGE WDT >= 5 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6456	ZINC PAST BANDGE WD >= 3 & <5 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6457	TUBULR DRSG W/WO ELAST WDT LINR YD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A6501	COMPRS BURN GARMNT BDYSUIT CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6502	COMPRS BRN GARMNT CHIN STRAP CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6503	COMPRS BRN GARMNT FCE HOOD CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A6504	COMPRS BRN GARMNT GLOV WRST CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6505	COMPRS BRN GARMNT GLOV ELB CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6506	COMPRS BURN GARMNT GLOV AX CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6507	COMPRS BRN GARMNT FT KNEE LEN CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6508	COMPRS BRN GARMNT FT THI LEN CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6509	COMPRS BRN GARMNT TRNK WAIST CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6510	COMPRS BRN GARMNT TRNK ARM LEG OPN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6511	COMPRS BRN GARMNT LW TRNK LEG OPN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6512	COMPRESSION BURN GARMENT NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6513	COMPRS BRN MASK FCE&/NCK PLSTC/EQUL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6530	GRADIENT COMPRS STK BK 18-30 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6531	GRADIENT COMPRS STK BK 30-40 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6532	GRADIENT COMPRS STK BK 40-50 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6533	GRADENT COMPRS STK THIGH 18-30 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6534	GRADENT COMPRS STK THIGH 30-40 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6535	GRADENT COMPRS STK THIGH 40-50 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A6536	GRADENT COMPRS STK FULL 18-30 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6537	GRADENT COMPRS STK FULL 30-40 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6538	GRADENT COMPRS STK FULL 40-50 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6539	GRADENT COMPRS STK WAIST 18-30 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6540	GRADENT COMPRS STK WAIST 30-40 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6541	GRADENT COMPRS STK WAIST 40-50 MMHG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6542	GRADENT COMPRESSION STK CUSTOM MADE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6543	GRADIENT COMPRESSION STK LYMPHEDEMA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6544	GRADENT COMPRESSION STK GARTER BELT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6549	GRADIENT COMPRESSION STOCKING NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A6550	WND CARE SET NEG PRSS WND TX PUMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A7000	CANISTER DISPBL USED W/SUCTN PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7001	CANISTR NONDISPBL USED W/SUCTN PUMP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A7002	TUBING USED WITH SUCTION PUMP EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7003	ADMN SET SM VOL NONFILTR NEB DISPBL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7004	SM VOL NONFILTR PNEUMAT NEB DISPBL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7005	ADMN SET SM VOL NONFLTR NEB NONDISP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7006	ADMN SET W/SM VOL FILTR NEBULIZR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7007	LG VOL NEBULIZR DISPBL UNFIL COMPRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7008	LG VOL NEBULIZR DISPBL PRFIL COMPRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7009	RESRVOR BOTTLE LG VOL US NEBULIZR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7010	CORUG TUBE DISPBL LG VOL NEB 100 FT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7011	CORRG TUBING NON-DISP/NEB USE 10 FT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7012	WATER COLLEC DEV USE W/LG VOL NEB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7013	FLTR DISP USED W/ AREO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7014	FLTR NON-DISPBL AROSL COMPRS/US GEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7015	AREO MASK USED W/ DME NEB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7016	DOME&MOUTHPECE W/SM VOL US NEBULIZR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A7017	NEB GLASS/AUTOCLAV NOT USE W/O2	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A7018	H2O DIST USE W/LG VOL NEB 1000 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A7025	HI FREQ CHST WALL OSCILAT VEST REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A7026	HI FREQ CHST WALL OSCILAT HOSE REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7027	COMB ORAL/NASAL MASK W/CPAP EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7028	ORAL CUSH ORAL/NASAL MASK REPL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7029	NASL PILLOW ORL/NASL MASK REPL PAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7030	FULL FCE MASK POS ARWAY PRSS DEV EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7031	FCE MASK INTERFCE REPL FULL MASK EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7032	CUSHN NASAL MASK INTF REPL ONLY EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7033	PILLW NASL CANNULA TYPE INTF REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7034	NASL INTERFCE POS ARWAY PRSS DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7035	HEADGEAR USED W/POS ARWAY PRSS DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7036	CHINSTRAP USE W/POS ARWAY PRSS DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7037	TUBING USED W/POS ARWAY PRESS DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7038	FLTR DISPBL W/POS ARWAY PRSS DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A7039	FLTR NON DISPBL POS ARWAY PRSS DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7040	ONE WAY CHEST DRAIN VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7041	WATER SEAL DRNAGE CONTAINER&TUBING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7042	IMPLANTED PLEURAL CATHETER EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A7043	VAC DRAIN BOTTLE&TUBING W/IMPL CATH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7044	ORL INTERFCE W/POS ARWAY PRSS DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7045	EXHALATION PORT REPLACEMENT ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7046	WATR CHAMB HUMDIFIR USED W/POS ARWA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7047	Oral interface used with respiratory suction pump, each	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7501	TRACHEOSTOMA VALV INCL DIAPHRAGM EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7502	REPL DIAPH/FCEPLAT TRACHESTOMA VALV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7503	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7504	FLTR USE TRACHEOSTOMA EXCHG SYS EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7505	HOUS REUSABL W/O ADHES EXCHG SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A7506	ADHES DISC EXCHG SYS&/W/TRACH VALV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7507	FLTR HLDR&INTGR FLTR TRACHEOSTOMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7508	HOUS&INTGR ADHES EXCHG SYS &/ VALV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7509	FLTR HLDR&INTGR FLTR HOUS&ADHES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7520	TRACHEOST/LARYNGECT TUBE NON-CUFFED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7521	TRACHEOST/LARYNGECT TUBE CUFF PVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7522	TRACHEOST/LARYNGECT TUBE STNLESS ST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7523	TRACHEOSTOMY SHOWER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7524	TRACHEOSTOMA STENT/STUD/BUTTON EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7525	TRACHEOSTOMY MASK EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A7527	TRACHEOST/LRYNGCT TUBE PLUG/STOP EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A8000	HELMET PROTECTIVE SOFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A8001	HELMET PROTECTIVE HARD PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A8002	HELMET PROTECTIVE SOFT CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A8003	HELMET PROTECTIVE HARD CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A8004	SOFT INTERFACE FOR HELMET REPL ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A9150	NONPRESCRIPTION DRUG	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A9152	1 VIT/MINERL/TRACE ELEM ORLDOSE NOS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A9153	MULTIPLE VITAMINS ORAL PER DOSE NOS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A9155	ARTIFICIAL SALIVA 30 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9180	PEDICULOSIS TX TOP ADMN PT/CARETAKR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9270	NONCOVERED ITEM OR SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A9274	EXT AMB INSULIN DEL SYS DISPOSBL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9275	HOME GLU DISPBL MON W/TEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9276	SENSOR; INVSV INTRSTL GLU MON SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9277	TRANSMTR; EXT INTRSTL CONT GLU MON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9278	RECEIVER MON; EXT INTRSTL GLU MON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9279	MON FEATURE/DEVC ALONE/INTEGRAT NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9280	ALERT OR ALARM DEVICE NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9281	REACH/GRABBING DEVC ANY TYPE/LEN EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9282	WIG ANY TYPE EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A9283	FOOT PRESSURE OFF LOAD/SUPP DEV EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9284	SPIROMETER, NON-ELECTRONIC,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9300	EXERCISE EQUIPMENT	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
A9500	TC-99M SESTAMIBI DX UP TO 40 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9501	TC-99M TEBOROXIME DX PER STUDY DOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9502	TC-99M TETROFOSMIN DX UP TO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9503	TC-99M MEDRONATE DX UP TO 30 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9504	TC-99M APCITIDE DX UP TO 20	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9505	TL-201 THALLOUS CHLORID DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9507	IN-111 CAPROMB PENDETD DX TO 10 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9508	I-131 IOBENGUANE SULFATE DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9509	IODINE I-123 SODIM IODIDE DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9510	TC-99M DISOFENIN DX UP TO 15 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9512	TC-99M PERTECHNETATE DX PER MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9516	I-123 SODIUM IODIDE CAP DX 100	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9517	I-131 SODIM IODIDE CAPS TX MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9520	Technetium tc-99m, tilmanocept, diagnostic, up to 0.5 millicuries	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9521	TC-99M EXETAZIME DX UP TO 25 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9524	I-131 IODINATD SERUM ALB DX 5 UCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9526	NITRO N-13 AMMONIA DX UP TO 40 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A9527	IODINE I-125 NA IODIDE SOL TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9528	I-131 SODIUM IODIDE CAPS DX PER MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9529	I-131 SODIM IODIDE SOL DX PER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9530	I-131 SODIUM IODIDE SOL TX PER MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9531	I-131 SODIM IODIDE DX UP TO 100	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9532	I-125 SERUM ALB DX PER 5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9535	INJECT METHYLENE BLUE 1 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9536	TC-99M DEPREOTIDE DX UP TO 35 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9537	TC-99M MEBROFENIN DX UP TO 15 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9538	TC-99M PYROPHOSHATE DX UP TO 25 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9539	TC-99M PENTETATE DX UP TO 25 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9540	TC-99M MAA DX UP TO 10 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9541	TC-99M SULFUR COLL DX UP TO 20	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9542	IN-111 IBRITUMAB TIUXTN DX TO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9543	Y-90 IBRITUMOMB TIUXTN TX TO 40 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9544	IODINE I-131 TOSITUMOMAB DX DOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9545	IODINE I-131 TOSITUMOMAB TX DOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9546	CO-57/58 CYANOCOBALAMIN DX TO 1 UCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9547	IN-111 OXYQUINOLIN DX 0.5 MILLICURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
A9548	INDIUM IN-111 PENTETATE DX 0.5 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9550	TC-99M SODIM GLUCEPTAT DX TO 25 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9551	TC-99M SUCCIMER DX UP TO 10 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9552	FDG F-18 FDG DX UP TO 45 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9553	CR-51 SODIUM CHROMATE DX TO 250 UCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9554	I-125 SODUM IOTHALAMTE DX TO 10 UCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9555	RUBIDIUM RB-82 DX UP TO 60 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9556	GALLIUM GA-67 CITRATE DX PER MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9557	TC-99M BICISATE DX UP TO 25 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9558	XENON XE-133 GAS DX PER 10 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9559	CO-57 CYANOCOBALAMN ORL DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9560	TC-99M LABELED RBC DX UP TO 30 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9561	TC-99M OXIDRONATE DX UP TO 30 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9562	TC-99M MERTIATIDE DX UP TO 15 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9563	SODIUM PHOSHATE P-32 TX PER MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9564	CHROMIC PHOSHATE P-32 SUSP TX MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9565	INDIUM IN-111 PENTETREOTIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9566	TC-99M FANOLESOMAB DX UP TO 25 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A9567	TC-99M PENTETATE DX AROSL TO 75 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9568	TC-99M ARCITUMOMAB DX TO 45 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9569	TC-99M EXAMETAZIME AUTOLG WBC DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9570	INDIUM IN-111 AUTOLG WBC DX DOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9571	INDIUM IN-111 AUTOLG PLATELETS DX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9572	IN-111 PENTETREOTIDE DX TO 6 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9575	Injection, gadoterate meglumine, 0.1 ml	Prior Authorization Required for children less than 2years old	Prior Authorization Required for children less than 2years old	Not an ABC Covered Code		
A9576	INJECT GADOTERIDOL PER ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9577	INJ GADOBENATE DIMEGLUMINE PER ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9578	INJ GADOBENATE DIMEGLUMIN MXPACK ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9579	INJ GADOLINIUM MR CONTRAST NOS ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9580	SODIUM FLUORIDE F-18,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9599	Radiopharmaceutical, diagnostic, for beta-amyloid positron emission	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9600	STRONTIUM SR-89 CHLORID TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9605	SAMARIUM SM-153 LEXIDRONM TX 50 MCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9698	NON-RADIOACTV CONTRST IMAG MATL NOC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9700	SUP OF INJ CONTRST MAT-ECHO P/STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9901	DME DEL SET&/DSPNS SRVC ANOTH HCPCS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
A9999	MISCELLANEOUS DME SUPPLY/ACCESS NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4034	ENTERAL FD SUPPLY KIT; SYRINGE-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4035	ENTERAL FD SUPPLY KIT; PUMP FED-DAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4036	ENTERAL FD SPL KIT; GRVITY FED-DAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4081	NASOGASTRIC TUBING WITH STYLET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4082	NASOGASTRIC TUBING WITHOUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4083	STOMACH TUBE - LEVINE TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4086	GASTROST / J-TUBE MATL TYPE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4087	GASTROSTOMY/J-TUBE STANDARD EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4088	GASTROSTOMY/J-TUBE LOW-PROFILE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4100	FOOD THICKENER ADMINED ORALLY-OUNCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4102	ENTERAL F ADLT REPL FL&LYTES 500 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
B4103	ENTERAL F PED REPL FL&LYTES 500 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4104	ADDITIVE FOR ENTERAL FORMULA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4149	ENTERAL F MANF BLNDRIZD NAT FOODS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4150	ENTERAL F NUTRITIONALLY COMPLETE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4152	ENTERAL F NUTRITION CMPL CAL DENSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4153	ENTERAL F NUTRTN CMPL HYDROLYZD PROTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4154	ENTERAL F CMPL NO INHERITED DZ METAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
B4155	ENTERAL F NUTRITN INCMPL/MOD NUTRNTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4157	ENTERAL F CMPL INHERITED DZ METAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4158	ENTERAL F PED NUTRITION COMPLETE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
B4159	ENTERAL F PED NUTRITN CMPL SOY BASD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4160	ENTERAL F PED NUTRITN CMPL CAL DENSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
B4161	ENTERAL F PED HYDROLYZED/AA PROTEINS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4162	ENTERAL F PED INHERITED DZ METAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4164	PARNTRAL NUT SOL; CARBS 50%/< HOM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4168	PARNTRAL NUT SOL; AMINO ACID 3.5%	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4172	PARNTRAL NUT SOL; AMINO ACID 5.5-7%	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4176	PARNTRAL NUT SOL; AMINO ACID 7-8.5%	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4178	PARNTRAL NUT SOL; AMINO ACID > 8.5%	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4180	PARNTRAL NUT SOL; CARBS > 50% HOM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4185	PARENTRL NUTRITION SOL-10 GMS LIPID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4189	PARNTRAL NUT;AMINOACID&CARB 10-51GM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
B4193	PARNTRAL NUT;AMINOACID&CARB 52-73GM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4197	PARNTRL NUT;AMINOACID&CARB 74-100GM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4199	PARNTRAL NUT;AMINO ACID&CARB >100GM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4216	PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B4220	PARNTRAL NUTRIT SPL KIT; PREMIX-DAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4222	PARNTRAL NUT SPL KIT; HOM MIX-DAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B4224	PARNTRAL NUTRITION ADMIN KIT-DAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B5000	PARNTRAL NUT; AMINO ACID&CARBS RENL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B5100	PARNTRAL NUT; AMINO ACID&CARBS HEP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B5200	PARNTRAL NUT; AMINO ACID&CARS STRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B9000	ENTERAL NUT INFUS PUMP - W/O ALARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B9002	ENTERAL NUTRIT INFUS PUMP - W/ALARM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B9004	PARNTRAL NUTRIT INFUS PUMP PRTBLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B9006	PARNTRAL NUTRIT INFUS PUMP STATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
B9998	NOC FOR ENTERAL SUPPLIES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
B9999	NOC FOR PARENTERAL SUPPLIES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
C1300	HYPBR O2 UND PRSS FULL BDY - 30 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C1713	ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1714	CATH TRNSLUM ATHERECT DIRECTIONAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1715	BRACHYTHERAPY NEEDLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1716	BRACHYTX SOURCE GOLD 198 PER SOURCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1717	BRACHYTX SOURCE HI DOS IRIDIUM 192	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1718	BRACHYTX SOURCE IODINE 125 PER SRC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1719	BRACHYTX SRC NON-HI DOS IRIDIUM 192	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1720	BRACHYTX SOURCE PALLADIUM 103	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1721	CARDIOVERT-DEFIBRILLATOR DUAL CHAMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1722	CARDIOVERT-DEFIB SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1724	CATH TRNSLUM ATHERECT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1725	CATHETER TRNSLUM ANGPLSTY NON-LASER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1726	CATHETER BALLOON DILAT NON-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
C1727	CATH BALLN TISS DISSECTOR NON-VASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1728	CATHETER BRACHYTHERAPY SEED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1729	CATHETER DRAINAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1730	CATH EP DX OTH THAN 3D MAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1731	CATH EP DX OTH THAN 3D MAP 20/>	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1732	CATH EP DX/ABLAT 3D/VECTOR MAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1733	CATH EP DX/ABLAT NOT MAP/COOL-TIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1750	CATH HEMODIAL/PERITON LONG-TERM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1751	CATH INFUS INSRT PERIPH CNTRL/MIDLN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1752	CATHETER HEMODIALYSIS SHORT-TERM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1753	CATHETER INTRAVASCULAR ULTRASOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1754	CATHETER INTRADISCAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1755	CATHETER INTRASPINAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1756	CATHETER PACING TRANSESOPHAGEAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1757	CATHETER THROMBECTOMY/EMBOLECTOMY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1758	CATHETER URETERAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C1759	CATHETER INTRACARD ECHOCARDIOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1760	CLOSURE DEVICE VASCULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1762	CONNECTIVE TISSUE HUMAN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1763	CONNECTIVE TISSUE NON-HUMAN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1764	EVENT RECORDER CARDIAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1765	ADHESION BARRIER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1766	INTRUDUCR/SHEATH EP NOT PEEL-AWAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1767	GENERATOR NEUROSTIM NONRECHARGEABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1768	GRAFT VASCULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1769	GUIDE WIRE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1770	IMAGING COIL MAGNETIC RESONANCE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1771	REPR DEVICE URIN INCONT W/SLING GFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1772	INFUSION PUMP PROGRAMMABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1773	RETRIEVAL DEVICE INSERTABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1776	JOINT DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C1777	LEAD CARDIOVRT-DFIB ENDOCARDIAL COIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1778	LEAD NEUROSTIMULATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1779	LEAD PACEMKR TRNS VDD SINGLE PASS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1780	LENS INTRAOCULAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C1781	MESH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1782	MORCELLATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C1783	OCULAR IMPL AQUEOUS DRAIN ASST DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1784	OCULR DEVC INTRAOP DETACHED RETINA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C1785	PACEMKR DUAL CHAMB RATE-RESPONSIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1786	PACEMKR 1 CHAMB RATE-RESPONSIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C1787	PATIENT PROGRAMMER NEUROSTIMULATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1788	PORT INDWELLING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1789	PROSTHESIS BREAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1813	PROSTHESIS PENILE INFLATABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1814	RETINAL TAMPONADE DEVICE SILCON OIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1815	PROSTHESIS URINARY SPHINCTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C1816	RECV &OR TRANSMITTER NEUROSIM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1817	SEPTAL DEFEC IMPL SYSTEM INTRACARD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1818	INTEGRATED KERATOPROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1819	SURG TISSUE LOC & EXC DEVICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1820	GEN NEURSTIM RECHRG BATT & CHRG SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1821	INTERSPINOUS PRC DISTRACT DEVC IMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1874	STENT COATED/COVR W/DELIVERY SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1875	STENT COATED/COVR W/O DELIV SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1876	STNT NON-COATED/NON-COVR DELIV SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1877	STNT NON-COAT/NON-COVR W/O DEL SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1878	MATL VOCAL CORD MEDIZATION SYNTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1879	TISSUE MARKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1880	VENA CAVA FILTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1881	DIALYSIS ACCESS SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1882	CARDIOVRT-DFIB OTH THAN 1/DUL CHAMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1883	ADAPTR/EXT PACE LEAD/NEUROSTIM LEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1884	EMBOLIZATION PROTECTIVE SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1885	CATHETER TRNSLUM ANGPLSTY LASER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C1887	CATHETER GUIDING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1888	CATH ABLATION NON-CARDIAC ENDOVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1891	INFUS PUMP NON-PROGRAMMABLE PERMANENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1892	INTRUDUCR/SHEATH EP CURVE PEEL-AWAY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1893	INTRUDUCR/SHEATH EP CURVE NOT PEEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1894	INTRUDUCR/SHEATH NOT GUID NON-LASR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1895	LEAD CARDIOVRT-DFIB ENDOCARD DUL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1896	LEAD CARDIOVRT-DFIB NOT ENDOCARD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1897	LEAD NEUROSTIMULATOR TEST KIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1898	LEAD PACEMKR NOT TRNS VDD 1 PASS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1899	LEAD PACEMKR/CARDIOVERT-DEFIB COMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C1900	LEAD LT VENTRICULAR CORON VENUS SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2614	PROBE PERCUT LUMBAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2615	SEALANT PULMONARY LIQUID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2616	BRACHYTX SOURCE YTTRIUM 90 PER SRC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2617	STENT NON-COR TEMP W/O DELIV SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C2618	PROBE CRYOABLATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2619	PACEMKR DUL CHAMB NON RATE-RESPONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2620	PACEMKR 1 CHAMB NON RATE-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2621	PACEMKR OTH THAN SINGLE/DUAL CHAMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2622	PROSTHESIS PENILE NON-INFLATABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2623	CATHETER, TRANSCATHETER, TRANSLEUMINAL ANGIOPLASTY, DRUG-COATED, NON-LASER	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
C2625	STENT NON-COR TEMP W/DELIV SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2626	INFUS PUMP NON-PROGMMABLE TEMPORARY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2627	CATHETER SUPRAPUBIC/CYSTOSCOPIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2628	CATHETER OCCLUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2629	INTRUDUCR/SHEATH NOT GUID EP LASR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2630	CATH EP DX/ABLAT NOT MAP COOL-TIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2631	REPR DEVC URIN INCONT W/O SLING GFT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2634	BRACHYTX SOURCE HA I-125	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2635	BBRACHYTX SOURCE HA P-103	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2636	BRACHYTX LINR SRC PALADIUM-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2637	BRACHYTX SRC YTTERBIUM-169	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2638	BRACHYTHERAPY SOURCE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2641	BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103, PER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2642	BRACHYTHERAPY SOURCE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2643	BRACHYTHERAPY SOURCE, NON-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2645	Brachytherapy planar source,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2698	BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C2699	BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C5271	Application of low cost skin substitute graft to trunk, arms,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C5272	Application of low cost skin substitute graft to trunk, arms,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C5273	Application of low cost skin substitute graft to trunk, arms,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C5274	Application of low cost skin substitute graft to trunk, arms,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C5275	Application of low cost skin substitute graft to face, scalp,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C5276	Application of low cost skin substitute graft to face, scalp,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C5277	Application of low cost skin	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C5278	Application of low cost skin substitute graft to face, scalp,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8900	MR ANGIOGRAPHY W/CONTRAST ABDOMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8901	MR ANGIOGRAPHY WITHOUT CONTRST ABD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C8902	MR ANGIO W/O CONTRST W/CONTRST ABD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8903	MR IMAGING W/CONTRAST BREAST; UNI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8904	MR IMAG W/O CONTRST BREAST; UNI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8905	MR NO CONTRST FLW W/CNTRST BRST;UNI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8906	MR IMAGING W/CONTRST BREAST; BIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8907	MR IMAG W/O CONTRST BREAST; BIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8908	MR NO CONTRST FLW CNTRST BRST; BIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8909	MR ANGIOGRAPHY WITH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8910	MR ANGIO WITHOUT CONTRST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8911	MR ANGIO NO CONTRST FLW	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8912	MR ANGIO W/CONTRST LOWER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8913	MR ANGIO WITHOUT CONTRST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8914	MR ANGIO NO CNTRST FLW CON LW EXTRM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8919	MRA WITHOUT CONTRAST PELVIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8920	MRA NO CONTRST FLWED W/CONTRST PELV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8921	TTE CONG CARDIAC ANOMAL; COMPLETE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8922	TTE CONG CARDIAC ANOMAL; LIMITED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
C8923	TTE REAL TIME IMAGE DOC 2D; COMPLET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8924	TTE REAL TIME IMAGE DOC 2D; LIMITED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8925	TEE REAL TIME 2D; PROBE PLCMT I&R	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8926	TEE CONG CARDIAC ANOMAL; PROBE I&R	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8927	TEE MON ASSESS CARDIAC PUMP FUNCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8928	TTE DUR REST & CV STRESS TEST W/I&R	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8930	TRANSTHORACIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C8957	IV INFUS TX/DX;INIT PROLNG RQR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9003	PALIVIZUMAB-RSV-IGM PER 50	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9025	Injection, ramucirumab, 5 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9026	Injection, vedolizumab, 1 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9027	Injection, pembrolizumab, 1 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9113	INJECT PANTOPRAZOLE SODIUM-VIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9121	INJECT ARGATROBAN PER 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9132	PROTHROMBIN COMPLEX CONC HUMAN, KCENTRA, PER IU OF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9132	PROTHROMBIN COMPLEX CONC HUMAN, KCENTRA, PER IU OF	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
C9133	Factor ix (antihemophilic factor, recombinant), rixibus, per i.u.	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
C9136	Injection, factor VIII, Fc fusion protein, (recombinant), per IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9136	Injection, factor VIII, Fc fusion protein, (recombinant), per IU	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
C9232	INJ IDURSULFASE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9233	INJ RANIBIZUMAB 0.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9234	INJECT ALGLUCOSIDASE ALFA 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9235	INJ PANITUMUMAB 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9237	INJECT LANREOTIDE ACETATE 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9238	INJECT LEVETIRACETAM 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9239	INJECT TEMSIROLIMUS 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9240	INJECT IXABEPILONE 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9245	INJECT, ROMIPLOSTIM, 10 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9246	INJECT, GADOXETATE DISODIUM,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9247	IOBENGUANE, I-123, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9248	INJECT, CLEVIDIPINE BUTYRATE, 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9274	CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), 1 VIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9275	INJECTION, HEXAMINOLEVULINATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9276	INJECTION, CABAZITAXEL, 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
C9277	INJECTION, ALGLUCOSIDASE ALFA (LUMIZYME), 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9278	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9279	INJECTION, IBUPROFEN, 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9280	INJECT,ERIBULIN MESYLATE, 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9281	INJECT, PEGLOTICASE, 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9282	INJECT, CEFTAROLINE FOSAMIL, 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9283	INJECT, ACETAMINOPHEN, 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9284	INJECT, IPILIMUMAB, 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9285	LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9290	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9293	INJECTION, GLUCARPIDASE, 10 UNITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9350	MICROPOROUS COLL TUBE NONHUMN CM L	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9351	ACELL DERM MATRIX NONHUMAN SQ CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9352	MICROPOROUS COLL IMPLANTBLE TUBE CM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9353	MICROPOROUS COLL IMPL SLIT TUBE CM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9354	ACCELLULR PERICARDIAL TISS NH SQ CM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
C9355	COLLAGEN NERVE CUFF 0.5 CM LENGTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9365	OASIS ULTRA TRI-LAYER MATRIX, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9406	IODINE I-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9441	Injection, ferric carboxymaltose, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9442	Injection, belinostat, 10 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9443	Injection, dalbavancin, 10 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9444	Injection, oritavancin, 10 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9445	INJECTION, C-1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9446	Injection, tedizolid phosphate, 1 mg	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
C9447	Injection, phenylephrine and ketorolac, 4 ml vial	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
C9448	NETOPHTANT 500 MG AND PALONOSETRON 0.5 MG, ORAL	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
C9449	INJECTION, BLINATUMOMAB, 1 MCG	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9450	INJECTION, FLOCCINOLONE ACETONIDE INTRAVITREAL IMPLANT, 0.01 MG	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9451	INJECTION, PERAMIVIR, 1 MG	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
C9452	INJECTION, CEF TOLOZANE 50 MG AND TAZOBACTAM 25 MG	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
C9458	Florbetaben F18, diagnostic, per study dose, up to 8.1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9458	Florbetaben F18, diagnostic, per study dose, up to 8.1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9459	Flutemetamol F18, diagnostic, per study dose, up to 5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9459	Flutemetamol F18, diagnostic, per study dose, up to 5	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9460	Injection, cangrelor, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9497	Loxapine, inhalation powder, 10 mg	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9600	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9601	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9602	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9603	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9604	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9605	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9606	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9607	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9608	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9723	DYN INFRARED BLD PERFUS IMAG DIRI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
C9724	ENDOPLECTIC GASTRIC CARDIA W/ENDO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9725	PLACMENT ENDORECTAL APPLIC BRACHYT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9726	PLACMENT REMV APPLICATOR BREAST RAD TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9727	INSRT IMPL SOFT PALATE; MIN 3 IMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9729	PERCUTANEOUS (INTRALAMINAR APPROACH) FOR DECOMPRESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9730	BRONCHOSCOPIC BRONCHIAL THERMOPLASTY WITH IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9731	BRONCHOSCOPIC BRONCHIAL THERMOPLASTY WITH IMAGING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9733	NON-OPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9734	Focused ultrasound ablation/therapeutic intervention,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9735	Anoscopy; with directed submucosal injection(s), any	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
C9737	Laparoscopy, surgical, esophageal	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
C9899	IMPLANTED PROSTHETIC DEVICE,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0100	CANE ALL MATL ADJUSTBLE/FIXED W/TIP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0105	CANE QUAD/3-PRONG ALL MATL W/TIPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0110	CRTCHES FOR ARM VARIOUS MATL PAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0111	CRTCH FOR ARM VARIOUS MATL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
E0112	CRTCHS UNDARM WOOD PAIR ADJUSTBL/FIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0113	CRTCH UNDARM WOOD EA ADJUSTBL/FIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0114	CRTCHES UNDARM OTH THAN WOOD PAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0116	CRTCH UNDARM OTH THAN WOOD ADJ/FIX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0117	CRTCH UNDERARM ARTIC SPRNG ASSTD EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0118	CRUTCH SUBSTITUTE LW LEG PLATFORM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0130	WALKER RIGID ADJUSTBLE/FIXED HEIGHT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0135	WALKER FOLDING ADJUSTBLE/FIX HEIGHT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0140	WALK W/TRNK SUPP ADJUSTBL/FIX HT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0141	WALKER RIGID WHEELD ADJUSTBL/FIX HT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0143	WALKER FOLD WHEELD ADJUSTBL/FIX HT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0144	WALKER ENCLOS 4 SIDE WHL POST SEAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0147	WALKR HEVY DUTY MX BRAKE VARIBL WHL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0148	WALK HEVY DUTY NO WHLS RIGD/FOLD EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0149	WALKER HEVY DUTY WHEELD ANY TYPE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0153	PLATFORM ATTCH FOREARM CRUTCH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
E0154	PLATFORM ATTACHMENT WALKER EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0155	WHL ATTCH PCK-UP WLK- PER PAIR SEAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0156	SEAT ATTACHMENT WALKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0157	CRUTCH ATTACHMENT WALKER EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0158	LEG EXTENSIONS WALKER PER SET FOUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0159	BRAKE ATTCH WHEELED WALK REPLCMT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0160	SITZ BATH/EQP PRTBLE W/WO COMMODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0161	SITZ BATH/EQP PRTBLE USED W/FAUCET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0162	SITZ BATH CHAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0163	COMMODE CHAIR WITH FIXED ARMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0165	COMMODE CHAIR WITH DETACHABLE ARMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0167	PAIL/PAN USE W/COMMODE CHAIR REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0170	COMMODE CHAIR SEAT LIFT MECH ELEC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0171	COMMODE CHAIR SEAT LIFT MCH NONELEC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0172	SEAT LIFT MECH PLACE OVR/TOP TOILET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0175	FOOT REST USE W/COMMODE CHAIR EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0181	PWR PRESS RED MATTRESS PAD W/PUMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0182	PUMP ALTERNATING PRESSURE PAD REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0184	DRY PRESSURE MATTRESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0186	AIR PRESSURE MATTRESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0187	WATER PRESSURE MATTRESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0188	SYNTHETIC SHEEPSKIN PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0190	PSTN CUSH/PILLOW/EDGE ALL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0191	HEEL OR ELBOW PROTECTOR EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0193	POWERED AIR FLOTATION BED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0194	AIR FLUIDIZED BED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0196	GEL PRESSURE MATTRESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0197	AIR PRSS PAD MATTRSS STD LEN&WDTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0198	WATR PRSS PAD MATTRSS STD LEN&WDTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0199	DRY PRSS PAD MATTRSS STD LEN&WDTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0200	HEAT LAMP W/O STAND W/INFRARD ELEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0203	TX LTBOX MINI 10000 LUX TABLE TOP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0205	HEAT LAMP W/STAND W/INFRARD ELEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0210	ELECTRIC HEAT PAD STANDARD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0215	ELECTRIC HEAT PAD MOIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0217	WATER CIRCULATING HEAT PAD W/PUMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0218	WATER CIRCULATING COLD PAD W/PUMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0221	INFRARED HEATING PAD SYSTEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0225	HYDROCOLLATOR UNIT INCLUDES PADS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0231	NON-CNTC WND WARM DEVC W/CARD&COVR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
E0232	WOUND WARMING WOUND COVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0235	PARAFFIN BATH UNIT PORTABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0236	PUMP FOR WATER CIRCULATING PAD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0239	HYDROCOLLATOR UNIT PORTABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0240	BATH/SHOWER CHAIR W/WO WHLS ANY SZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0241	BATHTUB WALL RAIL EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0242	BATHTUB RAIL FLOOR BASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0243	TOILET RAIL EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0244	RAISED TOILET SEAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0245	TUB STOOL OR BENCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0246	TRANSFER TUB RAIL ATTACHMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0247	TRNSF BENCH TUB/TOILET W/WO COMMODE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0250	HOS BED FIX HT W/RAIL W/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0251	HOS BED FIX HT W/RAIL W/O MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0255	HOS BED VARIBL HT W/RAIL W/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0256	HOS BED VARIBL HT W/RAIL NO MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0260	HOS BED SEMI-ELEC W/RAIL W/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0261	HOS BED SEMI-ELEC W/RAIL NO MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0265	HOS BED TOT ELEC W/RAIL W/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0266	HOS BED TOT ELEC W/RAIL W/O MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0270	HOSP BED INST TYPE: W/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0271	MATTRESS INNER SPRING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0272	MATTRESS FOAM RUBBER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0273	BED BOARD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0274	OVER-BED TABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0275	BED PAN STANDARD METAL OR PLASTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0276	BED PAN FRACTURE METAL OR PLASTIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0277	POWER PRESSURE-REDUCING AIR MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0280	BED CRADLE ANY TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0290	HOS BED FIX HT W/O RAIL W/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0291	HOS BED FIX HT W/O RAIL W/O	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0292	HOS BED VARIBL HT NO RAIL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0293	HOS BED VARIBL HT W/O RAIL/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0294	HOS BED SEMI-ELEC NO RAIL W/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0295	HOS BED SEMI-ELEC W/O RAIL/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0296	HOS BED TOT ELEC W/O RAIL W/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0297	HOS BED TOT ELEC W/O RAIL/MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0300	PED CRIB HOSP GRADE FULL ENCLOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0301	HOS BED HEVY DUTY W/WT CAP >350 PDS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0302	HOS BED WT CAP>600 W/O MATTRESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0303	HOS BED HEVY DUTY WT CAP >350<=600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0304	HOS BED XTRA HD WT CAP>600 MTTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0305	BEDSIDE RAILS HALF-LENGTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0310	BEDSIDE RAILS FULL-LENGTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0315	BED ACCESS: BOARD/TABL/SUPPRT DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0316	SFTY ENCLOS FRME/CANOPY W/HOSP BED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0325	URINAL; MALE JUG-TYPE ANY MATERIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0326	URINAL; FE JUG-TYPE ANY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0328	HOSP BED PED MANUAL INCL MATTRESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0329	HOSP BED PED ELECTRIC INCL MATTRESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0350	CNTRL U ELEC BOWEL IRRIG/EVAC SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0352	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0370	AIR PRESSURE ELEVATOR FOR HEEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0371	NONPWR PRSS RDUC OVRLAY MATTRSS STD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0372	PWR AIR OVRLAY MATTRSS STD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0373	NONPWR ADVD PRESS REDUCING MATTRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0424	STATION COMPRS GASOUS O2 SYS RENT;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0425	STATION COMPRS GAS SYS PURCHASE;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0430	PRTBLE GASEOUS O2 SYS PURCHASE;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0431	PRTBLE GASEOUS O2 SYS RENTAL;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0434	PRTBLE LIQUID O2 SYS RENTAL;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0435	PRTBLE LIQUID O2 SYS PURCHASE;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0439	STATION LIQUID O2 SYS RENTAL;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0440	STATION LIQUID O2 SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0441	OXYGEN CONTENT GASEOUS 1 MO SPL=1 U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0442	OXYGEN CONTENT QIQUID 1 MO SPL=1 U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0443	PORTBL O2 CONTENT GAS 1 MO SPL= 1 U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0444	PORTBL O2 CONTENT LIQ 1 MO SPL=1 U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0445	OXIMETER MSR BLD O2 LEVL NON- INVASV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0450	VCV W/O PRESS SUPP INVASV INTRFACE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0455	O2 TENT EXCLD CROUP/PEDIATRIC TENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0457	CHEST SHELL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0459	CHEST WRAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0460	NEG PRESS VENT; PRTBLE/STATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0461	VCV W/O PRSS SUPP NONINVASV INTRFCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0462	ROCKING BED W/WO SIDE RAILS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0465	Home ventilator, any type, used with invasive interface,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0466	Home ventilator, any type, used with noninvasive	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0480	PERCUSSOR ELEC/PNEUMAT HOME MODEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0481	INTRAPULM PERCUSS VENT SYS&REL ACSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0482	COUGH STIM DEVC ALTRNAT POS&NEG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0483	HI FREQ CHST WALL AIR-PULSE GEN EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0484	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0485	ORL DEVC/APPL RDUC UA COLLAPS PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0486	ORL DEVC/APPL RDUC UA COLLAPS CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0500	IPPB MACH BUILT-IN NEBULZ;VALVS;PWR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0550	HUMDIFR EXT SUPLMNTL DUR IPPB TX/O2	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0555	HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0560	HUMDIFIR SUPLMNTL DUR IPPB TX/O2	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0561	HUMDIFIR NON-HEAT USED W/POS AIRWAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAINED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0570	NEBULIZER WITH COMPRESSOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0571	AROSL COMPRS BATTERY PWR SM VOL NEB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0572	AROSL COMPRS ADJUSTBL PRSS INTERMIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0574	US/ELEC AROSL GEN W/SM VOLUME NEB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0575	NEBULIZER ULTRASONIC LARGE VOLUME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0580	NEBULIZR GLASS/AUTOCLVBL PLST BOTTLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0585	NEBULIZER W/COMPRESSOR AND HEATER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0600	RESP SUCTION PUMP HOME MODEL ELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0601	CONTINUOUS AIRWAY PRESSURE DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0602	BREAST PUMP MANUAL ANY TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0603	BREAST PUMP ELECTRIC ANY TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0604	BREAST PUMP HEAVY DUTY HOSP GRADE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0605	VAPORIZER ROOM TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0606	POSTURAL DRAINAGE BOARD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0607	HOME BLOOD GLUCOSE MONITOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0610	PACEMKR MON CHCK BATTERY AUDBL&VISBL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0615	PACEMKR MON CHCK BATTERY DIGTL/VISBL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0616	IMPL CARD EVNT REC MEM ACTVTR&PRGMR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0617	EXT DEFIB W/INTEGRATED ECG ANALY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0618	APNEA MONITOR W/O RECORDING FEATURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0619	APNEA MONITOR W/RECORDING FEATURE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0620	SKN PIERC DEVC CLCT CAPLRY BLD LASR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0621	SLING/SEAT PT LIFT CANVAS/NYLON	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0625	PATIENT LIFT BATHROOM OR TOILET NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0627	SEAT LIFT MECH COMB LIFT-CHAIR MECH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0628	SEP SEAT LIFT MECH PT OWN FURN-ELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0629	SEP SEAT LIFT MECH PT FURN- NONELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0630	PATIENT LIFT HYDRAULIC W/SEAT/SLING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0635	PATIENT LIFT ELECTRIC W/SEAT/SLING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0636	MX PSTN PT SUPP SYS LIFT PT CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0637	COMB SIT STAND SZ INCL PED SEATLIFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0638	STAND FRME 1 PSTN ANY SZ INCL PED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0639	PT LIFT MOVEABLE DISASSMBL&REASSMBL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0640	PT LIFT FIX SYS ALL CMPNTS/ACCESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0641	STANDING FRME SYS MX-POSITION 3-WAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0642	STANDING FRAME SYS MOBILE DYN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0650	PNEUMAT COMPRS NONSEG HOME MODEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0651	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0652	PNEUMAT COMPRS W/CALBRT GRADNT PRSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0655	NONSEG PNEUMAT APPLINC HALF ARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0660	NONSEG PNEUMAT APPLINC FULL LEG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0665	NONSEG PNEUMAT APPLINC FULL ARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0666	NONSEG PNEUMAT APPLINC HALF LEG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0667	SEG PNEUMAT APPLINC COMPRS FULL LEG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0668	SEG PNEUMAT APPLINC COMPRS FULL ARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0669	SEG PNEUMAT APPLINC COMPRS HALF LEG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0671	SEG GRAD PRSS PNUMAT APPLNC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0672	SEG GRAD PRSS PNUMAT APPLNC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0673	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0675	PNEUMAT COMPRS DEVC HI PRESS RAPID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0676	INTERMITT LIMB COMPRESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0691	UV LT TX SYS PANL; TX 2 SQ FT/<	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0692	UV LT TX SYS PANL W/LAMP 4 FT PANEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0693	UV LT TX SYS PANL W/LAMP 6 FT PANEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0694	UV MX DIR LT TX SYS 6 FT CABINET	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0700	SAFETY EQUIPMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0705	TRANSFER BOARD/DEVICE ANY TYPE EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0710	RESTRAINT ANY TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0720	TENS DEVICE 2 LEAD LOCALIZED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0730	TENS DEVICE 4/> LEADS MX NERVE STIM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0731	FORM FIT CONDUCT GARM TENS/NMES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0740	INCONT TX SYS PELV FLR STIM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0744	NEUROMUSCULAR STIMULATOR SCOLIOSIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0745	NEUROMUSC STIM ELEC SHOCK UNIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0746	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0747	OSTOGNS STIM NONINVASV NOT SP APPLC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0748	OSTOGNS STIM NONINVASV SP APPLIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0749	OSTOGNS STIM ELEC SURGICALLY IMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0755	ELEC SALIVARY REFLEX STIMULATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0760	OSTOGNS STIM LW INTENS US NONINVASV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0761	NON-THRML PULS RADIOWAVE ELECMAGNET	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0762	TRANSCUT ELEC JOINT STIM DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0764	FUNC NEUROMUSC STIM CMPT SC INJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0765	FDA APPRVD NRV STIM TX NAUSA&VOMIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0766	Electrical stimulation device used for cancer treatment, includes all	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0769	ESTIM/ELECMAGNET WOUND TX DEVC NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0776	IV POLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0779	AMB INFUS PUMP MECH INFUS 8 HR/>	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0780	AMB INFUS PUMP MECH INFUS < 8 HR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0782	INFUS PUMP IMPL NON-PROGMMABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0783	INFUS PUMP SYSTEM IMPL PROGMMABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0784	EXTERNAL AMB INFUSION PUMP INSULIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0785	IMPLANT INTRASPINL CATH PUMP-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0786	IMPLNT PROGRAM INFUSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0791	PAR INFUS PUMP STAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0830	AMB TRACTION DEVICE ALL TYPES EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0840	TRACTION FRAME HEADBOARD CERV TRACT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0849	TRAC EQP CERV FREESTND FRME PNEUMAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0850	TRACT STAND FREESTAND CERV TRACT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0855	CERV TRACT EQUIP NOT RQR ADD STAND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0856	CERV TRAC DEVICE COLLAR AIR BLADDER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0860	TRACTION EQUIPMENT OVERDOOR CERV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0870	TRACT FRAME FOOTBOARD EXTREM TRACT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0880	TRACT STAND FREESTAND EXTREM TRACT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0890	TRAC FRAME ATTCH FOOTBRD PELV TRAC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0900	TRACT STAND FREESTAND PELV TRACT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0910	TRAPEZ BAR PT HLPR ATTCH BED W/GRAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0911	TRAPEZ BAR PT WT >250 LBS BED GRAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0912	TRAPEZ BAR PT WT >250 LBS FREE STND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0920	FX FRAME ATTCH BED INCL WEIGHTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0930	FX FRAME FREESTANDING INCL WEIGHTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0935	CONT PSV MOT EXER DEVC KNEE ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0936	CONT PASS MOTION EXER DEVC NOT KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0940	TRAPEZ BAR FREESTND CMPL W/GRAB BAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0941	GRAVITY ASSTD TRAC DEVICE ANY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0942	CERVICAL HEAD HARNESS/HALTER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0944	PELVIC BELT/HARNESS/BOOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0945	EXTREMITY BELT/HARNESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0946	FX FRAM DUAL W/CRSS BARS ATTACH BED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0947	FX FRAME ATTCH Cmplx PELV TRAC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0948	FX FRAME ATTCH Cmplx CERV TRAC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0950	WHEELCHAIR ACCESSORY TRAY EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0951	HEEL LOOP/HOLDER ANY TYPE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0952	TOE LOOP/HOLDER ANY TYPE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0955	WC ACSS HEADREST CUSHND HARDWARE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0956	WC ACSS LAT TRNK/HIP HARDWARE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0957	WC ACSS MED THI SUPP HARDWARE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0958	MNL WC ACCESS 1-ARM DRIVE ATTCH EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0959	MNL WC ACCSS ADAPTER FOR AMPUTEES EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0961	MNL WC ACCESS WHL LOCK BRAKE EXT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0966	MNL WC ACCESS HEADREST EXTENSION EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0967	MANUAL WC ACCESS HAND RIM W/PROJ EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0968	COMMODE SEAT WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0969	NARROWING DEVICE WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0970	NO 2 FOOTPLATES EXCEPT ELEV LEGREST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0971	MNL WC ACSS ANTI-TIPPING DEVC EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0973	WC ACCSS ADJ HT DTACH ARMRST EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0974	MNL WC ACCESS ANTI-ROLLBACK DEVC EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0978	WC ACSS PSTN/SFTY BELT/PELV STRP EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0980	SAFETY VEST WHEELCHAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E0981	WC ACSS SEAT UPHLSTER REPL ONLY EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0982	WC ACSS BACK UPHLSTER REPL ONLY EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E0983	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0984	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0985	WHEELCHAIR ACCESS SEAT LIFT MECH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0986	MNL WC ACSS PUSH ACTVAT PWR ASST EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0990	WC ACCSS ELEV LEG REST CMPL ASSMBL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0992	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0994	ARMREST EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E0995	WHEELCHAIR ACCESS CALF REST/PAD EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1002	WC ACSS PWR SEATING SYS TILT ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1003	WC ACSS RECLINE ONLY NO SHEAR RDUC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1004	WC ACSS RECLINE W/MECH SHEAR RDUC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1005	WC ACSS RECLINE W/PWR SHEAR RDUC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1006	WC ACSS TILT&RECLINE NO SHEAR RDUC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1007	WC ACSS TILT&RECLIN MECH SHEAR RDUC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1008	WC ACSS TILT&RECLINE PWR SHEAR RDUC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1009	WC ACCSS MECH LINKD LEG ELEV EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1010	WC ACCSS PWR LEG ELEV SYS EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1011	MOD PED SIZE WC WIDTH ADJ PACKAGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1012	Wheelchair accessory, addition to power seating system,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1014	RECLIN BACK ADD PED SIZE WHLCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1016	SHOCK ABSORBER POWER WHEELCHAIR EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1017	HEAVY DUTY SHOCK ABSORBR MNL WC EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1018	HEAVY DUTY SHOCK ABSORBR PWR WC EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1020	RESIDUL LIMB SUPPORT SYS WHLCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1029	WHEELCHAIR ACCESS VENT TRAY FIX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1030	WHLCHAIR ACCESS VENT TRAY GIMBALED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1031	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1035	MX-PSTN PT TRNSF SYS W/INTGRTD SEAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1038	TRNSPRT CHAIR PT WT CAP TO&= 300 LB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1039	TRNSPRT CHAIR ADLT PT WT CAP>300 LB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1050	FULL RECLINE WC FIX ARM DETACH LEGS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1060	FULL RECLN WHLCHAR;DTACH ARM LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1070	FULL RECLN WHLCHR;DTACH ARM FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1083	HEMI-WHLCHAIR; FIX ARM DTACH LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1084	HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1085	HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1086	HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1087	HI-STRGTH WHLCHAIR; FIX ARMS LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1088	HI-STRGTH WHLCHAIR;DTACH ARM LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1089	HI-STRGTH WHLCHAIR; FIX ARM FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1090	HI-STRGTH WHLCHAR;DTACH ARM FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1092	WIDE HEVY-DUT WHLCHR; DTACH ARM LEG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1093	WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1100	SEMI-RECLN WHLCHR;FIX ARM DTACH LEG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1110	SEMI-RECLN WHLCHR; DTACH ARM LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1130	STD WHLCHAIR; FIX ARM DTACH FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1140	WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1150	WHLCHAIR; DTACHBLE ARMS LEGRESTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1160	WHLCHAIR; FIX ARMS DTACHBL LEGRESTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1161	MANUAL ADLT SZ WC INCL TILT SPACE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1170	AMP WHLCHAIR; FIX ARM DTACH LEGREST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1171	AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1172	AMP WHLCHR;DTACH ARM NO FOOT/LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1180	AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1190	AMP WHLCHAIR; DTACHBL ARMS LEGRESTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1195	HVY DUT WHLCHR;FIX ARM DTACH LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1200	AMP WHLCHAIR; FIX ARM DTACH FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1220	WHLCHAIR; SPCLLY SIZED/CONSTRUCTED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1221	WHEELCHAIR WITH FIXED ARM FOOTRESTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1222	WHEELCHAIR W/FIX ARM ELEV LEGRESTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1223	WHLCHAIR W/DETACHBLE ARMS FOOTRESTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1224	WHLCHAIR W/DTACHBL ARMS ELEV LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1225	WC ACCESS MNL SEMIRECLINING BACK EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1226	WC ACCESS MNL FULL RECLIN BACK EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1230	PWR OP VEH SPEC BRAND&MODEL NUMBER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1231	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1232	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1233	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1234	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1235	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1236	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1237	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1238	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1240	LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1250	LGHTWT WHLCHR;FIX ARM DTACH FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1260	LGHTWT WHLCHAIR; DTACH ARMS FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1270	LGHTWT WHLCHR; FIX ARM DTACH LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1280	HEVY-DUTY WHLCHR; DTACH ARMS LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1285	HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1290	HEVY-DUTY WHLCHR; DTACH ARM FOOTRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1295	HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1296	SPECIAL WHEELCHAIR SEAT HT FROM FLR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1297	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1298	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1300	WHIRLPOOL PORTABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1310	WHIRLPOOL NONPORTABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1340	REP/NONROUTIN SRVC DME LABR-15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1352	Oxygen accessory, flow regulator capable of positive inspiratory	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1353	REGULATOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1355	STAND/RACK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1372	IMMERSION EXTERNAL HEATER NEBULIZER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1390	O2 CONC 85%/>O2 CONC PRSC FLW RATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1391	O2 CONC 2 DEL 85%/>O2 CONC FLW RATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1399	DME MISCELLANEOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1405	O2&WATR VAPR ENRICH SYS W/HEAT DEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1406	O2&WATR VAPR ENRCH SYS NO HEAT DEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1500	CENTRIFUGE FOR DIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1510	KIDNEY DIALYSAT DEL SYS KIDNEY MACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1520	HEPARIN INFUSION PUMP HEMODIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1530	AIR BUBBLE DETECTR HEMODIAL EA REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1540	PRESSURE ALARM HEMODIAL EA REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1550	BATH CONDUCTIVITY METER HEMODIAL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1560	BLD LEAK DETECTOR HEMODIAL EA REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1575	TRNSDUCR PRTCTR/BARR HEMODIAL SZ-10	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1580	UNIPUNCTURE CONTROL SYSTEM HEMODIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1590	HEMODIALYSIS MACHINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1592	AUTO INTERMIT PERITON DIALYSIS SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1594	CYCLR DIALYSIS MACH PERITON DIALYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1600	DEL &OR INSTL CHARGES HEMODIAL EQP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1610	RVRS OSMOSIS H2O PURIF SYS HEMODIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1615	DEIONIZER H2O PURIF SYS HEMODIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1620	BLOOD PUMP HEMODIALYSIS REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1625	WATER SOFTENING SYSTEM HEMODIALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1630	RECIPROCAT PERITON DIALYSIS SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1632	WEARABLE ARTIFICIAL KIDNEY EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1634	PERITONEAL DIALYSIS CLAMPS EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1636	SORBENT CARTRIDGES HEMODIAL PER 10	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1637	HEMOSTATS EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1639	SCALE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1699	DIALYSIS EQUIPMENT NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1700	JAW MOTION REHABILITATION SYSTEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1701	REPL CUSHNS JAW MOT REHAB SYS PKG 6	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1702	REPL MSR SCLS JAW MOT REHAB SYS 200	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1800	DYN ADJUSTABLE ELB EXT/FLX DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1801	BI-DIR STAT PROGS STRETCH ELB DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1802	DYN ADJUSTBL FORARM PRON/SUPIN DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1805	DYN ADJUSTABLE WRIST EXT/FLX DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1806	BI-DIR STAT PROGS STRTCH WRST DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1810	DYN ADJUSTABLE KNEE EXT/FLX DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1811	BI-DIR STAT PROGS STRTCH KNEE DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1812	DYN KNEE EXT/FLEX DEVC RESIST CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1815	DYN ADJ ANK EXT/FLX DVC W/INTF MATL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1816	BI-DIR STAT PROGS STRETCH ANK DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1818	BI-DIR STAT PROGS STRETCH FORARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1820	REPL SFT INTERFCE MATL DYN EXT/FLX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1821	REPL SFT INTERFCE MATL/CUFF BI-DIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E1825	DYN ADJUSTABLE FINGER EXT/FLX DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
E1830	DYN ADJUSTABLE TOE EXT/FLX DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E1840	SOFT INTERFACE MATERIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1841	MXDIR STAT STRTCH SHLDR DEVC W/CUFF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E1902	CMNCT BD NON-ELEC AUG/ALTERNTV DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2000	GASTR SUCTN PUMP HOME MODEL ELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2100	BLD GLU MON INTEGRT VOICE SYNTHEZR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2101	BLD GLU MON INTGRT LANCING/BLD SAMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2120	PULSE GEN SYS TYMPANIC TX INNR EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2201	MNL WC ACSS SEAT WIDTH >=20 IN &<24	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2202	MNL WC ACSS SEAT WIDTH 24-27 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2203	MNL WC ACSS SEAT DEPTH 20 < 11 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2204	MNL WC ACSS SEAT DEPTH 22-25 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2205	MNL WC ACSS HNDRLM W/O PROJ REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2206	MNL WC ACSS WHL LOCK ASSMBL CMPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2207	WHLCHAIR ACCESS CRUTCH&CANE HLDR EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2208	WHEELCHAIR ACCESS CYL TANK CARR EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2209	ARM TROUGH W/WO HAND SUPPORT EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2210	WC ACCESS BEARINGS ANY TYPE REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2211	MNL WC ACCESS PNEUMAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2212	MNL WC TUBE PNEUMAT PROPULSION TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2213	MNL WC INSRT PNEUMAT PROPULSN TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2214	MNL WC ACCESS PNEUMAT CASTER TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2215	MNL WC ACSS TUBE PNEUMAT CASTR TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2216	MNL WC ACSS FOAM FILL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2217	MNL WC ACCSS FOAM FILL CASTER TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2218	MNL WC ACCSS FOAM PROPULSION TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2219	MNL WC ACSS FOAM CASTER TIRE ANY SZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2220	MNL WC ACESS SOLID PROPULSION TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2221	MNL WHLCHAIR ACSS SOLID CASTER TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2222	MNL WC SOLID CASTR TIRE INTGR WHL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2223	MNL WHLCHAIR ACCSS VALVE REPL ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2224	MNL WC PROPULSION WHL EXCLD TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2225	MNL WC CASTR WHL EXCLD TIRE REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2226	MNL WC ACSS CASTR FORK REPL ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2227	MNL WC GEAR RED DRIVE WHEEL EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2228	MNL WC WHL BRAKE SYS&LOCK COMPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2291	BACK PLANR PED WC FIX ATTCH HARDWRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2292	SEAT PLANR PED WC FIX ATTCH HARDWRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2293	BACK CONTRD PED WC ATTCH HARDWARE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2294	SEAT CONTRD PED WC ATTCH HARDWARE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2300	PWR WHLCHAIR ACSS PWR SEAT ELEV SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2301	PWR WHLCHAIR ACSS PWR STANDING SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2312	POWER WC HAND/CHIN CONTRL INTERFACE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2313	POWER AC HARNESS UPGRD EXP CONTRLLR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2321	PWR WC ACSS HND CNTRL NO PRPRTNL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2322	PWR WC ACSS MX MECH SWITCH NOPRRTNL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2323	PWR WC ACSS SPCLTY JOYSTCK HND PRFB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2324	PWR WC ACSS CHIN CUP CHIN CNTRL INT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2325	PWR WC ACSS SIP&PUFF NONPRPRTNAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2326	PWR WC ACSS BREATH TUBE KIT SIP&PUF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2327	PWR WC ACSS HEAD CNTRL MECH PRPRTNL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2328	PWR WC ACSS HEAD/EXT ELEC PRPRTNL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2329	PWR WC ACSS CNTC SWTCH NOPRPRTNL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2330	PWR WC ACCSS PROX SWTCH NOPROPRTNL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2331	PWR WC ACSS ATDANT CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2340	PWR WC ACSS NONSTD SEAT W 20- 23 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2341	PWR WC ACSS NONSTD SEAT W 24- 27 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2342	PWR WC NONSTD SEAT DEPTH 20/21 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2343	PWR WC NONSTD SEAT DEPTH 22- 25 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2351	PWR WC ACSS ELEC OP SPCH GEN DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2360	PWR WC ACSS 22 NF NON-SEALED BATTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E2361	PWR WC ACSS 22NF SEALED LEAD BATTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E2362	PWR WC ACSS GRP 24 NON- SEALED BATT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E2363	PWR WC ACSS GRP 24 SEALED BATTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E2364	PWR WC ACSS U-1 NON-SEALED BATTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E2365	PWR WC ACSS U-1 SEALED BATTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E2366	PWR WC ACSS BATTERY CHARGER 1 MODE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2367	PWR WC ACSS BATTERY CHARGER DUL MODE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2368	PWR WC COMPONENT MOTOR REPL ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2369	PWR WC COMPONENT GEAR BOX REPL ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2370	PWR WC CMPNT COMBINATION REPL ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2371	PWR WC GRP 27 SEALED LEAD ACID BATT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2372	PWR WC GRP 27 NONSEAL LED ACID BATT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2373	PWR WC MINI COMPACT REMOTE JOYSTICK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2374	PWR WC STANDRD REMOTE JOYSTICK REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2375	PWR WC NONEXPANDBLE CONTROLLER REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2376	PWR WC EXPANDABLE CONTROLLER REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2377	PWR WC EXPANDBL CONTROLLER UPGRADE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2381	PWR WC PNEUMATIC WHEEL TIRE REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2382	PWR WC TUBE WHEEL TIRE REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2383	PWR WC INSERT WHEEL TIRE REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2384	PWR WC PNEUMATIC CASTR TIRE REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2385	PWR WC TUBE CASTER TIRE REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2386	PWR WC FOAM FILL WHEEL TIRE REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2387	PWR WC FOAM FILL CASTR TIRE REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2388	PWR WC FOAM WHEEL TIRE REPL ONLY EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2389	PWR WC FORM CASTER TIRE REPL EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2390	PWR WC SOLID WHEEL TIRE REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2391	PWR WC SOLID CASTER TIRE REPL EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2392	PWR WC S CASTR TIRE INTEGRT REPL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2393	PWR WC VALVE TIRE TUBE REPL ONLY EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2394	PWR WC DRIVE WHEEL EXCL TIRE REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2395	PWR WC CASTER WHEEL EXCL TIRE REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2396	PWR WC CASTER FORK REPL ONLY EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2397	POWER WC LITHIUM BASED BATTERY EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
E2399	PWR WC ACSS NOC INTERFCE & HARDWARE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2402	NEG PRSS WND TX PUMP STATN/PRTBL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2500	SPCH GEN DEVC DIGTIZD</=8 MINS REC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2502	SPCH GEN DEVC DGTZD>8<= 20 MINS REC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2504	SPCH GEN DEVC DGTZD>20</=40 MIN REC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2506	SPCH GEN DEVC DIGTIZD>40 MINS REC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2510	SPCH GEN DVC SYNTHSIZD MX METH MESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2511	SPEECH GENERATING SOFTWARE PROGRAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2512	ACSS SPCH GEN DEVICE MOUNTING SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2599	ACCESS SPEECH GENERATING DEVICE NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2601	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2602	GEN WC SEAT CSHN WDN 22 IN/GT DPTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2603	SKN PROTCT WC SEAT WDN<22IN DPTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2604	SKN PROTECT WC SEAT WDN 22 IN/GT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2605	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2606	PSTN WC SEAT CSHN WIDTH 22IN/GT DPTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2607	SKN PROTCT&PSTN WC SEAT WIDTH <22IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2608	SKN PROTCT&PSTN WC SEAT WIDTH 22IN/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2610	WHEELCHAIR SEAT CUSHION POWERED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2611	GEN WC BACK CUSHN WIDTH < 22 IN HT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2612	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2613	PSTN WC BACK CUSHN POST WIDTH <22 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2614	PSTN WC BACK CUSHN POST WD 22 IN/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2615	PSTN WC BACK CUSHN POSTLAT WD<22 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2616	PSTN WC BACK CUSH POSTLAT WD 22IN/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2617	CSTM FAB WC BACK CUSHION ANY SIZE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2618	WC ACSS SOLID SEAT SUPP BASE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2619	REPL COVER WC SEAT/BACK CUSHN EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2620	PSTN WC BACK CUSHN PLANAR WD <22 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E2621	PSTN WC BACK CUSHN PLANAR WD 22IN/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E8000	GAIT TRAINER PED SZ POST SUPP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
E8001	GAIT TRAINER PED SZ UPRIGHT SUPP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
E8002	GAIT TRAINER PED SZ ANT SUPP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0008	ADMINISTRATION INFLUENZA VIRUS VACC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0009	ADMINISTRATION PNEUMOCOCCAL VACC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0010	ADMINISTRATION HEPATITIS B VACCINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0027	SEMEN ANALY; PRES/MOT EXCLD HUHNER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0101	CERV/VAG CANCR SCR;PELV&CLN BRST EX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0103	PROSTATE CANCER SCREENING; PSA TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0104	COLOREC CANCER SCREENING; FLEXSIG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
G0105	COLOREC CANCR SCR; COLNSCPY HI RISK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0106	COLOREC CANCR SCR; SIGMOIDSCOPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0117	GLAUC SCR HI RISK BY OPT/OPHTHLGIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0118	GLAUC SCR HI RISK UND DIR SUP DR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0120	COLOREC CANCR SCR;COLNSCPY BA ENEMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0121	COLOREC CNCR SCR;COLNSCPY NO HI RSK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0122	COLOREC CANCER SCREENING; BA ENEMA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0123	SCR CERV/VAG THIN LAY W/PHYS SUP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0124	SCR CERV/VAG THIN LAY PHYS INTERP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0127	TRIM DYSTROPHIC NAILS ANY NUMBER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0128	DIR SKLED SERV RN OP REHAB EA 10MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0129	OCCUP TX REQ QUAL TRPST PART HOS TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0130	SEXA BN DNSITY STDY 1/;>; APPNDICULR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0141	SCR CERV/VAG MNL RSCR PHYS INTERP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0143	SCR CERV/VAG MNL SCR/RSCR UND PHYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0144	SCR CERV/VAG SCR AUTO UND PHYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0145	SCR CERV/VAG AUTO&MNL RSCR PHYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0147	SCR SMEARS CERV/VAG AUTO UND PHYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0148	SCR SMEARS CERV/VAG MNL RESCR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0151	SRVC PHYS TRPST HOM HLTH EA 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0152	SRVC OCCUP TRPST HOM HLTH EA 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0153	SRVC SPCH&LANGE PATH HOM HLTH EA 15	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0154	SRVC SKLED NRS HOM HLTH EA 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0155	SRVC CLIN SOCL WRKER HOM HLTH EA 15	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0156	SRVC HOM HLTH AIDE HOM EA 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0163	SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN) FOR THE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0164	SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN), IN THE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0166	EXT COUNTERPULSATION-TX SESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0168	WOUND CLOS UTIL TISSUE ADHES ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0173	LINR STEREOTC RADIOSURG CMPL 1 SESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0175	SCHED INTRDISCIPLN TEAM CONF PT PRS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0176	ACTV TX PTS DISABL MENTL HLTH-SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0177	TRN&ED PTS DISABL MENTL HLTH-SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0179	PHYS RE-CERT MCR-COVR HOM HLTH SRVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0180	PHYS CERT MCR-COVR HOM HLTH SRVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0181	PHYS SUPV PT RECV MCR-COVR HOM HLTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0182	PHYS SUPV PT UND MCR-APPRVD HOSPICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0186	DESTRUC LES CHOROID; PHOTOCOAG FEDR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0202	SCR MAMMO PRODUC DIR DIGTL IMAG BIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0204	DX MAMMO PRODUC DIR DIGTL IMAG BIL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0206	DX MAMMO PRODUC DIR DIGTL IMAG UNI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0219	PET BDY; MELANOMA NON-COVR INDICAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0235	PET IMAGING ANY SITE NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0237	MUSCLES FACE FACE 1 ON 1 EA 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0238	TX PROC IMPRV RESP NOT G0237 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0239	TX PROC IMPRV RESP FUNCT 2/> IND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0245	INIT PHYS E&M DIABETIC PT W/LOPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0246	F/U EVAL DIABETIC PT W/LOPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0247	ROUTINE FT CARE PHYS DIAB PT W/LOPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0248	DEMONSTRATE USE HOME INR MONITOR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0249	PRVS TEST MATL&EQP HM INR MON;4 TST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0250	PHYS REV INTEPR HOME INR MON;4 TST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0251	LINR RADIOSRG TX ALL LES MAX 5 SESS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0252	PET IMAG DX BREST CA&/SURG PLAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0255	CPT/SNCT PER LIMB ANY NERVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0257	UNSCHD/EMRG DIALYS HOS OP NOT CERT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0259	INJECT PROC SI JNT; ARTHROGRAPY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0260	INJ SI JNT; ANES &/TX AGT &ARTHROG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0265	CRYOPRES FREEZ&STOR CELL TX EA LINE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0266	THAW&EXPAN FRZN CELLS TX EA ALIQUOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0267	BN MARRW/STEM CELL HARV ELIMIN TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0268	REMOV IMP CERUMN SAME DATE FUNCT TST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0269	PLCMT OCCL DEVC POST SURG/INTRVNAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0271	MED NUT TX REASSESS GRP EA 30 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0278	ILIAC &/ FEM ART ANGIO NON-SEL S&I	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0281	E-STIM 1/> CHRN STAGE III&IV ULCRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0282	E-STIM 1/> AREAS WND CARE NOT G0281	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0283	E-STIM 1/>NOT WND CARE PART TX PLAN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0288	RECON CT ANGIO AORTA PLAN VASC SURG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0289	SCPE KNEE REMV FB TM SURG DIFF COMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0293	NONCOVR SURG SEDAT ANES-MCR QUAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0294	NONCOVR PROC NO ANES/LOC-MCR QUAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0295	ELECMAGNET TX 1/>AREA NOT G0329/OTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0296	Counseling visit to discuss need for lung cancer screening using	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0297	INSRT 1 CHAMB DFIB PULSE GENERATR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0297	Low dose CT scan (LDCT) for lung cancer screening	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0298	INSRT 2 CHAMB DFIB PULSE GENERATR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0299	INSRT/REPSTN LEAD 1 CHAMB DFIB&GEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0299	Direct skilled nursing services of a registered nurse (RN) in	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0300	INSRT/REPSTN LEAD 2 CHAMB DFIB&GEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0300	Direct skilled nursing services of a license practical nurse	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0302	PRE-OP PULM SURG SRVC PREP LVRS CMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0303	PRE-OP PULM SURG PREP LVRS 10-15 DA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0304	PRE-OP PULM SURG PREP LVRS 1-9 DA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0305	POST-D/C PULM SURG SRVC AFTER LVRS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0306	CMPL CBC AUTO&AUTO WBC DIFF COUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0307	COMPLETE CBC AUTOMATED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0308	ESRD REL SRVC UND 2 YR; 4/> VSTS MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0309	ESRD REL SRVC UND 2 YR; 2/3 VSTS MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0310	ESRD REL SRVC UND 2 YRS; 1 VST MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0311	ESRD REL SRVC 2-11 YRS; 4/>VST MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0312	ESRD REL SRVC 2-11 YRS; 2/3 VSTS MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0313	ESRD REL SRVC 2-11 YRS; 1 VST MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0314	ESRD REL SRVC 12-19 YRS; 4/> VST MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0315	ESRD REL SRVC 12-19 YRS; 2/3 VST MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0316	ESRD REL SRVC 12-19 YRS; 1 VST MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0317	ESRD REL SRVC 20 YR&OVR; 4/> VST MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0318	ESRD REL SRVC 20 YR&OVR; 2/3 VST MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0319	ESRD REL SRVC 20 YRS&OVR; 1 VST MO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0320	ESRD REL SRVC HOM DIALYS MO; < 2 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0321	ESRD REL SRVC HOM DIALYS MO; 2-11 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0322	ESRD REL SRVC HOM DIALYS MO; 12-19	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0323	ESRD REL SRVC HOM DIALYS MO; 20 YR&>	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0324	ESRD REL SERV HOM DIAL DAY; <2 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0325	ESRD REL SERV HOM DIAL DAY; 2-11 YR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0326	ESRD REL SERV HOM DIAL DAY; 12-19 Y	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0327	ESRD REL SERV HOM DIAL DAY; 20 YR >	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0328	COLOREC CA SCR; FOB TST IMMUNO 1-3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0329	EM TX ULCERS NOT HEALING 30 DA CARE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0332	SRVC IV INF IG PRIOR ADMIN PER INF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0333	PHRM DISP N FEE INHL RX; 1ST 30-DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0337	HOSPICE EVAL&CNSL SRVC PREELECTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0339	IMAGE GUID ROBOT ACCL SRS TX 1 SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0340	IMAGE GUID ROBOT SRS FRAC TX 2-5 SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0341	PERQ ISLET CELL TPLNT PV CATH&INFUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0342	LAP ISLET CELL TPLNT PV CATH&INFUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0343	LAPROT ISLET CELL TPLNT PV CATH&INF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0344	INIT PREV PE; FCE-FCE NEW BENEFICRY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0364	BN MARROW ASPIR PRFRM BX SAME INCI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0365	VESSEL MAPPING HEMODIALYSIS ACSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0366	ECG; I&R CMPNT INIT PREV PE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0367	ECG;TRACING ONLY CMPNT INIT PREV PE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0368	ECG; I&R ONLY CMPNT INIT PREV PE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0372	PHYS EST & DOC NEED PWR MOBIL DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0375	SMOKING&TOB CNSL; INTRMED 3-10 MINS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0376	SMOKING&TOB CNSL; INTENSV > 10 MINS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0377	ADMINISTRATION VACCINE PART D DRUG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0378	HOSPITAL OBSERVATN SERVICE PER HOUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0379	DIR ADMIS PT HOSPITAL OBS CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0380	LVL 1 HOSP EMERG VST IN TYPE B DEPT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0381	LVL 2 HOSP EMERG VST IN TYPE B DEPT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0382	LVL 3 HOSP EMERG VST IN TYPE B DEPT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0383	LVL 4 HOSP EMERG VST IN TYPE B DEPT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0384	LVL 5 HOSP EMERG VST IN TYPE B DEPT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0389	US B-SCAN &/ REAL TIME DOC; AAA SCR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0390	TRAUMA RESPONSE TEAM W/HOSP CC SERV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0392	TRNSLM BL ANGIO PERQ; MNT FIST; ART	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0393	TRNSLM BL ANGIO PERQ; MNT FIST; VEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0394	BLD OCCLT 1 DET COLORECTAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0396	ALC &/ SUBSTNC ABUSE ASSESS 15-30 M	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0397	ALC &/ SUBSTNC ABUSE ASSESS >30 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
G0403	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0404	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; TRACING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0405	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0406	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0407	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0408	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0409	SOCIAL WORK AND PSYCHOLOGICAL SERVICES,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0417	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0418	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURATION BIOPSY SAMPLING, 41-60 SPECIMENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0419	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0431	DRUG SCREEN, QUAL; MULT DRUG CLASS HIGH COMPLEX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0434	DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0436	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0437	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTENSIVE, GREATER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0439	ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0440	APPLICATION OF TISSUE CULTURED ALLOGENEIC SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0441	APPLICATION OF TISSUE CULTURED ALLOGENEIC SKIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0442	ANNUAL ALCOHOL MISUSE SCREEN, 15MINS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0443	BRIEF FACE-TO-FACE BEHAV COUNSEL ALCOHOL MISUSE,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0444	ANNUAL DEPRESSION SCREEN,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0446	ANNUAL FACE-TO-FACE INTENSIVE BEHAV THERAPY CARDIOVASC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0452	MOLECULAR PATHOLOGY PROCEDURE; PHYSICIAN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G0454	PHYSICIAN DOCUMENTATION OF FACE-TO-FACE VISIT FOR DURABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0456	NEGATIVE PRESSURE WOUND THERAPY, (E.G., VACUUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0457	NEGATIVE PRESSURE WOUND THERAPY, (E.G., VACUUM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0458	LOW DOSE RATE (LDR) PROSTATE BRACHYTHERAPY SERVICES,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0461	Immunohistochemistry or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0462	Immunohistochemistry or immunocytochemistry, per	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0463	Hospital outpatient clinic visit for assessment and management of a	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code - Reporting Only		
G0475	HIV antigen/antibody,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0476	Infectious agent detection by nucleic acid (DNA or RNA);	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G0908	PT DOCUMENTED TO HAVE RCV'D A BURN PRIOR TO DC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G0916	SMOKING CESSATION DEMONSTRATION PROJECT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G3001	ADMIN AND SUPPLY TOSITUMOMAB 450MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G8006	AMI: PT DOC RECV ASPIRIN AT ARRIVAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8007	AMI: PT NOT DOC RECV ASPIRN ARRIVAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8008	CLN DOC AMI PT NOT ELIG ASPIRN ARRIV	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8009	AMI:PT DOC RECVD BETABLCKR @ARR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8010	AMI: PT NOT DOC RECVD BB AT ARRIVAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8011	DOC AMI PT NOT ELG BB@ARRIVAL MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8012	PN:PT DOC REC ABX W/I 4 HR PRESENTN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8013	PN:PT NOT DOC REC ABX IN 4 HR PRSNT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8014	CLN DOC PN PT NOT ELIG ABX W/I 4 HR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8015	DB PT MOST REC HGB A1C LEVL DOC >9%	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8016	DB PT MOST REC HGB A1C DOC </= 9%	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8017	DOC DIAB PT NOT ELIG HGB A1C MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8018	CLIN NOT PROV CARE DB PT TM HGB A1C	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8019	DIAB PT MOST REC LD LP >/=100 MG/DL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8020	DIAB PT MOST REC LD LP < 100 MG/DL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8021	CLIN DOC DIAB PT NOT ELIG LD LP MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8022	CLIN NOT PROV CARE DB PT TM LD LP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8023	DB PT BP >/=140 SYST OR >/=80 DIAS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8024	DB PT REC BP <140 SYST & <80	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8025	CLIN DOC DIAB PT NOT ELIG BP MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8026	CLIN NOT PROV CARE DB PT TM BLD MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8027	HF PT LVSD DOC ON EITHER ACE1/ARB	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8028	HF PT LVSD NOT DOC ON ACE1/ARB TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8029	CLN DOC HF PT NOT ELIG ACEI/ARB MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8030	HF PT LVSD DOC ON BETA-BLOCKER TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8031	HEART FAIL PT LVSD NOT DOC ON BB TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8032	CLIN DOC HF PT NOT ELIG BB TX MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8033	PRIOR MI CAD PT DOC TO BE ON BB TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8034	PRIOR MI CAD PT NOT DOC ON BB TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8035	DOC PR MI CAD PT NO BB/PT NO PR MI	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8036	CAD PT DOC ON ANTIPLATLET TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8037	CAD PT NOT DOC ON ANTIPLATLET TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8038	CLN DOC CAD PT NOT ELIG ANTI-PLT TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8039	CAD PT LD LIOPROTN DOC > 100 MG/DL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8040	CAD PT LD LP DOC </= 100 MG/DL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8041	CLIN DOC CAD PT NOT ELIG LD LP MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8051	PT FEMALE DOC ASSESSD OSTEOPOROSIS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8052	PT FE NOT DOC ASSESSED OSTEOPOROSIS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8053	CLIN DOC FE PT NOT ELIG OP ASMT MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8054	PT NOT DOC ASSESS FALL LAST 12 MO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8055	PT DOC ASSESS FALLS IN LAST 12 MO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8056	CLN DOC PT NOT ELIG FALL ASMT 12 MO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8057	PT DOC RECEIVED HEARING ASSESSMENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8058	PT NOT DOC RECEIVED HEARING ASMT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8059	CLIN DOC PT NOT ELIG HEAR ASMT MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8060	PT DOC ASSESSMENT URINARY INCONT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8061	PT NOT DOC ASSESSMNT URINARY INCONT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8062	CLIN DOC PT NOT ELIG UI ASMT MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8075	ESRD PT DOC DIALYSIS DOS URR >/=65%	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8076	ESRD PT DOC DIALYSIS DOSE URR <	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8077	CLIN DOC ERSD PT NOT ELIG URR MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8078	ERSD PT W/DOC HCT >/= TO 33	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8079	ERSD PT W/DOC HCT < 33 OR HGB < 11	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8080	CLIN DOC ERSD PT NOT ELIG HCT MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8081	ESRD PT RQR HD DOC AUTOGN AV FIST	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8082	ESRD PT RQR HD DOC NO AUTOGN AV FST	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8085	ESRD PT RQR HD ACC NOT ELIG AV FIST	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8093	NEW DX COPD PT DOC SMOK CESS INTRVN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8094	NEW DX COPD PT NO DOC SMOK INTRVN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8099	OSTEOPROSIS PT DOC RX CA&VIT D SUPL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8100	CLIN DOC OP PT NOT ELIG CA&VIT D	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8103	NEW DX OP DOC TREAT PTH 3 MOS DX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8104	CLIN DOC NEW DX OP PT NOT ELIG PTH	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8106	W/I 6 MO FX F 65/>DOC BMD/RX TX OP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8107	CLN DOC F 65 YR/>NOT ELIG BMD/RX OP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8108	PT DOC RECV FLU VACC DUR FLU SEASON	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8109	PT NOT DOC RECV FLU VACC FLU SEASON	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8110	CLIN DOC PT NOT ELIG FLU VAC MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8111	PT FE DOC RECV MAMMO MSR/PRIOR YR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8112	PT FE NOT DOC RECV MAM MSR/PRIOR YR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8113	CLIN DOC FE PT NOT ELIG MAMMO MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8114	CLIN DID NOT PROV CARE RQR TM MAMMO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8115	PT DOC RECEIVED PNEUMOCOCCAL VACC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8116	PT NOT DOC RECVD PNEUMOCOCCAL VACC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8117	CLIN DOC PT NOT ELIG PNUMCOCCL VACC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8126	PT DOC TX W/AD DUR 12 WK AC TX PHSE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8127	PT NOT DOC TX W/AD DUR 12 WK AC TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8128	PT NOT TREATD W/AD 12 WK AC TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8129	PT DOC TX AD AT LEAST 6 MOS CONT TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8130	PT NOT DOC TX AD AT LEAST 6 MO CONT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8131	CLIN DOC PT NOT ELIG AD CONT TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8152	PT DOC RECVD ABX 1 HR PRIOR TO INCI	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8153	PT NOT DOC RECV AB PROP 1HR TO INCI	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8154	CLIN DOC PT NOT ELIG AB 1HR TO INCI	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8155	PT W/DOC THROMBOEMBOLISM PROP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8156	PT W/O DOC THROMBOEMBOLISM PROP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8157	CLIN DOC PT NOT ELIG TE PROP MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8159	PT DOC RECV CABG W/O USE IMA	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8162	PT ISOLT CABG NO DOC RECV PRE-OP BB	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8164	PT W/ISOLAT CABG DOC PROLNG INTUBAT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8165	PT ISOLT CABG NOT DOC PROLONG INTUB	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8166	PT ISOLAT CABG DOC RQR SURG RE-EXPL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8167	PT ISOLAT CABG NOT RQR SURG RE-EXPL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8170	PT W/ISOLATED CABG DOC D/C ASPIRIN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8171	PT ISOLATD CABG NOT DOC D/C ASPIRIN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8172	CLN DOC PT CABG NOT ELIG ANTIPLT DC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8182	CLN NOT PROV CARE CARD PT RQR T LDL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8183	PT W/HF & AF DOC ON WARFARIN TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8184	CLIN DOC PT HF&AF NOT ELIG WARF TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8185	PT DX SX OA DOC ANUL ASSESS FN&PAIN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8186	CLN DOC OA PT NOT ELIG ANUL FN&PAIN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8193	CLIN NOT DOC ORDR ABX 1 HR PRIOR SX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8196	CLIN NOT DOC ABX ADMN 1 HR PRIOR SX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8200	ORDER ANTIMICROBIAL PROPH NOT DOC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8204	CLIN NOT DOC ORD DC ABX 24 H SX END	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8209	CLIN NOT DOC ORD DC ABX 48 H SX END	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8214	CL NOT DOC ORDR VTE PROPH 24 HR SX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8217	PT NOT DOC REC DVT PROPH HOSP DAY 2	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8219	PT DOC REC DVT PROPH END HOSP DAY 2	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8220	PT NOT DOC REC DVT PROPH HOSP DAY 2	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8221	CL DOC PT INELIG DVT PROPH HX DAY 2	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8223	PT NOT DOC REC RX ANTIPLATELET TX DC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8226	PT NOT DOC REC RX ANTICOAGULANT TX DC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8231	PT NOT DOC REC TPA/NOT CONSIDER TPA	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8234	PT NOT DOC HAVE REC DYSPHAGIA SCR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8238	PT NOT DOC REC ORDER/CONSIDER REHAB	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8240	INT CAROTID STENOSIS PT 30-99%	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8243	PT NOT DOC REC CT/MRI NOT FINAL RPT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8246	PT NOT ELIG MED HX NEW/CHANGE MOLE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8248	PT 1 SX NOT DOC HAD UP ENDO OR REF	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8251	PT NOT DOC ESOPH BX SUSPICION BE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8254	PT NO DOC ORDER BARIUM SWALLOW TEST	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8257	CLIN NOT DOC RECONCILIATION DC MED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8260	PT NOT DOC SURROG DECISN/ADV CARE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8263	PT NOT DOC ASSESS URINARY INCONT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8266	PT NOT DOC CHARACTER URIN INCONT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8268	PT NOT DOC POC URINARY INCONTINENCE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8271	PT W/NO DOC SCREENING FOR FALL RISK	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8274	CLIN NOT DOC PRESENC/ABSEN ALARM SX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8276	PT NOT DOC RECV HX ASSESS NEW MOLES	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8279	PT NOT DOC RECV CMPL PHYS SKIN EXAM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8282	PT NOT DOC RCV CNSL PRFRM SELF-EX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8285	PT NOT DOC RECEIVED PHRMCL THERAPY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8289	PT NO DOC CA&VIT D USE/CNSL CA&VIT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8293	COPD PT W/O SPIROMETRY RESULTS DOC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8296	COPD PT NOT DOC INHAL BRONCHDIL TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8298	PT DOC RECV OPTIC NERVE HEAD EVAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8299	PT NOT DOC RECV ONH EVAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8302	PT DOC SPEC TARGET IO PRESS GOAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8303	PT NOT DOC SPEC TARGET IO PRESS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8304	CLIN DOC PT NOT ELIG SPEC TRGT IOP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8305	CLIN NOT PROV CARE POAG TX DOC MSR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8306	PRIM OAG PT W/IOP ABVE TRGT DOC POC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8307	PRIM OAG PT W/IOP @/BELW NO POC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8308	POAG PT W/IOP ABV TRGET&NOT DOC POC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8310	PT NOT DOC PRSC/RECOM ANTIOXIDANT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8314	PT NOT DOC MAC EX NO DOC MD SEV	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8318	PT DOC NOT VISUAL FUNC STS ASSESSED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8322	PT NOT DOC PRE-SURG AXIAL LENGTH	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8326	PT NOT DOC FUND EVAL PRI CAT SURG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8330	PT NOT DOC DIL MAC EDEMA NOT DOC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8334	DOC MAC/FUND EX NOT CMNC PHYS DIAB	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8338	CLIN NOT DOC CMNC PHYS PT TST OSTEO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8341	PT NOT DOC DEXA MSR/PHRMC TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8345	PT NOT DOC DEXA MSR ORDR/PRFRM/TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8351	PATIENT NOT DOCUMENTED TO HAVE HAD ECG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8354	PATIENT NOT DOCUMENTED TO HAVE RECEIVED OR TAKEN ASPIRIN 24 HOURS BEFORE EMERGENCY DEPARTMENT ARRIVAL OR DURING EMERGENCY DEPARTMENT STAY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8357	PATIENT NOT DOCUMENTED TO HAVE HAD ECG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8360	PATIENT NOT DOCUMENTED TO HAVE VITAL SIGNS RECORDED AND REVIEWED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8362	PATIENT NOT DOCUMENTED TO HAVE OXYGEN SATURATION ASSESSED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8365	PATIENT NOT DOCUMENTED TO HAVE MENTAL STATUS ASSESSED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8367	PATIENT NOT DOCUMENTED TO HAVE APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8370	ASTHMA PT W SURVEY NOT DOCUM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8371	CHEMOTHER NOT REC STG3 COLON	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8372	CHEMOTHER REC STG3 COLON CA	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8373	CHEMO PLAN DOCUM PRIOR CHEMO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8374	CHEMO PLAN NOT DOCUM PRIOR CHEMO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8375	CLL PT W/O DOC FLOW CYTOMETR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8376	BRST CA PT INELIG TAMIXOFEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8377	MD DOC COLON CA PT INELIG CH	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8378	MD DOC COLON CA PT INELIG RAD THERAPY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8379	RADIAT TX RECOM DOC 12MO OV	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8380	PT W STGIC-3BRST CA W/O TAM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8381	PT W STGIC-3BRST CA REC TAM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8382	MM PT W/O DOC IV BISPHOPHON	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8383	RADIATION REC NOT DOC 12MO OV	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8384	MDS PT W/O BASE CYTOGEN TEST	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8385	DIAB PT W NODOC HgB A1c 12m	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8386	DIAB PT W NODOC LDL 12m	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8387	ESRD PT W Hct/Hgb NOT DOCUMENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8388	ESRD PT W URR/Ktv NOT DOC EL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8389	MDS PT NO DOC Fe PRIOR EPO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8395	LVEF >=40% OR NORMAL/MILD DEPR LVS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8396	LVEF NOT PERFORMED OR DOCUMENTED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8397	DILATED MACULAR/FUNDUS EXAM PERFORM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8398	DILAT MACULAR/FUNDUS EXAM NOT PRFRM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8399	PT DXA RESULT DOC/ORD/RX OSTEOPOROS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8400	PT DEXA RESULT NOT DOC/ORD OSTEOPOR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8401	CLN DOC PT NOT ELIG SCREEN OP WOMEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8402	TOBACCO CESSATION INTERVNTN COUNSEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G8403	TOBACCO CESSATION INTRVNTN NOT CNSL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G8404	LOWER EXTREM NEURO EXAM PERFORM&DOC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8405	LOWER EXTREM NEURO EXAM NOT PRFRM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8406	CLIN DOC PT NOT ELIG LWR NEURO EXAM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8407	ABI MEASUREDND DOCUMENTED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8408	ABI MEASUREMENT WAS NOT OBTAINED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8409	CLIN DOC PT NOT ELIG ABI MEASURE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8410	FOOTWEAR EVAL PERFORMED AND DOC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8415	FOOTWEAR EVAL WAS NOT PERFORMED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8416	CLIN DOC PT NOT ELIG FOOTWEAR EVAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8417	BMI >=30 CALCULATED FLW-UP PLAN DOC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8418	BMI < 22 CALCULATED FLW-UP PLAN DOC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8419	BMI >=30/<22 CALCULATED NO F/U PLAN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8420	BMI <30 AND >=22 CALCULATED AND DOC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8421	BMI NOT CALCULATED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8422	PT NOT ELIGIBLE BMI CALCULATION	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8423	DOC PT SCREEN FLU VACC CURR/PT CNSL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8424	FLU VACCINE STATUS WAS NOT SCREENED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8425	FLU VACC STAT SCREEN PT NOT CURR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8426	DOC PT NOT APPROP SCR&/CNSL FLU VAC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8427	WRITTEN PROV DOC CURR MEDS VERIFIED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8428	CURRENT MED DOC W/O PT VERIFICATION	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8429	INCOMPL/NO DOC PT CURR MED ASSESSED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8430	DOC PT NOT ELIG MEDS ASSESSMENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8431	DOC CLIN DEPRESSION SCR STD TOOL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8432	NO DOC CLIN DEPRESSION SCR STD TOOL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8433	PT NOT ELIG/APPROP CLIN DEPRSSN SCR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8434	DOC COG IMPAIR SCR USE STD TOOL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8435	NO DOC COGNTV IMPR SCR USE STD TOOL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8436	PT NOT ELIG/APPROP COGNTV IMPR SCR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8437	DOC CLIN & PT INVLV W/DLVP TX PLAN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8438	NO DOC CLIN & PT INVLV DLVTP TX PLN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8439	DOC PT NOT ELIG CO-DLVP TX PLAN/POC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8440	DOC PAIN ASSESS PRIOR TX/ABSNC PAIN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8441	NO DOC PAIN ASSESS B/4 INIT OF TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8442	DOC PT IS NOT ELIG PAIN ASSESSMENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8443	ALL PRSC DUR ENCNTR QUAL E-PRSC SYS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8445	NO PRSC NO ACCESS QUAL E-PRSC SYS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8446	SOME/ALL PRSC HANDWRITTEN/PHONED IN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8449	PT ENCINTR NOT DOC EMR D/T SYS RSNS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8450	BB TX PRSC LVEF <40%/DOC DPRSD LVS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8451	CLIN DOC PT LVEF <40%/DOC DPRSD LVS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8452	BB TX NO PRSC LVEF <40%/DPRSD LVS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8453	TOBACCO CESSATION INTERVENTION CNSL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8454	TOBACCO CESSATION INTERVENTION NOT CNSL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8455	CURRENT TOBACCO SMOKER	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8456	CURRENT SMOKELESS TOBACCO USER	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8457	TOBACCO NON-USER	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8458	CLIN DOC PT NOT ELIG GENOTYPE TEST	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8460	CLIN DOC NO QUAN RNA TEST WK 12;	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8461	PATIENT RECEIVING ANTIVIRAL TX HEP C	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8464	CLIN DOC PCA NOT ELIG ADJUVANT H TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8465	HIGH RISK RECURRENCE PROS CANCER	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8466	CLINC DOC PT NO SUI RISK ASSESS MDD	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8467	DOC NEW DX INITIAL/RECUR EPIS MDD	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8473	ACE INHIBITOR/ARB THERAPY PRESCRIBD	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8474	ACE I/ARB TX NOT PRSC RSNS DOC CLIN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8475	ACE I/ARB TX NOT PRSC RSN NOT SPEC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8476	MOST RECENT BP SYST <130 & DIAS <80	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8477	MOST RECNT BP SYST>=130 &/DIAS>=80	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8478	BP MSR NOT PRFRM/DOC REASON NS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8479	CLIN PRSC ACE INHIBITOR/ARB THERAPY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8480	CLN DOC PT NOT ELG ACE INHIB/ARB TX	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8481	CLIN NOT PRSC ACE I/ARB TX RSN NSP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8482	FLU IMMUN ORDERED/ADMINISTERED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8483	FLU IMMUN NOT ORDR/ADMN RSN DOC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8484	FLU IMMUN NOT ORDERED/ADMIN RSN NS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8489	I INTEND TO REPORT THE CORONARY ARTERY DISEASE (CAD) MEASURES GROUP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8490	I INTEND TO REPORT THE RHEUMATOID ARTHRITIS MEASURES GROUP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8491	I INTEND TO REPORT THE HIV/AIDS MEASURES GROUP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8492	I INTEND TO REPORT THE PERIOPERATIVE CARE MEASURES GROUP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8493	I INTEND TO REPORT THE BACK PAIN MEASURES GROUP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8494	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE DIABETES MELLITUS MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8495	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CKD MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8496	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE PREVENTIVE CARE MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8497	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CORONARY ARTERY BYPASS GRAFT (CABG) MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8498	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CORONARY ARTERY DISEASE (CAD) MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8499	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE RHEUMATOID ARTHRITIS MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8500	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE HIV/AIDS MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8501	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE PERIOPERATIVE CARE MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8502	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE BACK PAIN MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8503	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS)	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8504	DOCUMENTATION OF ORDER FOR PROPHYLACTIC ANTIBIOTICS TO BE GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS)	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8505	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS NOT GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO HOURS)	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8506	PATIENT RECEIVING ANGIOTENSIN CONVERTING ENZYME (ACE)	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8507	PROVIDER DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8508	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8509	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8510	NEGATIVE SCREEN FOR CLINICAL DEPRESSION USING A	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8511	SCREEN FOR CLINICAL DEPRESSION USING A	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8512	PAIN SEVERITY QUANTIFIED; PAIN PRESENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8513	ABI MEASURED AND DOCUMENTED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8514	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8515	ABI MEASUREMENT WAS NOT OBTAINED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8516	PATIENT SCREENED FOR FUTURE FALLS RISK; DOCUMENTATION OF	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8517	PATIENT SCREENED FOR FUTURE FALL RISK; DOCUMENTATION OF	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8518	CLINICAL STAGE PRIOR TO SURGERY FOR LUNG CANCER AND	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8519	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT ELIGIBLE FOR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8520	CLINICIAN STAGE PRIOR TO SURGERY FOR LUNG CANCER AND	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8521	ANTIPLATELET THERAPY RECEIVED (ASA [81-325 MG/DAY] AND/OR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8522	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8523	ANTIPLATELET THERAPY NOT RECEIVED 48 HOURS PRIOR TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8527	DOCUMENTATION OF ORDER FOR CEFAZOLIN OR CEFUROXIME FOR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8528	CLINICIAN DOCUMENTED THAT PATIENT WAS INELIGIBLE FOR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8529	ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8530	AUTOGENOUS AV FISTULA RECEIVED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8531	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8532	CLINICIAN DOCUMENTED THAT PATIENT RECEIVED VASCULAR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8533	PARTICIPATION BY A PHYSICIAN OR OTHER CLINICIAN IN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8534	DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN AND	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8535	NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8536	NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8537	ELDER MALTREATMENT SCREEN DOCUMENTED, FOLLOW-UP PLAN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8538	ELDER MALTREATMENT SCREEN DOCUMENTED, FOLLOW-UP PLAN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8539	DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8540	DOCUMENTATION THAT THE PATIENT IS NOT ELIGIBLE FOR A	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8541	NO DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8542	DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8543	DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8544	I INTEND TO REPORT THE CORONARY ARTERY BYPASS GRAFT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8629	DOCUMENTATION OF ORDER FOR PROPHYLACTIC PARENTERAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8630	DOCUMENTATION THAT ADMINISTRATION OF	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8631	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8632	PROPHYLACTIC PARENTERAL ANTIBIOTICS WERE NOT ORDERED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8633	PHARMACOLOGIC THERAPY (OTHER THAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G8634	CLINICIAN DOCUMENTED PATIENT NOT AN ELIGIBLE CANDIDATE TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8635	PHARMACOLOGIC THERAPY FOR OSTEOPOROSIS WAS NOT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8636	INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8637	CLINICIAN DOCUMENTED THAT PATIENT IS NOT ELIGIBLE TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8638	INFLUENZA IMMUNIZATION NOT ADMINISTERED OR PREVIOUSLY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8639	INFLUENZA IMMUNIZATION WAS ADMINISTERED OR PREVIOUSLY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8640	CLINICIAN HAS DOCUMENTED THAT PATIENT IS NOT ELIGIBLE TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8641	INFLUENZA IMMUNIZATION WAS NOT ADMINISTERED OR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8645	I INTEND TO REPORT THE ASTHMA MEASURES GROUP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8646	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8647	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8648	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8649	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8650	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8651	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8652	RISK-ADJUSTED FUNCTIONAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8653	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8654	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8655	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8656	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8657	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8658	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8659	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8660	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8661	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8662	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8663	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8664	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8665	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8666	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8667	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8668	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8669	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8670	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8671	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8672	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8673	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8674	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8675	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140 MM HG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8676	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90 MM HG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8677	MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8678	MOST RECENT SYSTOLIC BLOOD PRESSURE 130 TO 139 MM HG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8679	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8680	MOST RECENT DIASTOLIC BLOOD PRESSURE 80 - 89 MM HG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8681	PATIENT HOSPITALIZED WITH PRINCIPAL DIAGNOSIS OF HEART	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8682	LEFT VENTRICULAR FUNCTION TESTING PERFORMED DURING THE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8683	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8684	PATIENT NOT HOSPITALIZED WITH PRINCIPAL DIAGNOSIS OF HEART	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8685	LEFT VENTRICULAR FUNCTION TESTING NOT PERFORMED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8686	CURRENTLY A TOBACCO SMOKER OR CURRENT EXPOSURE TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8687	CURRENTLY A TOBACCO NON-USER AND NO EXPOSURE TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8688	CURRENTLY A SMOKELESS TOBACCO USER (EG, CHEW,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8689	TOBACCO USE NOT ASSESSED, REASON NOT OTHERWISE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8690	CURRENT TOBACCO SMOKER OR CURRENT EXPOSURE TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8691	CURRENT TOBACCO NON-USER AND NO EXPOSURE TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8692	CURRENT SMOKELESS TOBACCO USER (EG, CHEW, SNUFF) AND NO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8693	TOBACCO USE NOT ASSESSED, REASON NOT SPECIFIED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8907	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED ANY OF THE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8908	PATIENT DOCUMENTED TO HAVE RECEIVED A BURN PRIOR TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8909	PATIENT DOCUMENTED NOT TO HAVE RECEIVED A BURN PRIOR TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8910	PATIENT DOCUMENTED TO HAVE EXPERIENCED A FALL WITHIN ASC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8911	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A FALL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8912	PATIENT DOCUMENTED TO HAVE EXPERIENCED A WRONG SITE,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8913	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A WRONG	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8914	PATIENT DOCUMENTED TO HAVE EXPERIENCED A HOSPITAL TRANSFER OR HOSPITAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8915	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A HOSPITAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8916	PATIENT WITH PREOPERATIVE ORDER FOR IV ANTIBIOTIC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8917	PATIENT WITH PREOPERATIVE ORDER FOR IV ANTIBIOTIC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8918	PATIENT WITHOUT PREOPERATIVE ORDER FOR IV ANTIBIOTIC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8923	LEFT VENTRICULAR EJECTION FRACTION (LVEF) < 40% OR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8924	SPIROMETRY TEST RESULTS DEMONSTRATE FEV1/FVC <60%	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8925	SPIROMETRY TEST RESULTS DEMONSTRATE FEV1/FVC >=60%	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8926	SPIROMETRY TEST NOT PERFORMED OR DOCUMENTED,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8927	ADJUVANT CHEMOTHERAPY REFERRED, PRESCRIBED OR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8928	ADJUVANT CHEMOTHERAPY NOT PRESCRIBED OR PREVIOUSLY RECEIVED, REASON GIVEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8929	ADJUVANT CHEMOTHERAPY NOT PRESCRIBED OR PREVIOUSLY RECEIVED, REASON NOT GIVEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8930	ASSESSMENT OF DEPRESSION SEVERITY NOT DOCUMENTED, REASON NOT GIVEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8931	ASSESSMENT OF DEPRESSION SEVERITY NOT DOCUMENTED, REASON NOT GIVEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8932	SUICIDE RISK ASSESSED AT THE INITIAL EVALUATION	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8933	SUICIDE RISK NOT ASSESSED AT THE INITIAL EVALUATION, REASON NOT GIVEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8934	LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION OF MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8935	CLINICIAN PRESCRIBED ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8936	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8937	CLINICIAN DID NOT PRESCRIBE ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY, REASON NOT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8938	BMI IS CALCULATED, BUT PATIENT NOT ELIGIBLE FOR FOLLOW-UP PLAN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8939	PAIN ASSESSMENT DOCUMENTED, FOLLOW-UP PLAN NOT DOCUMENTED, PATIENT NOT ELIGIBLE/APPROPRIATE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8940	SCREENING FOR CLINICAL DEPRESSION DOCUMENTED, FOLLOW-UP PLAN NOT DOCUMENTED, PATIENT NOT ELIGIBLE/APPROPRIATE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8941	ELDER MALTREATMENT SCREEN DOCUMENTED, PATIENT NOT ELIGIBLE FOR FOLLOW-UP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8942	DOCUMENTED FUNCTIONAL OUTCOMES ASSESSMENT AND CARE PLAN WITHIN THE PREVIOUS 30 DAYS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8943	LDL-C RESULT NOT PRESENT OR NOT WITHIN 12 MONTHS PRIOR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8944	AJCC MELANOMA CANCER STAGE 0 THROUGH IIC MELANOMA	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8946	MINIMALLY INVASIVE BIOPSY METHOD ATTEMPTED BUT NOT DIAGNOSTIC OF BREAST CANCER (E.G., HIGH RISK LESION OF BREAST SUCH AS ATYPICAL DUCTAL HYPERPLASIA, LOBULAR	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8947	ONE OR MORE NEUROPSYCHIATRIC SYMPTOMS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8948	NO NEUROPSYCHIATRIC SYMPTOMS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8949	DOCUMENTATION OF PATIENT REASON(S) FOR PATIENT NOT RECEIVING COUNSELING FOR DIET AND PHYSICAL ACTIVITY (E.G., PATIENT IS NOT WILLING TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8950	PRE-HYPERTENSIVE OR HYPERTENSIVE BLOOD PRESSURE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8951	PRE-HYPERTENSIVE OR HYPERTENSIVE BLOOD PRESSURE READING DOCUMENTED,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8952	PRE-HYPERTENSIVE OR HYPERTENSIVE BLOOD PRESSURE READING DOCUMENTED, INDICATED FOLLOW-UP NOT DOCUMENTED, REASON NOT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8953	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE ONCOLOGY MEASURES GROUP HAVE BEEN PERFORMED FOR THIS PATIENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8955	MOST RECENT ASSESSMENT OF ADEQUACY OF VOLUME MANAGEMENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8956	PATIENT RECEIVING MAINTENANCE HEMODIALYSIS IN AN OUTPATIENT DIALYSIS FACILITY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8957	PATIENT NOT RECEIVING MAINTENANCE HEMODIALYSIS IN AN OUTPATIENT DIALYSIS FACILITY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8958	ASSESSMENT OF ADEQUACY OF VOLUME MANAGEMENT NOT DOCUMENTED, REASON NOT GIVEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8959	CLINICIAN TREATING MAJOR DEPRESSIVE DISORDER COMMUNICATES TO CLINICIAN TREATING COMORBID CONDITION	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8960	CLINICIAN TREATING MAJOR DEPRESSIVE DISORDER DID NOT COMMUNICATE TO CLINICIAN TREATING COMORBID CONDITION,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8961	CARDIAC STRESS IMAGING TEST PRIMARILY PERFORMED ON LOW-RISK SURGERY PATIENT FOR PREOPERATIVE EVALUATION WITHIN 30 DAYS PRECEDING THIS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8962	CARDIAC STRESS IMAGING TEST PERFORMED ON PATIENT FOR ANY REASON INCLUDING THOSE WHO DID NOT HAVE LOW RISK SURGERY OR TEST THAT WAS PERFORMED MORE THAN 30 DAYS PRECEDING LOW RISK SURGERY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8963	CARDIAC STRESS IMAGING PERFORMED PRIMARILY FOR MONITORING OF ASYMPTOMATIC PATIENT WHO HAD PCI WITHIN 2 YEARS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8964	CARDIAC STRESS IMAGING TEST PERFORMED PRIMARILY FOR ANY OTHER REASON THAN MONITORING OF ASYMPTOMATIC	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8965	CARDIAC STRESS IMAGING TEST PRIMARILY PERFORMED LOW RISK	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8965	CARDIAC STRESS IMAGING TEST PRIMARILY PERFORMED ON LOW CHD RISK PATIENT FOR INITIAL DETECTION AND RISK ASSESSMENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8966	CARDIAC STRESS IMAGING TEST PERFORMED ON SYMPTOMATIC OR HIGHER THAN LOW CHD RISK PATIENT OR FOR ANY REASON OTHER THAN INITIAL DETECTION AND RISK ASSESSMENT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8967	WARFARIN OR ANOTHER ORAL ANTICOAGULANT THAT IS FDA APPROVED PRESCRIBED	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8968	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING WARFARIN OR ANOTHER ORAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8969	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING WARFARIN OR ANOTHER ORAL ANTICOAGULANT THAT IS FDA APPROVED (E.G., ECONOMIC,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8970	NO RISK FACTORS OR ONE MODERATE RISK FACTOR FOR THROMBOEMBOLISM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8971	WARFARIN OR ANOTHER ORAL ANTICOAGULANT THAT IS FDA APPROVED NOT PRESCRIBED, REASON NOT GIVEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8972	ONE OR MORE HIGH RISK FACTORS FOR THROMBOEMBOLISM OR MORE THAN ONE MODERATE RISK FACTOR FOR THROMBOEMBOLISM	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8973	MOST RECENT HEMOGLOBIN (HGB) LEVEL < 10 G/DL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8974	HEMOGLOBIN LEVEL MEASUREMENT NOT DOCUMENTED, REASON NOT GIVEN	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8975	DOCUMENTATION OF MEDICAL REASON(S) FOR PATIENT HAVING A HEMOGLOBIN LEVEL < 10 G/DL (E.G., PATIENTS WHO HAVE NON-RENAL ETIOLOGIES OF ANEMIA	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8976	MOST RECENT HEMOGLOBIN (HGB) LEVEL >= 10 G/DL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8977	I INTEND TO REPORT THE ONCOLOGY MEASURES GROUP	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8978	MOBILITY: WALKING & MOVING AROUND FUNCTIONAL LIMITATION, CURRENT STATUS, AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8979	MOBILITY: WALKING & MOVING AROUND FUNCTIONAL LIMITATION, PROJECTED GOAL STATUS, AT THERAPY EPISODE	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8980	MOBILITY: WALKING & MOVING AROUND FUNCTIONAL LIMITATION, DISCHARGE STATUS, AT DISCHARGE FROM THERAPY OR TO END REPORTING	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8981	CHANGING & MAINTAINING BODY POSITION FUNCTIONAL LIMITATION, CURRENT STATUS, AT THERAPY EPISODE OUTSET AND AT REPORTING INTERVALS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8982	CHANGING & MAINTAINING BODY POSITION FUNCTIONAL LIMITATION, PROJECTED GOAL STATUS, AT THERAPY EPISODE OUTSET, AT REPORTING INTERVALS, AND AT DISCHARGE OR TO END REPORTING	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8983	CHANGING & MAINTAINING BODY POSITION FUNCTIONAL LIMITATION, DISCHARGE STATUS, AT THERAPY EPISODE OUTSET AND AT REPORTING INTERVALS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8984	CARRYING, MOVING & HANDLING OBJECTS FUNCTIONAL LIMITATION, CURRENT STATUS, AT THERAPY EPISODE OUTSET AND AT REPORTING INTERVALS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8985	CARRYING, MOVING & HANDLING OBJECTS FUNCTIONAL LIMITATION, CURRENT STATUS, AT THERAPY EPISODE OUTSET AND AT REPORTING INTERVALS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8986	CARRYING, MOVING & HANDLING OBJECTS FUNCTIONAL LIMITATION, DISCHARGE STATUS, AT DISCHARGE FROM THERAPY OR TO END REPORTING	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8987	SELF CARE FUNCTIONAL LIMITATION, CURRENT STATUS, AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8988	SELF CARE FUNCTIONAL LIMITATION, PROJECTED GOAL STATUS, AT THERAPY EPISODE OUTSET, AT REPORTING INTERVALS, AND AT DISCHARGE OR TO END REPORTING	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8989	SELF CARE FUNCTIONAL LIMITATION, DISCHARGE STATUS, AT DISCHARGE FROM THERAPY OR TO END REPORTING	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8990	OTHER PHYSICAL OR OCCUPATIONAL PRIMARY FUNCTIONAL LIMITATION, CURRENT STATUS, AT THERAPY EPISODE OUTSET AND AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8991	OTHER PHYSICAL OR OCCUPATIONAL PRIMARY FUNCTIONAL LIMITATION, PROJECTED GOAL STATUS, AT THERAPY EPISODE OUTSET, AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8992	OTHER PHYSICAL OR OCCUPATIONAL PRIMARY FUNCTIONAL LIMITATION,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8993	OTHER PHYSICAL OR OCCUPATIONAL SUBSEQUENT FUNCTIONAL LIMITATION,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G8994	OTHER PHYSICAL OR OCCUPATIONAL SUBSEQUENT FUNCTIONAL LIMITATION, PROJECTED GOAL STATUS, AT THERAPY EPISODE OUTSET, AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8995	OTHER PHYSICAL OR OCCUPATIONAL SUBSEQUENT FUNCTIONAL LIMITATION, DISCHARGE STATUS, AT DISCHARGE FROM THERAPY OR TO	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8996	SWALLOWING FUNCTIONAL LIMITATION, CURRENT STATUS AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8997	SWALLOWING FUNCTIONAL LIMITATION, PROJECTED GOAL STATUS, AT INITIAL THERAPY TREATMENT/OUTSET AND AT DISCHARGE FROM THERAPY	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8998	SWALLOWING FUNCTIONAL LIMITATION, DISCHARGE STATUS, AT DISCHARGE FROM THERAPY/END OF REPORTING ON LIMITATION	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G8999	MOTOR SPEECH FUNCTIONAL LIMITATION, CURRENT STATUS AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9001	COORDINATED CARE FEE INITIAL RATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9002	COORDINATED CARE FEE MAINT RATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9003	COORD CARE FEE RISK ADJUSTD HI INIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9004	COORD CARE FEE RISK ADJUSTD LW INIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9005	COORD CARE FEE RISK ADJUSTED MAINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9006	COORD CARE FEE HOME MONITORING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9007	COORD CARE FEE SCHEDULE TEAM CONF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9008	COORD CARE FEE PHYS OVRSIGHT SRVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9009	COORD CARE FEE RISK ADJ MAINT LVL 3	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9010	COORD CARE FEE RISK ADJ MAINT LVL 4	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9011	COORD CARE FEE RISK ADJ MAINT LVL 5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9012	COORD CARE FEE RISK ADJ MAINT OTH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9013	ESRD DEMO BASIC BUNDLE LEVEL I	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9014	ESRD DEMO EXPND BUNDLE W/VENUS ACSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9016	SMOK CESSATN CNSL IND ABSNC/ADD E&M	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9017	AMANTADINE HYDROCHLORID ORL-100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
G9018	ZANAMIVIR INHAL POWDR INHAL10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9019	OSELTAMIVIR PHOSHATE ORAL PER 75 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9020	RIMANTADINE HYDROCHLORID ORL 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9033	AMANTADINE HCL ORAL BRAND 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9034	ZANAMIVIR INHAL POWDER BRAND 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9035	OSELTAMIVIR PHOSPH ORAL BRAND 75 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9036	RIMANTADINE HCL ORAL BRAND 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9041	LW VIS REHAB SRVC QUAL OT EA 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9042	LW VIS REHB CERT ORNT&MBL SPC 15 MN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9043	LW VISN REHAB CERT TRPST EA 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9044	LW VISION REHAB QUAL TEACHR EA 15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9050	ONC; PRIM FOCUS; WRKUP EVAL/STAG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9051	ONC; PRIM FOCUS; TX DECISION OPTNS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9052	ONC; PRIM; SURVEILLANCE RECUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9053	ONC; PRIM; EXPECT MGMT EVIDENCE CA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9054	ONC;PRIM;SUP PT TERM CA;PALLIATV TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9055	ONC;PRIM;OTH UNS NOT OTHERWISE LIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9056	ONC;PRAC GUIDE;MGMT ADHERS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9057	ONC; PRAC; MGMT DIFFER CLIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9058	ONC; MGMT DIFFR PHYS DISAGREE GUIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9059	ONC;PRAC;MGMT DIFFERS PT OPT ALT TX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9060	ONC; PRAC; MGMT DIFFER COMORBID ILL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9061	ONC; PTS COND NOT ADDRESSED GUIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9062	ONC; PRAC; MGMT DIFFERS OTH REASON	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9063	ONC; STATUS; NSCLC; ST I NO PROGRSN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9064	ONC; STATUS; NSCLC;ST II NO PROGRSN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9065	ONC;NSCLC; ST III A NO PROGRESSN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9066	ONC; STATUS; NSCLC; ST III B-4 MET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9067	ONC; STATUS; NSCLC; EXTENT DZ UNKN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9068	ONC; STATUS; SC&COMB;LTD NO PROGRSN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9069	ONC; STATUS; SCLC SC&COMB; EXT MET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9070	ONC;STATUS;SCLC SC&COMB;EXTENT UNKN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9071	ONC; BRST; ACA;ST I/II;POS; NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9072	ONC; BRST; ACA; ST I/II;NEG;NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9073	ONC; BRST; ACA; ST III; POS;NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9074	ONC; BRST; ACA; ST III; NEG;NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9075	ONC; STATUS; F BRST CA; ACA; M1 MET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9077	ONC;PROS CA;T1-T2C& PSA</=20NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9078	ONC; PROS CA; T2/T3A/PSA>20 NO METS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9079	ONC;PROS CA; T3B-T4 N; T N1 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9080	ONC; PROS CA; TX RISING PSA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9083	ONC; PROS CA ACA; EXTENT UNKN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9084	ONC; COLON CA; T1-3 N0 M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9085	ONC; COLON CA; T4 N0 M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9086	ONC; COLON CA; T1-4 N1-2 M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9087	ONC; COLON CA; M1 MET W/CURR DZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9088	ONC; COLON CA; M1 MET NO CURR DZ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9089	ONC; STATUS; COLON CA; EXTENT UNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9090	ONC; RECTAL CA; T1-2 N0 M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
G9091	ONC; RECTAL CA; T3 N0 M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9092	ONC; RECTAL CA;T1-3 N1-2 M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9093	ONC; RECTAL CA; T4 ANY N M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9094	ONC; STATUS; RECTAL CA; M1 MET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9095	ONC; STATUS; RECTAL CA; EXTENT UNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9096	ONC;ESOPH CA;T1-T3 N0-N1/NX NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9097	ONC; ESOPH CA; T4 ANY N M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9098	ONC; STATUS; ESOPH CA ; M1 METASTAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9099	ONC; STATUS; ESOPH CA; EXTENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9100	ONC; GASTR CA; R0 RESECT NO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9101	ONC; GASTR CA; R1/R2 RESECT NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9102	ONC; GASTR CA; M0 UNRESECT NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9103	ONC; STATUS; GASTR CA; CLIN M1 MET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9104	ONC; STATUS; GASTR CA ; EXTENT UNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9105	ONC; PAN CA; R0 RESECT NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9106	ONC; PAN CA; R1/R2 RESECT NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9107	ONC; PAN CA; UNRESECTBL M1 MET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9108	ONC; STATUS; PAN CA; EXTENT DZ UNK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9109	ONC; H&N CA; T1-T2&N0 M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9110	ONC;H&N CA; T3-4&/N1-3 M0 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9111	ONC; STATUS; H&N CA; M1 MET LOC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9112	ONC; STATUS; H&N CA; EXTENT UNKN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9113	ONC; OV CA; ST IA-B GR 1 NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9114	ONC; OV CA; ST IA-B; IC; II;NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9115	ONC; OV CA; ST III-IV; NO PROG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9116	ONC; OV CA; PROGRSSN&/PLATINM RSIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9117	ONC; STATUS; OV CA; EXTENT UNKN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9123	ONC; CML; CP NO HEM CYT/MOL REMISS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9124	ONC;CML; AP NO HEMA CYT/MOL REMISS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9125	ONC; CML BP NOT HEM CYT/MOL REMISS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9126	ONC; CML HEM CYTOGN/MOLECULR REMISS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9128	ONC; MX MYELOMA SYS DZ; SMOLDR ST I	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9129	ONC; MX MYELOMA SYS DZ ST II/HIGHER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9130	ONC; MX MYELOMA SYS DZ EXTENT UNKN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9131	ONC;DZ STS;F BRST CA;STG NOT LISTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9132	ONC;DZ STS;PROS CA;CLIN METS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9133	ONC;DZ STS;PROS CA;CLIN METS/M1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9134	ONC;DZ STS;NHL;STAGE 1 2 NOT RELPSD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9135	ONC;DIZ STS;NHL;STG 3 4 NOT RELAPS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9136	ONC;DZ STS;NHL TRNS 2ND CELLR CLSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9137	ONC;DZ STS;NHL;RELAPSED/REFRACTORY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9138	ONC;DZ STS;NHL;STAGE NOT DETERM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9139	ONC;DZ STS;CML;STAGE NOT LISTED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9140	FRONTIER EXTENDED STAY CLINIC DEMO;	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
G9148	NCQA - LEVEL 1 MEDICAL HOME	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9149	NCQA - LEVEL 2 MEDICAL HOME	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9150	NCQA - LEVEL 3 MEDICAL HOME	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9151	MAPCP DEMON - STATE PROVIDED SERVICES	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9152	MAPCP DEMON - COMMUNITY HEALTH TEAMS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9153	MAPCP DEMON - PHYSICIAN INCENTIVE POOL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9157	TRANSESOPHAGEAL DOPPLER USE FOR CARDIAC MONITORING	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9158	MOTOR SPEECH FUNCTIONAL LIMITATION, DISCHARGE STATUS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9159	SPOKEN LANGUAGE COMPREHENSION FUNCTIONAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9160	SPOKEN LANGUAGE COMPREHENSION FUNCTIONAL LIMITATION, PROJECTED GOAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9161	SPOKEN LANGUAGE COMPREHENSION FUNCTIONAL LIMITATION, DISCHARGE STATUS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9162	SPOKEN LANGUAGE EXPRESSION FUNCTIONAL LIMITATION,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9163	SPOKEN LANGUAGE EXPRESSION FUNCTIONAL LIMITATION,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9164	SPOKEN LANGUAGE EXPRESSION FUNCTIONAL LIMITATION,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9165	ATTENTION FUNCTIONAL LIMITATION, CURRENT STATUS AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9166	ATTENTION FUNCTIONAL LIMITATION, PROJECTED GOAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9167	ATTENTION FUNCTIONAL LIMITATION, DISCHARGE STATUS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9168	MEMORY FUNCTIONAL LIMITATION, CURRENT STATUS AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9169	MEMORY FUNCTIONAL LIMITATION, PROJECTED GOAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9170	MEMORY FUNCTIONAL LIMITATION, DISCHARGE STATUS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9171	VOICE FUNCTIONAL LIMITATION, CURRENT STATUS AT TIME OF	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9172	VOICE FUNCTIONAL LIMITATION, PROJECTED GOAL STATUS AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9173	VOICE FUNCTIONAL LIMITATION, DISCHARGE STATUS AT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9174	OTHER SPEECH LANGUAGE PATHOLOGY FUNCTIONAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9175	OTHER SPEECH LANGUAGE PATHOLOGY FUNCTIONAL LIMITATION, PROJECTED GOAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9176	OTHER SPEECH LANGUAGE PATHOLOGY FUNCTIONAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9186	MOTOR SPEECH FUNCTIONAL LIMITATION, PROJECTED GOAL	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement	
G9188	Beta-blocker therapy not prescribed, reason not given	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9189	Beta-blocker therapy prescribed or currently being taken	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9190	Documentation of medical reason(s) for not prescribing beta-	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9191	Documentation of patient reason(s) for not prescribing beta-	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9192	Documentation of system reason(s) for not prescribing beta-	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9193	Clinician documented that patient with a diagnosis of major	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9194	Patient with a diagnosis of major depression documented as being	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9195	Patient with a diagnosis of major depression not documented as	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9196	Documentation of medical reason(s) for not ordering first or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9197	Documentation of order for first or second generation cephalosporin	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9198	Order for first or second generation cephalosporin for	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9199	Venous thromboembolism (vte) prophylaxis not administered the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9200	Venous thromboembolism (VTE) prophylaxis was not administered	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9201	Venous thromboembolism (VTE) prophylaxis administered the day	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9202	Patients with a positive hepatitis C antibody test	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9203	RNA testing for hepatitis C documented as performed within	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement	
G9204	RNA testing for hepatitis C was not documented as performed within	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9205	Patient starting antiviral treatment for hepatitis C during the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9206	Patient starting antiviral treatment for hepatitis C during the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9207	Hepatitis C genotype testing documented as performed within	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9208	Hepatitis C genotype testing was not documented as performed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9209	Hepatitis C quantitative RNA testing documented as performed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9210	Hepatitis C quantitative RNA testing not performed between 4-	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9211	Hepatitis C quantitative RNA testing was not documented as	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9212	DSM-IV-TM criteria for major depressive disorder documented	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9213	DSM-IV-TR criteria for major depressive disorder not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9214	CD4+ cell count or CD4+ cell percentage results documented	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9215	CD4+ cell count or percentage not documented as performed, reason	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9216	PCP prophylaxis was not prescribed at time of diagnosis of	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9217	PCP prophylaxis was not prescribed within 3 months of low	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9218	PCP prophylaxis was not prescribed within 3 months of low	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9219	Pneumocystis jiroveci pneumonia prophylaxis not prescribed within	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement	
G9220	Pneumocystis jiroveci pneumonia prophylaxis not prescribed within	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9221	Pneumocystis jiroveci pneumonia prophylaxis prescribed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9222	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9224	Documentation of medical reason for not performing foot exam (e.g.,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9225	Foot exam was not performed, reason not given	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9226	Foot examination performed (includes examination through	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9227	Functional outcome assessment documented, care plan not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9228	Chlamydia, gonorrhea and syphilis screening results documented	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9229	Chlamydia, gonorrhea, and syphilis not screened, due to documented	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9231	Documentation of end stage renal disease (ESRD), dialysis, renal	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9232	Clinician treating major depressive disorder did not communicate to	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9233	All quality actions for the applicable measures in the total	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9234	I intend to report the total knee replacement measures group	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9235	All quality actions for the applicable measures in the general	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement	
G9236	All quality actions for the applicable measures in the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9237	I intend to report the general surgery measures group	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9238	I intend to report the optimizing patient exposure to ionizing	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9239	Documentation of reasons for patient initiating maintenance	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9240	Patient whose mode of vascular access is a catheter at the time	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9241	Patient whose mode of vascular access is not a catheter at the time	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9242	Documentation of viral load equal to or greater than 200 copies/ml	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9243	Documentation of viral load less than 200 copies/ml	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9244	Antiretroviral therapy not prescribed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9245	Antiretroviral therapy prescribed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9246	Patient did not have at least one medical visit in each 6 month	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9247	Patient had at least one medical visit in each 6 month period of the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9248	Patient did not have a medical visit in the last 6 months	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9249	Patient had a medical visit in the last 6 months	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9250	Documentation of patient pain brought to a comfortable level	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9251	Documentation of patient with pain not brought to a comfortable	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement	
G9252	Adenoma(s) or other neoplasm detected during screening	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9253	Adenoma(s) or other neoplasm not detected during screening	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9254	Documentation of patient discharged to home later than post	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9255	Documentation of patient	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9256	Documentation of patient death	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9257	Documentation of patient stroke	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9258	Documentation of patient stroke following CEA	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9259	Documentation of patient survival	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9260	Documentation of patient death	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9261	Documentation of patient survival and absence of stroke following	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9262	Documentation of patient death in the hospital following endovascular AAA repair	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9263	Documentation of patient survival in the hospital following	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9264	Documentation of patient receiving maintenance	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9265	Patient receiving maintenance	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9266	Patient receiving maintenance hemodialysis for greater than or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9267	Documentation of patient with one or more complications or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9268	Documentation of patient with one or more complications within	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9269	Documentation of patient without	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement	
G9270	Documentation of patient without one or more complications within	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9271	LDL value < 100	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9272	LDL value >= 100	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9273	Blood pressure has a systolic value of < 140 and a diastolic value of <	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9274	Blood pressure has a systolic value	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9275	Documentation that patient is a current non-tobacco user	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9276	Documentation that patient is a current tobacco user	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9277	Documentation that the patient is on daily aspirin or has	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9278	Documentation that the patient is not on daily aspirin regimen	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9279	Pneumococcal screening performed and documentation of	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9280	Pneumococcal vaccination not administered prior to discharge,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9281	Screening performed and documentation that vaccination	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9282	Documentation of medical reason(s) for not reporting the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9283	Non small cell lung cancer biopsy and cytology specimen report	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9284	Non small cell lung cancer biopsy and cytology specimen report does	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9285	Specimen site other than anatomic location of lung or is not classified	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9286	Documentation of antibiotic regimen prescribed within 7 days	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement	
G9287	No antibiotic regimen prescribed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9288	Documentation of medical reason(s) for not reporting the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9289	Non small cell lung cancer biopsy and cytology specimen report	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9290	Non small cell lung cancer biopsy and cytology specimen report does	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9291	Specimen site other than anatomic	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9292	Documentation of medical reason(s) for not reporting pt	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9293	Pathology report does not include the pt category and a statement	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9294	Pathology report includes the pt category and a statement on	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9295	Specimen site other than anatomic	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9296	Patients with documented shared decision-making including	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9297	Shared decision-making including discussion of conservative (non-	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9298	Patients who are evaluated for venous thromboembolic and	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9299	Patients who are not evaluated for venous thromboembolic and	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9300	Documentation of medical	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9301	Patients who had the prophylactic antibiotic completely infused prior	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9302	Prophylactic antibiotic not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9303	Operative report does not identify	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9304	Operative report identifies the prosthetic implant specifications	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9305	Intervention for presence of leak of endoluminal contents through	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement	
G9306	Intervention for presence of leak of endoluminal contents through	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9307	No return to the operating room for a surgical procedure, for any	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9308	Unplanned return to the operating room for a surgical procedure, for	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9309	No unplanned hospital readmission within 30 days of	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9310	Unplanned hospital readmission within 30 days of principal	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9311	No surgical site infection	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9312	Surgical site infection	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9313	Amoxicillin, with or without	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9314	Amoxicillin, with or without clavulanate, not prescribed as first	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9315	Documentation amoxicillin, with or without clavulanate, prescribed as	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9316	Documentation of patient-specific risk assessment with a risk	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9317	Documentation of patient-specific risk assessment with a risk	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9318	Imaging study named according to	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9319	Imaging study not named according to standardized	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9320	Documentation of medical reason(s) for not naming CT	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9321	Count of previous CT (any type of CT) and cardiac nuclear medicine	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement	
G9322	Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9323	Documentation of medical reason(s) for not counting	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9324	All necessary data elements not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9325	CT studies not reported to a radiation dose index registry due	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9326	CT studies performed not reported to a radiation dose index registry,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9327	CT studies performed reported to a radiation dose index registry	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9328	Dicom format image data availability not documented in	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9329	Dicom format image data available to non-affiliated external entities	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9340	Final report documented that dicom format image data available	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9341	Search conducted for prior patient	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9342	Search conducted for prior patient imaging studies completed at non-	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9343	Search for prior patient completed dicom format images not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9344	Search for prior patient completed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9345	Follow-up recommendations according to recommended	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9346	Follow-up recommendations according to recommended	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9347	Follow-up recommendations	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	
G9348	CT scan of the paranasal sinuses ordered at the time of diagnosis	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only	

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9349	Documentation of a CT scan of the paranasal sinuses ordered at the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9350	CT scan of the paranasal sinuses not ordered at the time of	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9351	More than one CT scan of the paranasal sinuses ordered or received within 90 days after	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9352	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9353	More than one CT scan of the paranasal sinuses ordered or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9354	More than one CT scan of the paranasal sinuses not ordered	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9355	Elective delivery or early induction not performed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9356	Elective delivery or early induction	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9357	Post-partum screenings, evaluations and education	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9358	Post-partum screenings, evaluations and education not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9359	Documentation of negative or managed positive TB screen with	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9360	No documentation of negative or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code - Reporting Only		
G9473	Services performed by chaplain in the hospice setting, each 15	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G9474	Services performed by dietary counselor in the hospice	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9475	Services performed by other counselor in the hospice	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G9476	Services performed by volunteer in the hospice	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G9477	Services performed by care coordinator in the hospice	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G9478	Services performed by other qualified therapist in the	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G9479	Services performed by	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
G9480	Admission to Medicare care choice model program (MCCM)	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
G9496	Documentation of reason for not detecting adenoma(s) or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9497	Seen preoperatively by anesthesiologist or proxy prior	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9498	Antibiotic regimen prescribed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9499	Patient did not start or is not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9500	Radiation exposure indices, exposure time or number of	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9501	Radiation exposure indices, exposure time or number of fluorographic images not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9502	Documentation of medical reason for not performing foot	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9503	Patient taking tamsulosin hydrochloride	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9504	Documented reason for not assessing hepatitis B virus	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9505	Antibiotic regimen prescribed within 10 days after onset of	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9506	Biologic immune response modifier prescribed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9507	Documentation that the patient is on a statin	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9508	Documentation that the patient is not on a statin	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9509	Remission at twelve months as demonstrated by a twelve	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9510	Remission at twelve months not demonstrated by a twelve	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9511	Index date PHQ-9 score greater than 9 documented during the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9512	Individual had a PDC of 0.8 or greater	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9513	Individual did not have a PDC of 0.8 or greater	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9514	Patient required a return to the operating room within 90	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9515	Patient did not require a return to the operating room	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9516	Patient achieved an	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9517	Patient did not achieve an improvement in visual acuity,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9518	Documentation of active injection drug use	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9519	Patient achieves final refraction (spherical	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9520	Patient does not achieve final refraction (spherical	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9521	Total number of emergency department visits and inpatient	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9522	Total number of emergency department visits and inpatient	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9523	Patient discontinued from hemodialysis or peritoneal	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9524	Patient was referred to hospice care	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9525	Documentation of patient reason(s) for not referring to	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9526	Patient was not referred to hospice care, reason not given	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9529	Patient with minor blunt head trauma had an appropriate	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9530	Patient presented within 24 hours of a minor blunt head	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9531	Patient has a valid reason for a head CT for trauma being	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9532	Patient's head injury occurred	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9533	Patient with minor blunt head	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9534	Advanced brain imaging (CTA, CT, MRA or MRI) was not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9535	Patients with a normal neurological examination	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9536	Documentation of medical reason(s) for ordering an	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9537	Documentation of system	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9538	Advanced brain imaging (CTA, CT, MRA or MRI) was not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9539	Intent for potential removal at	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9540	Patient alive 3 months post procedure	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9541	Filter removed within 3 months of placement	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9542	Documented reassessment for the appropriateness of filter	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9543	Documentation of at least two attempts to reach the patient	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9544	Patients that do not have the filter removed, documented	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9547	Incidental CT finding: liver lesion = 0.5 cm, cystic kidney	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9548	Final reports for abdominal imaging studies with follow-up	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9549	Documentation of medical	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9550	Final reports for abdominal imaging studies with follow-up	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9551	Final reports for abdominal	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9552	Incidental thyroid nodule < 1.0 cm noted in report	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9553	Prior thyroid disease diagnosis	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9554	Final reports for CT or MRI of	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9555	Documentation of medical	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9556	Final reports for CT or MRI of the chest or neck or ultrasound	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9557	Final reports for CT or MRI	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9558	Patient treated with a beta-lactam antibiotic as definitive	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9559	Documentation of medical reason(s) for not prescribing a	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9560	Patient not treated with a beta-	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9561	Patients prescribed opiates for longer than six weeks	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9562	Patients who had a follow-up	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9563	Patients who did not have a	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9572	Index date PHQ-score greater	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9573	Remission at six months as	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9574	Remission at six months not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9577	Patients prescribed opiates for	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9578	Documentation of signed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9579	No documentation of a signed	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9580	Door to puncture time of less	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9581	Door to puncture time of greater than 2 hours for	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9582	Door to puncture time of greater than 2 hours, no reason	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9583	Patients prescribed opiates for longer than six weeks	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9584	Patient evaluated for risk of misuse of opiates by using a	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9585	Patient not evaluated for risk of misuse of opiates by using a	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9593	Pediatric patient with minor blunt head trauma classified as	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9594	Patient presented within 24 hours of a minor blunt head	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9595	Patient has a valid reason for a head CT for trauma being	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9596	Pediatric patient's head injury occurred greater than 24 hours	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9597	Pediatric patient with minor blunt head trauma not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9598	Aortic aneurysm 5.5-5.9 cm maximum diameter on	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9600	Symptomatic AAAS that required urgent/emergent	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9601	Patient discharge to home no later than postoperative day #7	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9602	Patient not discharged to home by postoperative day #7	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9603	Patient survey score improved	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9604	Patient survey results not available	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9605	Patient survey score did not improve from baseline	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9606	Intraoperative cystoscopy performed to evaluate for	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9607	Patient is not eligible (e.g., patient death during	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9608	Intraoperative cystoscopy not performed to evaluate for	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9609	Documentation of an order for antiplatelet agents or P2Y12	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9610	Documentation of medical reason(s) for not ordering	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9611	Order for antiplatelet agents or P2Y12 antagonists was not	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9612	Photodocumentation of one or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9613	Documentation of postsurgical anatomy (e.g., right	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9614	No photodocumentation of cecal landmarks to establish a	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9615	Preoperative assessment documented	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9616	Documentation of reason(s) for not documenting a	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9617	Preoperative assessment not documented, reason not given	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9618	Documentation of screening for uterine malignancy or those	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9619	Documentation of reason(s) for not screening for uterine	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9620	Patient not screened for uterine malignancy, or those	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9621	Patient identified as an unhealthy alcohol user when	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9622	Patient not identified as an unhealthy alcohol user when	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9623	Documentation of medical reason(s) for not screening for	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9624	Patient not screened for unhealthy alcohol screening using a systematic screening	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9625	Patient sustained bladder injury at the time of surgery or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9626	Patient is not eligible (e.g., gynecologic or other pelvic	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9627	Patient did not sustain bladder	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9628	Patient sustained major viscus	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9629	Patient is not eligible (e.g.,	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9630	Patient did not sustain major	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9631	Patient sustained ureter injury at the time of surgery or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9632	Patient is not eligible (e.g., gynecologic or other pelvic	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9633	Patient did not sustain ureter	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9634	Health-related quality of life assessed with tool during at	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9635	Health-related quality of life not assessed with tool for	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9636	Health-related quality of life not assessed with tool during	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9637	Final reports with documentation of one or more	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9638	Final reports without	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9639	Major amputation or open surgical bypass not required	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9640	Documentation of planned hybrid or staged procedure	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9641	Major amputation or open surgical bypass required within	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9642	Current cigarette smokers	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9643	Elective surgery	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9644	Patients who abstained from smoking prior to anesthesia on	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9645	Patients who did not abstain from smoking prior to	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9646	Patients with 90 day MRS score of 0 to 2	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9647	Patients in whom MRS score	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9648	Patients with 90 day MRS score greater than 2	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9649	Psoriasis assessment tool	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9650	Documentation that the patient declined therapy	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9651	Psoriasis assessment tool documented not meeting any	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9652	Patient has been treated with a systemic or biologic	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9653	Patient has not been treated	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9654	Monitored anesthesia care (MAC)	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9655	A transfer of care protocol or handoff tool/checklist that	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9656	Patient transferred directly from anesthetizing location to	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9657	Transfer of care during an anesthetic or to the intensive	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9658	A transfer of care protocol or handoff tool/checklist that	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9659	Patients greater than 85 years	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9660	Documentation of medical	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9661	Patients greater than 85 years of age who received a routine	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9662	Previously diagnosed or have	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9663	Any fasting or direct LDL-C laboratory test result = 190	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9664	Patients who are currently statin therapy users or	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9665	Patients who are not currently	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9666	The highest fasting or direct LDL-C laboratory test result of	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9667	Documentation of medical reason(s) for not currently	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9668	Documentation of medical reason(s) for not currently	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9669	I intend to report the multiple chronic conditions measures	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
G9670	All quality actions for the applicable measures in the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9671	I intend to report the diabetic retinopathy measures group	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9672	All quality actions for the applicable measures in the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9673	I intend to report the cardiovascular prevention	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9674	Patients with clinical ASCVD diagnosis	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9675	Patients who have ever had a	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9676	Patients aged 40 to 75 years at the beginning of the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9677	All quality actions for the applicable measures in the	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
G9817	PT W/PREOP ORDER FOR IV ANTIBX SSI PROPHYLAXIS	Not Covered - Reporting Only	Not Covered - Reporting Only	Not an ABC Covered Code		
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
H0002	BHVAL HLTH SCR DETRM ADMIS TX PROGM	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
H0003	ALCOHL&/RX SCR;LAB ANALY ALCOHL&/RX	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
H0004	BEHAVIORAL HEALTH CNSL&TX-15	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
H0005	ALCOHL&/RX SRVC; GRP CNSL	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0006	ALCOHOL &OR DRUG SRVC; CASE MGMT	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0007	ALCOHL &OR RX SRVC; CRISIS INTERVEN	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0008	ALCOHL&/RX SRVC;SUB-AC DTOX	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0009	ALCOHL&/RX SRVC; ACUTE DTOX	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
H0010	ALCOHL&/RX SRVC; SUB-AC DTOX RES IP	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0011	ALCOHL&/RX SRVC;AC DTOX RES PROG IP	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0012	ALCOHL&/RX SRVC; SUB-AC DTOX RES OP	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0013	ALCOHL&/RX SRVC;AC DTOX RES PROG OP	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0014	ALCOHL &/ RX SRVC; AMB DTOXFICATION	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0015	ALCOHL&/RX SRVC; INTENSV OP; INTRVN	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0016	ALCOHL &OR RX SRVC; MEDICAL/SOMATIC	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0017	BHVAL HEALTH; RES W/O ROOM&BD-DIEM	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
H0018	BHVAL HLTH; SHRT-TERM RES PER DIEM	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
H0019	BHVAL HLTH; LNG-TERM RES PER DIEM	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
H0020	ALCOHL&/RX SRVC;METHDONE	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0021	ALCOHOL &OR DRUG TRAINING SERVICE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0022	ALCOHOL &OR DRUG INTERVEN SERVICE	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0023	BEHAVIORAL HEALTH OUTREACH	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0024	BHVAL HLTH PRV INFORM DISSEMIN SRVC	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0025	BHVAL HEALTH PREV EDUCATION SERVICE	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0026	ALCOHL&/RX PREV PRC SRVC CMTY-BASED	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
H0027	ALCOHL &OR RX PREV ENVIR SERVICE	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0028	ALCOHL&/RX PREV PROB ID&REF SRVC	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0029	ALCOHL &OR RX PREVENTION ALT SRVC	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0031	MENTAL HEALTH ASSESS NON-PHYSICIAN	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
H0032	MENTL HLTH SRVC PLAN DVLP NON-PHYS	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H0033	ORAL MEDADMIN DIR OBSERVATION	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0034	MEDICATION TRN&SUPPORT PER 15 MIN	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H0035	MENTAL HEALTH PART HOSP TX < 24 HR	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
H0036	CMTY PSYC SUPP TX FCE-TO-FCE-15 MIN	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H0037	CMTY PSYC SUPPORTIVE TX PROG-M-DIEM	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H0038	SELF-HELP/PEER SERVICES PER 15 MIN	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0039	ASSERTIVE CMTY TX FCE-TO-FCE-15 MIN	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0040	ASSERTIVE CMTY TX PROG-M-DIEM	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H0041	FOSTER CARE CHLD NON-TX-DIEM	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0042	FOSTER CARE CHLD NON-TX-MONTH	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
H0043	SUPPORTED HOUSING PER DIEM	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0044	SUPPORTED HOUSING PER MONTH	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H0045	RESPIRE CARE SRVC NOT HOME PER DIEM	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Prior Authorization Required		
H0046	MENTAL HEALTH SERVICES NOS	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0047	ALCOHOL &OR OTH DRUG ABS SRVC NOS	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0048	ALC &/OTH RX TST: CLCT&HNDL NOT BLD	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0049	ALCOHOL AND/OR DRUG	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H0050	ALCOHOL &/ DRUG SRVC BRF PER 15 MIN	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H1000	PRENATAL CARE AT-RISK	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H1001	PRENATAL @RISK ENHNCD SRVC; ANTPRTM	No Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
H1002	PRENATAL @RISK ENHNCD SRVC; COORD	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H1003	PRENATAL @RISK ENHNCD SRVC; ED	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H1004	PRENATAL @RISK ENHNCD SRVC; F/U HOM	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H1005	PRENATAL @RISK ENHNCD SRVC PKG	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H1010	NON-MEDICAL FAM PLANNING ED-SESSION	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H1011	FAM ASSESS LIC BHVAL HLTH STATE DEF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
H2000	COMP MULTIDISCIPLINARY EVALUATION	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H2001	REHABILITATION PROGRAM PER 1/2 DAY	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H2010	COMP MEDICATION SERVICES PER 15 MIN	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H2011	CRISIS INTERVEN SERVICE PER 15 MIN	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H2012	BEHAVIORAL HEALTH DAY TX PER HOUR	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
H2013	PSYC HEALTH FACIL SERVICE PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
H2014	SKILLS TRAINING&DVLP PER 15 MINUTES	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H2015	COMP CMTY SUPPORT SRVC PER 15 MIN	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H2016	COMP CMTY SUPPORT SRVC PER DIEM	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H2017	PSYCHOSOCIAL REHAB SRVC 15	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
H2018	PSYCHOSOCIAL REHAB SRVC PER	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
H2019	THERAPEUTIC BEHAVIORAL SRVC 15 MIN	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H2020	THERAPEUTIC BEHAVIORAL SRVC	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H2021	CMTY-BASED WRAP-AROUND SRVC 15 MIN	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H2022	CMTY-BASED WRAP-AROUND SRVC DIEM	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
H2023	SUPPORTED EMPLOYMENT PER 15	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H2024	SUPPORTED EMPLOYMENT PER DIEM	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H2025	ONGOING SUPP MNTAIN EMPLOY 15 MIN	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
H2026	ONGOING SUPP MNTAIN EMPLOYMENT DIEM	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H2027	PSYCHOEDUCATIONAL SERVICE 15	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H2028	SEXOFFENDER TX SERVICE PER 15	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H2029	SEXUAL OFFENDER TX SERVICE	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H2030	MENTAL HEALTH CLUBHOUSE SRVC 15 MIN	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H2031	MENTAL HEALTH CLUBHOUSE	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
H2032	ACTIVITY THERAPY PER 15 MINUTES	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H2033	MULTISYS THERAPY JUVS PER 15 MIN	No Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	No Prior Authorization Required		
H2034	ALC&/RX ABS HALFWAY HOUSE	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H2035	ALCOHOL &OR OTH DRUG TX PROGM-HOUR	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H2036	ALCOHOL &OR OTH DRUG TX PROGM-DIEM	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
H2037	DVLPMNTL DLAY PREV ACTV CHLD 15 MIN	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
J0120	INJECT TETRACYCLINE UP TO 250	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0128	INJECT ABARELIX 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0129	INJECT ABATACEPT 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0130	INJECT ABCIXIMAB 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0132	INJECT ACETYLCYSTEINE 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0133	INJECT ACYCLOVIR 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0135	INJECT ADALIMUMAB 20 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0150	INJ ADENOSINE THERAPEUTIC USE 6 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J0151	Injection, adenosine for diagnostic use, 1 mg (not to be used to report	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0170	INJ ADRENALINE EPINEPHRINE TO 1 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0178	INJECTION, AFLIBERCEPT, 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0180	INJECT AGALSIDASE BETA 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0190	INJECT BIPERIDEN LACTAT PER 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0200	INJ ALATROFLOXACIN MESYLATE 100 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0202	Injection, alemtuzumab, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0205	INJECT ALGLUCERASE PER 10	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0207	INJECT AMIFOSTINE 500 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0210	INJ METHYLDOPATE HCL TO 250	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0215	INJECT ALEFACEPT 0.5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0220	INJECT AGLUCOSIDASE ALFA 10MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0256	INJ ALPHA 1-PROTAS INHIB-HUMN 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0270	INJECT ALPROSTADIL 1.25 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0275	ALPROSTADIL URETHRAL SUPPOSITORY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0278	INJECT AMIKACIN SULFATE 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0280	INJECT AMINOPHYLLIN UP TO 250	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0282	INJ AMIODARONE HYDROCHLORIDE 30 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J0285	INJECT AMPHOTERICIN B 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0287	INJ AMPHOTERICIN B LIPID CMPLX 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0288	INJ AMPHOTERICIN B CHOLESTYRL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0289	INJ AMPHOTERICIN B LIPOSOME 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0290	INJECT AMPICILLIN SODIUM 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0295	INJ AMPCLLN SODIM/SULBACTAM-1.5 G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0300	INJECT AMOBARBITAL UP TO 125 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0330	INJ SUCCINYLCHOLINE CHLORID UP 20MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0348	INJECT ANIDULAFUNGIN 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0350	INJECT ANISTREPLASE PER 30	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0360	INJECT HYDRALAZINE HCL UP 20 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0364	INJ APOMORPH HYDROCHLORID 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0365	INJECT APROTONIN 10000 KIU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0380	INJ METARAMINOL BITARTRATE 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0390	INJECT CHLOROQUINE HCL UP 250	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0395	INJECT ARBUTAMINE HCL 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0400	INJ ARIPIPRAZOLE IM 0.25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0401	Injection, aripiprazole, extended	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0456	INJECT AZITHROMYCIN 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
J0460	INJ ATROPINE SULFATE UP 0.3 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0470	INJECT DIMERCAPROL PER 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0475	INJECT BACLOFEN 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0476	INJ BACLOFEN 50 MCG INTRATHEC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0480	INJECT BASILIXIMAB 20 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0485	INJECTION, BELATACEPT, 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0500	INJECT DICYCLOMINE HCL UP 20	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0515	INJ BENZTROPINE MESYLATE PER 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0520	INJ BETHANECHOL CHLORID UP 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0530	INJ PCN G BENZ&PROCAINE TO 600000	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0540	INJ PCN G BENZ&PROCAIN TO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0550	INJ PCN G BENZ&PROCAIN UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0560	INJ PCN G BENZ TO 600000 UNITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0570	INJ PCN G BENZATHINE TO 1200000 U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0571	Buprenorphine, oral, 1 mg	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J0572	Buprenorphine/naloxone, oral,	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J0575	Buprenorphine/naloxone, oral, greater than 10 mg	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J0580	INJ PCN G BENZATHINE TO 2400000 U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0583	INJECT BIVALIRUDIN 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0585	BOTULINUM TOXIN TYPE A PER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0587	BOTULINUM TOXIN TYPE B 100	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0588	Injection, incobotulinumtoxinA, 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0592	INJ BUPRENORPHINE HYDROCHLOR 0.1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0594	INJECT BUSULFAN 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0595	INJECT BUTORPHANOL TARTRATE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0596	Injection, CT esterase inhibitor (recombinant), Ruconest, 10 units	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0600	INJ EDETATE CALCM DISODIM TO 1000MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0610	INJECT CALCM GLUCONATE PER 10 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0620	INJ CALCM GLYCROPHSPHTE&LACTAT-10ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0630	INJ CALCITONIN SALMON TO 400 UNITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0636	INJECT CALCITRIOL 0.1 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0637	INJECT CASPOFUNGIN ACETATE 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0640	INJ LEUCOVORIN CALCIUM PER 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
J0641	INJECT, LEVOLEUCOVORIN CALCIUM, 0.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0670	INJECT MEPIVACAINE HCL PER 10 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0690	INJECT CEFAZOLIN SODIUM 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0692	INJ CEFEPIME HYDROCHLORID 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0694	INJ CEFOXITIN SODIUM 1 GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0695	Injection, ceftiozane 50 mg and tazobactam 25 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0697	INJ STERL CEFUROXIME SODIUM 750 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0698	CEFOTAXIME SODIUM PER G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0702	INJ BETAMETHSN ACTAT&SOD PHOSPH-3MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0704	INJ BETAMETHSONE SODIM PHOSHAT-4 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0706	INJECT CAFFEINE CITRATE 5MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0710	INJ CEPHAPIRIN SODIUM TO 1 GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0713	INJECT CEFTAZIDIME PER 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0715	INJ CEFTIZOXIME SODIUM PER 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0717	Injection, certolizumab pegol, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0720	INJ CHLORMPHNICL SODIM SUCCNT TO 1G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0725	INJ CHORIONIC GONADOTROPIN-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0735	INJ CLONIDINE HYDROCHLORID 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0740	INJECT CIDOFOVIR 375 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0743	INJ CILASTATIN SODIM IMIPENEM-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0744	INJ CIPROFLOXACIN IV INFUS 200	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0745	INJ CODEINE PHOSPHATE PER 30 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0760	INJECT COLCHICINE PER 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0770	INJ COLISTIMETHATE SODIUM TO 150 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0780	INJ PROCHLORPERAZINE TO 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0795	INJ CORTICORELN OVINE TRIFLUT 1 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0800	INJECT CORTICOTROPIN UP 40	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0835	INJECT COSYNTROPIN PER 0.25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0850	INJ CYTOMEGLOVRUS IMMUNO GLOB IV-VIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0875	Injection, dalbavancin, 5 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0878	INJECT DAPTOMYCIN 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J0881	INJ DARBEPOETIN ALFA 1 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0882	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0885	INJ EPOETIN ALFA NON-ESRD 1000 UNIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0886	INJ EPOETIN ALFA 1000 UNITS ESRD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J0894	INJECT DECITABINE 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0895	INJ DEFEROXAMINE MESYLATE 500 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0900	INJ TESTO ENANTHATE&ESTRDIOL TO 1CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J0945	INJ BROMPHENIRAMINE MALEATE- 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J0970	INJ ESTRADIOL VALERATE UP 40 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1000	INJ DEPO-ESTRADIOL CYPIONATE TO 5MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1020	INJ METHYLPRDNISOLONE ACTAT 20 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1030	INJ METHYLPRDNISOLONE ACTAT 40 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J1040	INJ METHYLPRDNISOLONE ACTAT 80 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1050	Inj, Medroxyprogesterone acetate, 1mg	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1060	INJ TESTO&ESTRDIOL CYPIONAT TO 1 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1070	INJECT TESTO CYPIONATE TO 100 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1071	Injection, testosterone cypionate, 1 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
J1080	INJ TESTO CYPIONATE 1 CC 200 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1094	INJECT DEXAMETHASONE ACTAT 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1110	INJ DIHYDROERGOTAMINE MESYLATE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1120	INJ ACETAZOLAMIDE SODIUM TO 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1160	INJECT DIGOXIN UP TO 0.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1162	INJ DIGOXIN IMMUNE FAB OVINE VIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1165	INJ PHENYTOIN SODIUM PER 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1170	INJECT HYDROMORPHONE UP TO 4 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1180	INJECT DYPHYLLINE UP TO 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1190	INJ DEXRAZOXANE HCL PER 250 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J1200	INJ DIPHENHYDRAMINE HCL TO 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1205	INJ CHLOROTHIAZIDE SODIUM 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1212	INJ DMSO DIMETHYL SULFOXID 50% 50ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1230	INJECT METHADONE HCL UP TO 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1240	INJECT DIMENHYDRINATE TO 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1245	INJECT DIPYRIDAMOLE PER 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1250	INJECT DOBUTAMINE HCI PER 250 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1260	INJECT DOLASETRON MESYLATE 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1265	INJECT DOPAMINE HCL 40 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1267	INJECT, DORIPENEM, 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1270	INJECT DOXERCALCIFEROL 1 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1300	INJECT DURATRAD UP TO 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1320	INJ AMITRIPTYLINE HCL TO 20 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1322	Injection, elosulfase alfa, 1 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
J1324	INJECT ENFUVIRTIDE 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1325	INJECT EPOPROSTENOL 0.5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J1327	INJECT EPTIFIBATIDE 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1330	INJ ERGONOVINE MALEATE UP TO 0.2 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1335	INJECT ERTAPENEM SODIUM 500 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1364	INJECT ERYTH LACTOBIONATE 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1380	INJ ESTRADIOL VALERATE TO 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1390	INJ ESTRADIOL VALERATE TO 20 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1410	INJECT ESTROGEN CONJUGATED 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1430	INJ ETHANOLAMINE OLEATE 100 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1435	INJECT ESTRONE PER 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1436	INJ ETIDRONATE DISODIUM PER 300 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1438	INJECT ETANERCEPT 25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1439	Injection, ferric carboxymaltose, 1	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J1442	Injection, filgrastim (G-CSF), 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1443	Injection, ferric pyrophosphate	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1446	Injection, TBO-filgrastim, 5	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1447	Injection, tbo-filgrastim, 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1450	INJECT FLUCONAZOLE 200 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1451	INJECT FOMEPIZOLE 15 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1452	INJ FOMIVIRSEN SODIUM IO 1.65	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J1453	INJECT, FOSAPREPITANT, 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1455	INJECT FOSCARNET SODIUM 1000	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1457	INJECT GALLIUM NITRATE 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1458	INJECT GALSULFASE 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1459	INJECT, IMMUNE GLOBULIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1460	INJECT GAMMA GLOB IM 1 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1470	INJECT GAMMA GLOB IM 2 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1480	INJECT GAMMA GLOB IM 3 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1490	INJECT GAMMA GLOB IM 4 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1500	INJECT GAMMA GLOB IM 5 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1510	INJECT GAMMA GLOB IM 6 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1520	INJECT GAMMA GLOB IM 7 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1530	INJECT GAMMA GLOB IM 8 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1540	INJECT GAMMA GLOB IM 9 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1550	INJECT GAMMA GLOB IM 10 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1556	Injection, immune globulin (bivigam), 500 mg	Prior Authorization Required for children less than 6years old	Prior Authorization Required for children less than 6years old	Not an ABC Covered Code		
J1560	INJECT GAMMA GLOB IM OVER 10	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1561	INJ IG GAMUNEX IV NONLYO 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1562	INJ IMMUNE GLOBULIN SUBQ 100	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1565	INJECT RSV IMMUNE GLOB IV 50	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1566	INJ IG IV LYOPHILIZED POWDER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1567	INJ IG IV NONLYOPHILIZD LIQD 500 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1568	INJ IG OCTOGAM IV NONLYO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1569	INJ IG GAMMAGARD IV NONLYO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1570	INJECT GANCICLOVIR SODIUM 500	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1571	INJ HEP B IG HEPAGAM B IM 0.5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J1572	INJ IG FLEBOGAMMA IV NONLYO 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1573	INJ HEP B IG HEPAGAM B IV 0.5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1575	Injection, immune	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1580	INJ GARAMYCIN GENTAMICIN UP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1590	INJECT GATIFLOXACIN 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1595	INJECT GLATIRAMER ACETATE 20	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1600	INJ GOLD SODIUM THIOMALATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1602	Injection, golimumab, 1 mg, for	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1610	INJ GLUCAGON HYDROCHLORIDE PER 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1620	INJ GONADORELN HYDROCHLORID 100 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1626	INJ GRANISETRN HYDROCHLORID 100 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1630	INJECT HALOPERIDOL UP TO 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1631	INJ HALOPERIDOL DECANOATE PER 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1640	INJECT HEMIN 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1642	INJECT HEPARIN SODIUM 10	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1644	INJ HEPARIN SODIUM PER 1000	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1645	INJ DALTEPARIN SODIUM PER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1650	INJECT ENOXAPARIN SODIUM 10	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1652	INJ FONDAPARINUX SODIUM 0.5	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1655	INJECT TINZAPARIN SODIUM 1000	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1670	INJ TETNS IMMUN GLOB HUMN TO 250 U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1675	INJ HISTRELIN ACTAT 10 MICROGMS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1700	INJ HYDROCORTISONE ACTAT TO 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J1710	INJ HYDROCORTISON SOD PHOS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1720	INJ HYDROCORTSON SOD SUCC TO 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1725	INJECT, HYDROXYPROGESTERONE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1730	INJECT DIAZOXIDE UP TO 300 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1740	INJECT IBANDRONATE SODIUM 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1742	INJ IBUTILIDE FUMARATE 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1743	INJECT IDURSULFASE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1744	INJECTION, ICATIBANT, 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1745	INJECT INFLIXIMAB 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1751	INJECT IRON DEXTRAN 165 50 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1752	INJECT IRON DEXTRAN 267 50 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1756	INJECT IRON SUCROSE 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1785	INJECT IMIGLUCERASE PER UNIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1790	INJECT DROPERIDOL UP TO 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1800	INJECT PROPRANOLOL HCL TO 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1810	INJ DROPRIDL&FENTNYL CITRAT TO 2ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1815	INJECT INSULIN PER 5 UNITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1817	INSULIN ADMIN THRU DME PER 50 UNITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1825	INJECT INTERFERON BETA-1A 33 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1830	INJECT INTERFERON BETA-1B 0.25 M	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1833	Injection, isavuconazonium, 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1835	INJECT ITRACONAZOLE 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
J1840	INJ KANAMYCIN SULFATE TO 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1850	INJ KANAMYCIN SULFATE TO 75	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1885	INJ KETOROLAC TROMETHAMINE 15 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1890	INJ CEPHALOTHIN SODIUM TO 1 GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1931	INJECT LARONIDASE 0.1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1940	INJECT FUROSEMIDE UP TO 20 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1945	INJECT LEPIRUDIN 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1950	INJ LEUPROLIDE ACETATE PER 3.75	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J1953	INJECT, LEVETIRACETAM, 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1955	INJECT LEVOCARNITINE PER 1 G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1956	INJECT LEVOFLOXACIN 250 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1960	INJ LEVORPHANOL TARTRATE TO 2	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1980	INJ HYOSCYAMINE SULFATE TO 0.25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J1990	INJ CHLORDIAZEPOXIDE HCL TO 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2001	INJECT LIDO HCL IV INFUS 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2010	INJECT LINCOMYCIN HCL TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2020	INJECT LINEZOLID 200 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2060	INJECT LORAZEPAM 2 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2150	INJECT MANNITOL 25% IN 50 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2170	INJECT MECASERMIN 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J2175	INJECT MEPERIDINE HCL PER 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2180	INJ MEPRIDIN&PROMTHZIN HCL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2185	INJECT, MEROPENEM, 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2210	INJ METHYLRGONOVIN MALATE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2212	INJECTION, METHYLNALTREXONE,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2248	INJECT MICA FUNGIN SODIUM 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2250	INJECT MIDAZOLAM HCL PER 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2260	INJECT MILRINONE LACTATE 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2270	INJ MORPHINE SULFATE UP TO 10	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2271	INJECT MORPHINE SULFATE 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2274	Injection, morphine sulfate,	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J2275	INJ MORPHINE SULFATE PER 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2278	INJECT ZICONOTIDE 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2280	INJECT MOXIFLOXACIN 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2300	INJECT NALBUPHINE HCL PER 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2310	INJECT NALOXONE HCL PER 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2315	INJ NALTREXONE DEPOT FORM 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2320	INJ NANDROLONE DECANOATE TO 50 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2321	INJ NANDROLONE DECANOATE TO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2322	INJ NANDROLONE DECANOATE TO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2323	INJECT NATALIZUMAB 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2325	INJECT NESIRITIDE 0.1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2353	INJ OCTREOTIDE DEPOT FORM IM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2354	INJ OCTREOTDE NO-DPOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2355	INJECT OPRELVEKIN 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J2357	INJECT OMALIZUMAB 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2360	INJ ORPHENADRINE CITRATE TO 60 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2370	INJECT PHENYLEPHRINE HCL TO 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2400	INJ CHLOROPROCAINE HCL PER 30 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2405	INJECT ONDANSETRON HCL PER 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2407	Injection, oritavancin, 10 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2410	INJECT OXYMORPHONE HCL TO 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2425	INJECT PALIFERMIN 50 MICROGRAMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2430	INJ PAMIDRONATE DISODIUM PER 30 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2440	INJECT PAPAVERINE HCL TO 60 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2460	INJ OXYTETRACYCLINE HCL TO 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2469	INJECT PALONOSETRON HCL 25 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2501	INJECT PARICALCITOL 1 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2502	Injection, pasireotide long acting, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2503	INJECT PEGAPTANIB SODIUM 0.3 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2504	INJECT PEGADEMASE BOVINE 25	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2505	INJECT PEGFILGRASTIM 6 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2510	INJ PCN G PROCAINE AQUEOUS 600000 U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
J2513	INJ PENTASTARCH 10% SOL 100	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2515	INJ PENTOBARBITAL SODIUM PER 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2540	INJECT PCN G K+ TO 600000 UNITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2543	INJ PIP SOD/TZ SOD 1 G/0.125 G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2545	PENTAMIDN ISETHIONAT INH SOL 300 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2547	Injection, peramivir, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2550	INJECT PROMETHAZINE HCL TO 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2560	INJ PHENOBARBITAL SODIUM TO	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2590	INJECT OXYTOCIN UP TO 10 UNITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2597	INJ DESMOPRESSIN ACETATE PER 1 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2650	INJ PREDNISOLONE ACETATE TO 1 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2670	INJECT TOLAZOLINE HCL TO 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2675	INJECT PROGESTERONE PER 50	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2680	INJ FLUPHENAZINE DECANOATE TO 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2690	INJ PROCAINAMIDE HCL TO 1 GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2700	INJ OXACILLIN SODIUM TO 250 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2704	Injection, propofol, 10 mg	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J2710	INJ NEOSTIGMINE METHYLSULFAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J2720	INJ PROTAMINE SULFATE PER 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2724	INJ PROTEN C CONC IV HUMAN 10 IU	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2724	INJECT, PROTEIN C CONCENTRATE,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2725	INJECT PROTIRELIN PER 250 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2730	INJ PRALIDOXIME CHLORIDE TO 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2760	INJ PHENTOLAMINE MESYLATE TO 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2765	INJ METOCLOPRAMIDE HCL TO 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2770	INJ QUINUPRISTIN/DALFOPRISTN 500 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2778	INJECT RANIBIZUMAB 0.1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2780	INJ RANITIDINE HYDROCHLORIDE 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2783	INJECT RASBURICASE 0.5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2785	INJECT, REGADENOSON, 0.1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2788	INJ RHO D IG HUMN MINIDOSE 50 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2790	INJ RHO D IG HUMN FULL DOSE 300 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J2791	INJ RHO D IG HUMAN RHOPHYLAC 10 IU	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2792	INJ RHO D IMMUE GLOB IV HUMN 100 IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2794	INJ RISPERIDONE LONG ACTING 0.5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2795	INJ ROPIVACAINE HYDROCHLORID 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2800	INJECT METHOCARBAMOL UP TO 10 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2805	INJECT SINCALIDE 5 MICROGRAMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2810	INJECT THEOPHYLLINE PER 40 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2820	INJECT SARGRAMOSTIM 50 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2850	INJ SECRETIN SYNTH HUMN 1 MICROGM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2860	Injection, siltuximab, 10 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2910	INJECT AUROTHIOGLUCOSE TO 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2916	INJ SODIM FERRIC GLUCONATE 12.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2920	INJ METHYLPRDNISOLON SODIM TO 40 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2930	INJ METHYLPRDNISLN SODIM TO 125 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2940	INJECT SOMATREM 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J2941	INJECT SOMATROPIN 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J2950	INJECT PROMAZINE HCL UP TO 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2993	INJECT RETEPLASE 18.1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2995	INJ STREPTOKINASE PER 250000 IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J2997	INJ ALTEPLASE RECOMBINANT 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3000	INJ STREPTOMYCIN TO 1 GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3010	INJECT FENTANYL CITRATE 0.1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3030	INJECT SUMATRIPTAN SUCCNAT 6 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3060	Injection, taliglucerase alfa, 10 units	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3070	INJECT PENTAZOCINE 30 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3090	Injection, tedizolid phosphate, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3100	INJECT TENECTEPLASE 50 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3101	INJECT, TENECTEPLASE, 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3105	INJ TERBUTALINE SULFATE TO 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3110	INJECT TERIPARATIDE 10 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J3120	INJECT TESTO ENANTHATE TO 100 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3121	Injection, testosterone enanthate, 1 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
J3130	INJECT TESTO ENANTHATE TO 200 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3140	INJECT TESTO SUSP TO 50 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3145	Injection, testosterone undecanoate, 1 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
J3150	INJ TESTO PROPIONATE TO 100 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3230	INJ CHLORPROMAZINE HCL TO 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3240	INJ THYROTROPIN .9 MG PROV 1.1 VIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3243	INJECT TIGECYCLINE 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3246	INJECT TIROFIBAN HCI 0.25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3250	INJ TRIMETHOBENZAMIDE HCL TO 200 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3260	INJ TOBRAMYCIN SULFATE TO 80 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3265	INJECT TORSEMIDE 10 MG/ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3280	INJ THIETHYLPRAZINE MALEAT TO 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3285	INJECT TREPROSTINIL 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3300	TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE INJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J3301	INJ TRIAMCINOLONE ACETONIDE 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3302	INJ TRIAMCINOLONE DIACTAT 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3303	INJ TRIAMCINOLONE HEXACETONIDE 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3305	INJ TRIMETREXATE GLUCORONATE 25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3310	INJECT PERPHENAZINE UP TO 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3315	INJ TRIPTORELIN PAMOATE 3.75 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3320	INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3350	INJ UREA UP TO 40 GM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3355	INJECT UROFOLLITROPIN 75 IU	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3360	INJECT DIAZEPAM UP TO 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3364	INJECT UROKINASE 5000 IU VIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3365	INJ IV UROKINASE 250000 IU VIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3370	INJECT VANCOMYCIN HCL 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3380	Injection, vedolizumab, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3396	INJECT VERTEPORFIN 0.1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3400	INJ TRIFLUPROMAZINE HCL TO 20 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J3410	INJECT HYDROXYZINE HCL TO 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3411	INJECT THIAMINE HCL 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3415	INJECT PYRIDOXINE HCL 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3420	INJ VIT B-12 CYNOCOBALAM TO 1000 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3430	INJECT PHYTONADIONE PER 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3465	INJECT VORICONAZOLE 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3470	INJ HYALURONIDASE TO 150 UNITS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3471	INE HYALURONIDASE OVINE 1 USP U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3472	INJ HYALURONIDASE OVINE 1000 USP U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3473	INJ HYALURONIDASE RECOMB 1 USP UNIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3475	INJ MAGNESIUM SULFATE PER 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3480	INJ POTASSIUM CHLORIDE PER 2 MEQ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3485	INJECT ZIDOVUDINE 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3486	INJ ZIPRASIDONE MESYLATE 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3489	Injection, zoledronic acid, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3490	UNCLASSIFIED DRUGS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J3520	EDETATE DISODIUM PER 150 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3530	NASAL VACCINE INHALATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J3535	DRUG ADMIN THRU METERED DOSE INHAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3570	LAETRILE AMYGDALIN VITAMIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J3590	UNCLASSIFIED BIOLOGICS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7030	INFUS NORMAL SALINE SOL 1000 CC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7040	INFUS NORMAL SALINE SOL STERILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7042	5% DEXTROSE/NORMAL SALINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7050	INFUS NORMAL SALINE SOLUTION 250 CC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7060	5% DEXTROSE/WATER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7070	INFUSION D-5-W 1000 CC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7100	INFUSION DEXTRAN 40 500 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7110	INFUSION DEXTRAN 75 500 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
J7120	RINGERS LACTATE INFUSION TO 1000 CC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7130	HYPRTNC SALIN 50/100 MEQ 20 CC VIAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7180	Factor XIII Human 1IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7180	Factor XIII Human 1IU	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J7181	Injection, factor XIII A-subunit,	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7182	Injection, factor VIII, (antihemophilic factor,	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J7185	FACTOR VIII PER IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7185	FACTOR VIII PER IU	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7186	INJECT, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7187	INJ VONWILLBRND FCT CMPLX HUMN IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7188	Injection, factor VIII (antihemophilic factor, recombinant), per IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7189	FACTOR VIIA 1 MICROGRAM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7190	FACTOR VIII AHF HUMAN PER IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7191	FACTOR VIII AHF PROCINE PER IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7192	FACTOR VIII AHF RECOMBINANT PER IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7193	FACTOR IX AHF PURIFIED NON-RECMB-IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7194	FACTOR IX COMPLEX PER IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7195	FACTOR IX PER IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7197	ANTITHROMBIN III PER IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7198	ANTI-INHIBITOR PER IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7199	HEMOPHILIA CLOTTING FACTOR NOC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J7201	Injection, factor IX, FC fusion protein (recombinant), per IU	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J7205	Injection, factor VIII FC fusion (recombinant), per IU	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7297	Levonorgestrel-releasing intrauterine contraceptive	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7298	Levonorgestrel-releasing intrauterine contraceptive	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7301	Levonorgestrel-releasing intrauterine contraceptive system	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7302	LEVONORGESTREL INTRAUTERN CNTRACPT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7303	CNTRACEPTVE SPL HORMONE VAG RING EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7304	CONTRACEPTIVE SPL HORMONE PATCH EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7306	LEVONORGESTREL CONTRACPTV IMPL SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7307	ETONOGESTREL IMPL SYS INCL IMPL&SPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7308	AMINOLEVULINIC ACID HCL TOP 20% 1 U	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7310	GANCICLOVIR 4.5 MG LONG-ACT IMPLANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7311	FLUOCINOLONE INTRVITREAL IMPLANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7313	Injection, fluocinolone acetonide, intravitreal	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7316	Injection, ocriplasmin, 0.125 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7321	HYALURONAN HYALGAN/SUPARTZ IA INJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7322	HYALURONAN/DERIV SYNVISIC IA INJ PD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7323	HYALURONAN/DERIV EUFLEXXA IA INJ PD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7324	HYALURONAN/DRIV ORTHOVISC IA INJ PD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7325	HYALURONAN or derivative, SYNVISIC, for intra-articular	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
J7327	Hyaluronan or derivative, Monovisc, for intra-articular	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7330	AUTOL CULTURD CHONDROCYTES IMPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7336	Capsaicin 8% patch, per sq cm	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J7340	DERM&EPID SUBST TISS H ORIG SQ CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension	Not Covered thru Medical - Obtain thru Pharmacy	Not Covered thru Medical - Obtain thru Pharmacy	Not an ABC Covered Code		
J7341	DERM TISS NH W/METAB PER SQ CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
J7342	DERM SUBST TISS H METAB ACTV SQ CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7343	DERM&EPID SUBST TISS NH ORIG SQ CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7344	DERM SUB TISS H ORIG NO METAB SQ CM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7345	DERM NONHUMN NO METAB ELEM SQ CM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7346	DERM TISS HUMN INJ NO MET ELEM 1 CC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7347	DERMAL TISS NH INTEGRA MATRIX SQ CM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7348	DERM TISS NH ORIG TISSUEMEND PER SQ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7349	DERM TISS NH ORIG PRIMATRIX SQ CM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7500	AZATHIOPRINE ORAL 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7501	AZATHIOPRINE PARENTERAL 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7502	CYCLOSPORINE ORAL 100 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7503	Tacrolimus, extended release, oral, 0.25 mg	Not Covered thru Medical - Obtain thru Pharmacy	Not Covered thru Medical - Obtain thru Pharmacy	Not an ABC Covered Code		
J7504	LYMPHCYT GLOB EQUINE PARNTRAL 250MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7505	MUROMONAB-CD3 PARENTERAL 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7506	PREDNISONE ORAL PER 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7507	TACROLIMUS ORAL PER 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7508	Tacrolimus, extended release, oral, 0.1 mg	Prior Authorization Required for children less than 16years old	Prior Authorization Required for children less than 16years old	Not an ABC Covered Code		
J7509	METHYLPREDNISOLONE ORAL PER 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7510	PREDNISOLONE ORAL PER 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7511	LYMPHCYT GLOB RABBIT PARNTRAL 25MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Not Covered thru Medical - Obtain thru Pharmacy	Not Covered thru Medical - Obtain thru Pharmacy	Not an ABC Covered Code		
J7513	DACLIZUMAB PARENTERAL 25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7515	CYCLOSPORINE ORAL 25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7516	CYCLOSPORINE PARENTERAL 250 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7517	MYCOPHENOLATE MOFETIL ORAL 250 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7518	MYCOPHENOLIC ACID ORAL 180 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7520	SIROLIMUS ORAL 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7525	TACROLIMUS PARENTERAL 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7527	EVEROLIMUS, ORAL, 0.25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7599	IMMUNOSUPPRESSIVE DRUG NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7602	ALBUTEROL CONC 1MG/0.5 LEVALBUTEROL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
J7604	ACETYLCYSTEINE I SOL CP PROD UD P G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7605	ARFORMOTEROL I SOL NONCOMP UD 15 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7607	LEVALBUTERAL INHAL CP DME 0.5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7608	ACETYLCYSTEINE INHAL SOL U DOSE-GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7609	ALBUTEROL INHAL CP THRU DME 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7610	ALBUTEROL INHAL ADMIN THRU DME 1MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7615	LEVALBUTEROL INHAL DME UNIT 0.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7620	ALBUTEROL TO 2.5 MG IPT TO 0.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7622	BECLOMETHASONE INHAL CP UNIT PER MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7624	BETAMETHASONE INHAL CP UNIT PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7626	BUDESONIDE INHAL NON-CP U TO 0.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7627	BUDESONIDE INHAL CP UNIT TO 0.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7628	BITOLTEROL MESYLAT INHAL CP CONC MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7629	BITOLTEROL MESYLATE INHAL CP U MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7631	CROMOLYN SODIM INHAL SOL U- 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7632	CROMOLYN NA I SOL CP PROD UD 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7633	BUDESONIDE INHAL NON-CP CNC 0.25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7634	BUDESONIDE INHAL CP DME 0.25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7635	ATROPINE INHAL CP CONC FORM PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7636	ATROPINE INHAL CP UNIT DOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7637	DEXAMETHASONE INHAL CP CONC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7638	DEXAMETHASONE INHAL CP UNIT PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7639	DORNASE ALPHA INHAL SOL U	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7640	FORMOTEROL INHAL CP U DOSE 12 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7641	FLUNISOLIDE INHAL COMP UNIT PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7642	GLYCOPYRROLATE INHAL CP CONC PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7643	GLYCOPYRROLATE INHAL U DOSE PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7644	IPRATROPIUM BROM INHAL NON-CP U MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7645	IPRATROPIUM BROMIDE INHAL U PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7647	ISOETHARINE HCL INHAL CP DME PER MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7648	ISOETHARINE HCI INH NON-CP CONC MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7649	ISOETHARINE HCI NON-CP U DOS PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7650	ISOETHARINE HCl INHAL U DOSE PER MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7657	ISOPROTERENOL HCl INHAL CP DME MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7658	ISOPROTERNOL HCl INH NON-CP CONC MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7659	ISOPROTERENOL HCl INH NON-CP U MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7660	ISOPROTERENOL HCl INHAL UNIT PER MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7667	METAPROTERENOL SULF INHAL CP 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7668	METAPROTERNOL INH NON-CP CONC 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7669	METAPROTERNOL INH NON-CP CONC 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7670	METAPROTERENOL SULFATE INHAL 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7674	METHACHOLINE CHLORID INHAL PER 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7676	PENTANUDUBE ISETGUIBATE I SL 300 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7680	TERBUTALINE SULFATE INH CP CONC MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7681	TERBUTALINE SULF INH COMP U DOSE MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7682	TOBRAMYCIN INHAL NON-CP UNIT 300 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7683	TRIAMCINOLONE INHAL CP CONC PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J7684	TRIAMCINOLONE INHAL CP UNIT PER MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7685	TOBRAMYCIN INHAL CP THRU DME 300 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J7699	NOC RX INHAL SOL ADMINED THRU DME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7799	NOC RX NOT INHAL RX ADMNED THRU DME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7999	Compounded drug, not otherwise classified	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J7999	Compounded drug, not otherwise classified	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J8498	ANTIEMETIC DRUG RECTAL/SUPP NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J8499	PRSC RX ORAL NONCHEMOTHAPEUTIC NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J8501	APREPITANT ORAL 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8510	BULSULFAN; ORAL 2 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8515	CABERGOLINE ORAL 0.25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8520	CAPECITABINE ORAL 150 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8521	CAPECITABINE ORAL 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8540	DEXAMETHASONE ORAL 0.25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8560	ETOPOSIDE ORAL 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8565	GEFITINIB ORAL 250 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J8597	ANTIEMETIC DRUG ORAL NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J8600	MELPHALAN; ORAL 2 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8610	METHOTREXATE ORAL 2.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8650	NABILONE ORAL 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J8655	Netupitant 300 mg and palonosetron 0.5 mg	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J8700	TEMOZOLOMIDE ORAL 5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J8705	TOPOTECAN, ORAL, 0.25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J8999	PRSC DRUG ORAL CHEMOTHAPEUTIC NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9000	DOXORUBICIN HCL 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9010	ALEMTUZUMAB 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9015	ALDESLEUKIN PER SINGLE USE VIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9017	ARSENIC TRIOXIDE 1MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9020	ASPARAGINASE 10000 UNITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9025	INJECT AZACITIDINE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9027	INJECT CLOFARABINE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9031	BCG LIVE PER INSTILLATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9032	Injection, belinostat, 10 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9033	INJECT, BENDAMUSTINE HCL, 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9035	INJECT BEVACIZUMAB 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9039	Injection, blinatumomab, 1 microgram	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9040	BLEOMYCIN SULFATE 15 UNITS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9041	INJECT BORTEZOMIB 0.1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9045	CARBOPLATIN 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9047	Injection, carfilzomib, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9050	CARMUSTINE 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9055	INJECT CETUXIMAB 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
J9060	CISPLATIN POWDER/SOLUTION PER 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9062	CISPLATIN 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9065	INJECT CLADRIBINE PER 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9070	CYCLOPHOSPHAMIDE 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9080	CYCLOPHOSPHAMIDE 200 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9090	CYCLOPHOSPHAMIDE 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9091	CYCLOPHOSPHAMIDE 1 G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9092	CYCLOPHOSPHAMIDE 2 G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9094	CYCLOPHOSPHAMIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED 1 G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED 2 G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9098	CYTARABINE LIPOSOME 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9100	CYTARABINE 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9110	CYTARABINE 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J9120	DACTINOMYCIN 0.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9130	DACARBAZINE 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9140	DACARBAZINE 200 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9150	DAUNORUBICIN HCL 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9151	DAUNORUBICIN CITRATE LIPOSOML 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9160	DENILEUKIN DIFTITOX 300 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9165	DIETHYLSTILBESTROL DIPHOSHAT 250 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9170	DOCETAXEL 20 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9175	INJECT ELLIOTTS' B SOLUTION 1 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9178	INJECT EPIRUBICIN HCL 2 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9181	ETOPOSIDE 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9182	ETOPOSIDE 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9185	FLUDARABINE PHOSPHATE 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9190	FLUOROURACIL 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9200	FLOXURIDINE 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9201	GEMCITABINE HCL 200 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J9202	GOSERELIN ACETATE IMPLANT 3.6 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9206	IRINOTECAN 20 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9207	INJECT, IXABEPILONE, 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9208	IFOSFAMIDE PER 1 G	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9209	MESNA 200 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9211	IDARUBICIN HCL 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9212	INJ INTRFERN ALFACON-1 RECOMB 1 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9213	INTRFERON ALFA-2A RECOMBINANT 3 M U	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9214	INTRFERON ALFA-2B RECOMBINANT 1 M U	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9215	INTERFERON ALFA-N3 250000 IU	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9216	INTERFERON GAMMA-1B 3 MILLION UNITS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9217	LEUPROLIDE ACETATE 7.5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9218	LEUPROLIDE ACETATE PER 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9225	HISTRELIN IMPLANT 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9226	HISTRELIN IMPL SUPPRELIN LA 50 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
J9230	MECHLORETHAMINE HCL 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9245	INJECT MELPHALAN HCL 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9250	METHOTREXATE SODIUM 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9260	METHOTREXATE SODIUM 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9261	INJECT NELARABINE 50 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9263	INJECT OXALIPLATIN 0.5 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9264	INJ PACLITAXEL PROTBND PARTICL 1 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9265	PACLITAXEL 30 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9266	PEGASPARGASE PER SINGLE DOSE VIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9267	INJECT PACLITAXEL 1MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9267	Injection, paclitaxel, 1 mg	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
J9268	PENTOSTATIN PER 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9270	PLICAMYCIN 2.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9271	Injection, pembrolizumab, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9280	MITOMYCIN 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J9290	MITOMYCIN 20 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9291	MITOMYCIN 40 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9293	INJECT MITOXANTRONE HCL PER 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9299	Injection, nivolumab, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9300	GEMTUZUMAB OZOGAMICIN 5MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9301	Injection, obinutuzumab, 10 mg	Prior Authorization Required	Prior Authorization Required	NOT AN ABC COVERED CODE		
J9303	INJECT PANITUMUMAB 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9305	INJECT PEMETREXED 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9306	Injection, pertuzumab, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9308	Injection, ramucirumab, 5 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9310	RITUXIMAB 100 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9320	STREPTOZOCIN 1 GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9330	INJECT, TEMSIROLIMUS, 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9340	THIOTEPA 15 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9350	TOPOTECAN 4 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
J9355	TRASTUZUMAB 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9357	VALRUBICIN INTRAVESICAL 200 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9360	VINBLASTINE SULFATE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9370	VINCRISTINE SULFATE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9371	Injection, vincristine sulfate liposome, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9375	VINCRISTINE SULFATE 2 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9380	VINCRISTINE SULFATE 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9390	VINORELBINE TARTRATE PER 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9395	INJECT FULVESTRANT 25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9400	Injection, ziv-aflibercept, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
J9600	PORFIMER SODIUM 75 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
J9999	NOT OTHERWISE CLASS ANTINEOPLSTC DRUG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0001	STANDARD WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0002	STANDARD HEMI WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0003	LIGHTWEIGHT WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0004	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0006	HEAVY-DUTY WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0009	OTHER MANUAL WHEELCHAIR/BASE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0010	STD-WT FRME MOTRIZED/PWR WHLCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0011	STD FRME MOTRIZD WHLCHAIR W/PROG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0012	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0014	OTH MOTORIZED/POWER WHEELCHAIR BASE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0015	DETACHBLE NONADJUSTBL HT ARMREST EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0017	DTACHBL ADJUSTBL HT ARMREST BASE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0018	DTACHBL ADJUSTBL ARMREST UP PRTN EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0019	ARM PAD EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0020	FIXED ADJUSTBLE HEIGHT ARMREST PAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0037	HIGH MOUNT FLIP-UP FOOTREST EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0038	LEG STRAP EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0039	LEG STRAP H STYLE EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0041	LARGE SIZE FOOTPLATE EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0042	STANDARD SIZE FOOTPLATE EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0043	FOOTREST LOWER EXTENSION TUBE EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0044	FOOTREST UPPER HANGER BRACKET EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0045	FOOTREST COMPLETE ASSEMBLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0046	ELEV LEGREST LOWER EXT TUBE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0047	ELEV LEGREST UP HANGER BRACKET EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0050	RATCHET ASSEMBLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0051	CAM RLSE ASSMBL FOOTREST/LEGREST EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0052	SWINGAWAY DETACHABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0053	ELEVATING FOOTRESTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0056	SEAT HT<17/=>21 IN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0065	SPOKE PROTECTORS EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0069	REAR WHL ASSMBL-SOLID TIRE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0070	REAR WHL ASSMBL-PNEUMAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0071	FRONT CASTR ASSMBL-PNEUMAT TIRE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0072	FRNT CASTR ASSMBL-SEMIPNUMT TIRE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0073	CASTER PIN LOCK EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
K0077	FRNT CASTR ASSMBL CMPL-SLID TIRE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0098	DRIVE BELT FOR POWER WHEELCHAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0105	IV HANGER EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0108	WC COMPONENT/ACCESSORY NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0195	ELEVATING LEGREST PAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0455	INFUS PUMP UNINTRPT PARNTAL MED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0462	TEMP REPL PT EQUIP REPR ANY TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0552	SPL EXT INFUSION PUMP STERILE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0553	COMBINATION ORAL/NASAL MASK, URSED WITH CPAP DEVICE,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0554	ORAL CUSHION FOR COMBINATION ORAL/NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0555	NASAL PILLOWS FOR COMBINATION ORAL/NASAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0601	REPL BATT SILVER OXIDE 1.5 V EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0602	REPL BATT SILVER OXIDE 3 V EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0603	REPL BATT PUMP ALKALINE 1.5 V	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0604	REPL BATT PUMP LITHIUM 3.6 V	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0605	REPL BATT PUMP LITHIUM 4.5 V EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0606	AED W/INTGR ECG ANALY GARMNT TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
K0607	REPL BATTERY AUTO EXT DEFIB EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0608	REPL GARMNT W/AUTO EXT DEFIB EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0609	REPL ELECTRODE W/AUTO EXT DEFIB EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0669	WC ACCSS SEAT/BACK CUSHN NO SADMERC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0730	CNTRL DOSE INHAL RX DEL ERY SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0733	PWR WC 12-24 AMP HR LEAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0734	SKIN PROTECT WC CUSH WDTN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0735	SKIN PROTECT WC CUSH WDTN 22	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0736	SKIN PROTCT&PSTN WC CUSHN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0737	SKN PROTCT&PSTN WC CUSH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0738	PORT GASEOUS O2 SYS RNTL;HOM COMPRS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0739	Repair for DME per 15mins	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0744	ABSORPTIVE WOUND DRESSING FOR USE W/SUCTION PUMP <16in	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0745	ABSORPTIVE WOUND DRESSING FOR USE W/SUCTION PUMP 16in-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0746	ABSORPTIVE WOUND DRESSING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
K0800	PWR OP VEH GRP 1 STD PT TO 300 LBS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0801	PWR OP VEH GRP 1 HVY PT 301-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0802	PWR OP VEH GRP 1 HVY PT 451-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0806	PWR OP VEH GRP 2 STD PT TO 300 LBS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
K0807	PWR OP VEH GRP 2 HVY PT 301-450 LBS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0808	PWR OP VEH GRP 2 PT 451-600 LBS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0812	POWER OPERATED VEHICLE NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0813	PWR WC GRP 1 SLING SEAT PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0814	PWR WC GRP 1 CAPT CHAIR PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0815	PWR WC GRP 1 SLING PT UP TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0816	PWR WC GRP 1 CAPT CHAIR PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0820	PWR WC GRP 2 SLING SEAT PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0821	PWR WC GRP 2 CAPT CHAIR TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0822	PWR WC GRP 2 SLING SEAT PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0823	PWR WC GRP 2 CAPT CHAIR PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0824	PWR WC GRP 2 SLING SEAT PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0825	PWR WC GRP 2 CAPT CHAIR PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0826	PWR WC GRP 2 SLING SEAT PT 451-600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0827	PWR WC GRP 2 CAPT CHAIR PT 451-600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0828	PWR WC GRP 2 SLING SEAT PT 601/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
K0829	PWR WC GRP 2 CAPT CHAIR PT 601/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0830	PWR WC 2 SEAT ELEV SLING PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0831	PWR WC 2 SEAT ELEV CAPT PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0835	PWR WC GRP 2 1 PWR SLING PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0836	PWR WC 2 1 PWR CAPT CHAIR PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0837	PWR WC GRP 2 1 PWR SLING PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0838	PWR WC 2 1 PWR CAPT CHR PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0839	PWR WC 2 1 PWR SLNG SEAT PT 451-600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0840	PWR WC GRP 2 1 PWR SLING PT 601/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0841	PWR WC GRP 2 MX PWR SLING PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0842	PWR WC 2 MX PWR CAPT CHR PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0843	PWR WC 2 MX PWR SLING PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0848	PWR WC GRP 3 SLING SEAT PT TO &=300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0849	PWR WC GRP 3 CAPT CHAIR PT TO &=300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
K0850	PWR WC GRP 3 SLING SEAT PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0851	PWR WC GRP 3 CAPT CHAIR PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0852	PWR WC GRP 3 SLING SEAT PT 451-600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0853	PWR WC GRP 3 CAPT CHAIR PT 451-600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0854	PWR WC GRP 3 SLING SEAT PT 601 LB/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0855	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0856	PWR WC 3 1 PWR SLING SEAT PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0857	PWR WC 3 1 PWR CAPT CHAIR PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0858	PWR WC 3 1 PWR SLNG SEAT PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0859	PWR WC 3 1 CAP CHAIR PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0860	PWR WC 3 1 PWR SLNG SEAT PT 451-600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0861	PWR WC 3 MX PWR SLNG SEAT PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0862	PWR WC 3 MX PWR SLING PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0863	PWR WC 3 MX PWR SLING PT 451-600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0864	PWR WC 3 MX PWR SLNG SEAT PT 601/>	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0868	PWR WC GRP 4 SLING SEAT PT TO &=300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
K0869	PWR WC GRP 4 CAPT CHAIR PT TO &=300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0870	PWR WC GRP 4 SLING SEAT PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0871	PWR WC GRP 4 SLING SEAT PT 451-600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0877	PWR WC 4 1 PWR SLING SEAT PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0878	PWR WC 4 1 PWR CAPT CHAIR PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0879	PWR WC 4 1 PWR SLNG SEAT PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0880	PWR WC 4 1 PWR SLNG SEAT PT 451-600	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0884	PWR WC 4 MX PWR SLNG SEAT PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0885	PWR WC 4 MX PWR CAP CHAIR PT TO 300	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0886	PWR WC 4 MX PWR SLING PT 301-450	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0890	PWR WC 5 PED 1 PWR SLING PT TO 125	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0891	PWR WC 5 PED MX PWR SLING PT TO 125	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0898	POWER WHEELCHAIR NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0899	PWR MOBILITY DEVC NOT CODED SADMERC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
K0900	Customized durable medical equipment, other than wheelchair	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L0112	CRANIL CERV ORTHOS CONGN TORTICOLLI	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0120	CERVICAL FLEXIBLE NONADJUSTABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0130	CERV FLXBL THRMOPPLSTC COLLR MOLD PT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0140	CERVICAL SEMI-RIGID ADJUSTABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0150	CERV SEMI-RIGD ADJUST MOLD CHIN CUP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0160	CERV SEMI-RIGD WIRE FRME OCCIP SUPP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0170	CERV COLLAR MOLDED PATIENT MODEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0172	CERV COLLR SEMI-RIGD FOAM 2 PIECE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0174	CERV COLLR SEMI-RIGD 2 PEC-THOR EXT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0180	CERV MX POST COLLR SUPPS ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0190	CERV MX POST COLLR ADJ CERV BARS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0200	CERV COLLR ADJ CERV BARS&THOR EXT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0210	THORACIC RIB BELT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L0220	THORACIC RIB BELT CUSTOM FABRICATED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0450	TLSO FLEX TRNK UP THOR RGN PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0452	TLSO FLEX TRNK UP THOR RGN CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0454	TLSO FLEX TRNK SC JUNC TO T-9 PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0455	TLSO, flexible, provides trunk support, extends from	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0456	TLSO FLEX TRNK SC TO SCAP SPN PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0458	TLSO TRIPLANR 2 SHELL ANT-XIPHOID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0460	TLSO TRIPLANR 2 SHELL ANT-STERNL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0462	TLSO TRIPLANR 3 SHELL ANT-STERNL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0464	TLSO TRIPLANR 4 SHELL ANT-STERNL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0466	TLSO SAGIT POST FRME&ANT APRON PRFB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0467	TLSO, sagittal control, rigid posterior frame and flexible soft	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L0468	TLSO SAGIT-CORONAL FRME&APRON PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0470	TLSO TRIPLANAR FRME&APRON W/STRAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0472	TLSO TRIPLANAR HYPREXT RIGD FRME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0480	TLSO TRIPLANR 1 PC NO INTERFCE CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0482	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0484	TLSO TRIPLANR 2 PC NO INTERFCE CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0486	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0488	TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0490	TLSO SAGIT-CORONAL REINFORCE PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0491	TLSO 2 RIGID PLASTIC SHELLS PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0492	TLSO 3 RIGID PLASTIC SHELLS PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0621	SACROILIAC ORTHOSIS FLEXIBLE PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0622	SACROILIAC ORTHOSIS FLEX CSTM FAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L0623	SACROIL ORTHOS RIGD/SEMI-RIGD PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0624	SACROIL ORTHOS RIGD/SEMI-RIGD CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0625	LUMBAR ORTHOSIS FLEXIBLE PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0626	LUMB ORTHOS RIGD POST PANL PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0627	LUMB ORTHOS RIGD A&P PANL PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0628	LUMBAR-SCARAL ORTHOS FLEX PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0629	LSO FLEXIBLE CUSTOM FABRICATED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0630	LSO W/RIGID POST PANEL PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0631	LSO RIGID ANT&POST PANEL PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0632	LSO W/RIGID ANT&POST PANL CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0633	LSO RIGID POST FRAME/PANEL PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0634	LSO RIGID POST FRAME/PANEL CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0635	LSO LUMB RIGD POST FRME/PANL PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0636	LSO LUMB RIGD POST FRME/PANL CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0637	LSO RIGD ANT&POST FRME/PANL PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0638	LSO W/RIGD ANT&POST FRAME/PANL CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L0639	LSO RIGID SHELL/PANEL PREFABRICATED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0640	LSO RIGID SHELL/PANEL CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s),	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0700	CTL SO ANT-POST-LAT CNTRL MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0710	CTL SO-MOLD PT-INTERFACE MATERIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0810	HALO PROC CERV HALO IN JACKT VEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0820	HALO PROC CERV HALO-PLAST BDY JACKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0830	HALO PROC CERV HALO-MLWAKEE ORTHOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0859	RINGS&PINS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L0861	ADD HALO PROC REPLCMT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
L0960	TORSO SUPP POSTOP SUPP PAD SUPP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0970	TLSO CORSET FRONT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0972	LSO CORSET FRONT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0974	TLSO FULL CORSET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0976	LSO FULL CORSET	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0978	AXILLARY CRUTCH EXTENSION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0980	PERONEAL STRAPS PAIR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0982	STOCKING SUPPORTER GRIPS SET OF 4	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0984	PROTECTIVE BODY SOCK EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L0999	ADDITION TO SPINAL ORTHOSIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1000	CTLISO INCL FURNISH INIT ORTHOS-MDL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1001	CTLS IMMOBILIZER INFANT SZ PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1005	TENSION BASED SCOLIOSIS ORTHOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1010	ADD CTLISO/SCOLIO ORTHOS AX SLING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1020	ADD CTLISO/SCOLIO ORTHOS KYPHOS PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1025	ADD CTLISO/SCOLIO ORTHOS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1030	ADD CTLISO/SCOLIO ORTHOS LUMB PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
L1040	ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1050	ADD CTLSO/SCOLIOS ORTHOS STERNL PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1060	ADD CTLSO/SCOLIOS ORTHOS THOR PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1070	ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1080	ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1085	ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1090	ADD CTLSO/SCOLIOS ORTHOS LUMB SLING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1100	ADD CTLSO/SCOLIOS RING PLSTC/LEATHR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1110	ADD CTLSO/SCOLIOS RING MOLD PT MDL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1120	ADD CTLSO SCOLIO ORTHO COVR UPRT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1200	TLSO INCL FURNISH INIT ORTHOS ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L1210	ADDITION TLSO LATERAL THORACIC EXT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1220	ADDITION TLSO ANT THORACIC EXT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1230	ADD TLSO MLWAKEE TYPE SUPERSTRCT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1240	ADDITION TLSO LUMBAR DEROTATION PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1250	ADDITION TO TLSO ANTERIOR ASIS PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1260	ADD TLSO ANT THOR DEROTATION PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1270	ADDITION TO TLSO ABDOMINAL PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1280	ADDITION TO TLSO RIB GUSSET EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1290	ADDITION TLSO LAT TROCHANTERIC PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1300	OTH SCOLIOS PROC BDY JACKT MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1310	OTH SCOLIOSIS PROC POSTOP BDY JACKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1499	SPINAL ORTHOSIS NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1500	THKAO MOBILITY FRAME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1510	THKAO STAND FRAME W/WO TRAY&ACCESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L1520	THKAO SWIVEL WALKER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1600	HIP ORTHOS ABDUCT-FLX FREJKA W/CVR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1610	HIP ORTHOS ABDCT-FLX FRJKA CVR ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1620	HIP ORTHOSIS ABDUCT-FLX PAVLIK HARN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1630	HIP ORTHOSIS ABDUCT CNTRL/SEMI-FLX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1640	HIP ORTHOSIS-PELV BAND/SPRDR BAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1650	HIP ORTHOSIS ABDUCT CNTRL-STATC ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1652	HIP ORTHOS BIL THI CUFF ADLT PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1660	HIP ORTHOS ABDUCT CNTRL-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1680	HIP ORTHOS DYN PELV CNTRL THI CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1685	HIP ORTHOS POSTOP HIP ABDCT CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1686	HIP ORTHOS POSTOP HIP ABDCT PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1690	COMB BIL LUMBO-SAC HIP FEM ORTHOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1700	LEGG PERTHES ORTHOSIS TORONTO CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1710	LEGG PERTHES ORTHOS NEWINGTON CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1720	LEGG PERTHES ORTHOS TRILAT TACHDIJN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L1730	LEGG PERTHES ORTHOSIS-SCOTTISH RITE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1755	LEGG PERTHES ORTHOSIS CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1800	KO ELAST W/STAYS PREFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1810	KO ELAST W/JNT PREFAB INCL FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1815	KO ELAST/OTH ELAST MATL PRFAB-FIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1820	KO ELAST W/CONDYLR PADS&JNT PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1825	KO ELAST KNEE CAP PREFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1830	KO IMMOBLIZR CANVAS LNGTUDNL PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1831	KNEE ORTHO LOCK KNEE JNT PSTN ORTHO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1832	KO ADJ UNICNT/POLYCNT RIGD PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric),	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1834	KO W/O KNEE JOINT RIGID CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1836	KNEE ORTHOS RIGID W/O JNT PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1840	KO DEROTATION MED-LAT ACL CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1843	KNEE ORTHOS 1 UPRT THI&CALF PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L1844	KO 1 UPRT UNICNT/POLYCNT CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1845	KO DBL UPRT UNICNT/POLYCNT PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1846	KO DBL UPRT UNICNT/POLYCNT CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1847	KO DBL UPRT-ADJ JNT-INFLAT AIR SUPP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1850	KO SWEDISH TYPE PREFAB W/FIT&ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1855	KO MOLD PLSTC-DBL UPRT JNT CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1858	KO MOLD PLSTC JNT PNEUMAT PAD CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1860	KO MOD SUPRACNDYLR PROSTH SCKT CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1870	KO DBL UPRT LACER W/KNEE JNT CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1880	KO DBL UPRT NONMOLD CUFF-KNEE JNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1900	AFO SPRNG WIRE DORSIFLX ASST CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1901	ANK ORTHOS ELAST PREFAB W/FIT & ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1902	AFO ANK GAUNTLT PREFAB W/FIT & ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L1904	AFO MOLDED ANK GAUNTLET CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1906	AFO MXILIGUS ANKLE SUPP PRFAB W/FIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L1907	AFO SUPRAMALLEOLAR STRAPS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1910	AFO POST 1 BAR CLASP ATTCH SHOE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1920	AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1930	AFO PLASTIC/OTH MATERIAL PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1932	AFO RIGD ANT TIBL CARB FIBR/= PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1940	ANK FT ORTHOS PLSTC/OTH MATL CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1945	AFO MOLD PLSTC RIGD ANT TIBL CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1950	AFO SPIRAL PLASTIC CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1951	ANK FT ORTHOS SPIRAL PLSTC/OTH MATL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1960	AFO POST SOLID ANK PLSTC CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1970	AFO PLASTIC W/ANK JOINT CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1971	ANK FT ORTHOS PLSTC/OTH MATL PREFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1980	AFO 1 UPRT DORSIFLX SLID STIRUP FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L1990	AFO DBL UPRT DORSIFLX STIRUP CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2000	KAFO 1 UPRT SOLID STIRUP CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2005	KAFO ANY MATL AUTO RLS ANK JNT CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L2010	KAFO 1 UPRT STIRUP NO KNEE JNT CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2020	KAFO DBL UPRT STIRUP THI&CALF CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2030	KAFO DBL UPRT STIRUP NO KNEE JNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2034	KAFO PLSTC MED LAT ROTAT CNTRL CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2035	KAFO FULL PLSTC STAT PED SZ PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2036	KAFO FULL PLSTC DBL UPRT CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2037	KAFO FULL PLSTC 1 UPRIGHT CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2038	KAFO FULL PLSTC MX-AXIS ANKLE CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2040	HKAFO TORSN CNTRL BIL ROTAT STRAPS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2050	HKAFO BIL TORSION CABLES CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2060	HKAFO BIL TORSION BALL BEAR CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2070	HKAFO UNI ROTAT STRAPS CSTM FAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2080	HKAFO UNI TORSION CABLE CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2090	HKAFO UNI TORSN CABL BALL BEAR CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2106	AFO TIB FX CAST THERMOPLSTC CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2108	AFO TIB FX CAST ORTHO CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L2112	AFO TIB FX ORTHOS SFT PRFAB FIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2114	AFO TIBL FX ORTHOS SEMI-RIGD PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2116	AFO TIB FX ORTHOS RIGD PRFAB FIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2126	KAFO FEM FX CAST THERMOPLSTC CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2128	KAFO FEM FX CAST ORTHOS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2132	KAFO FEM FX CAST ORTHOS SFT PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2134	KAFO FEM FX CAST SEMI-RIGD PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2136	KAFO FEM FX CAST ORTHOS RIGD PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2180	ADD LW EXTRM ORTH PLSTC SHOE INSRT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2182	ADD LW EXT ORTH DROP LOCK KNEE JNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2184	ADD LW EXTRM ORTH LTD MOT KNEE JNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2186	ADD LW EXT ORTH ADJ MOT KNEE JNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2188	ADD LW EXT FX ORTHOS QUADRILAT BRIM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2190	ADD LOW EXTREM FX ORTHOS WAIST BELT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2192	ADD LW EXT ORTH HIP JNT THI FLNGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2200	ADD LOW EXTRM LTD ANK MOTION EA JNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L2210	ADD LOW EXTREM DORSIFLX ASST EA JNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2220	ADD LW EXT DRSFLX&PLNTR ASST EA JNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2230	ADD LW EXT SPLIT FLAT CALIPR STIRUP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2232	ADD LOW EXT ORTHOS ROCKR BOTTM CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2240	ADD LW EXT ROUND CALIPER&PLAT ATTCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2250	ADD LW EXT FT PLAT MOLD PT STIRUP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2260	ADD LW EXT REINFORCED SOLID STIRUP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2265	ADD LOW EXTREM LONG TONGUE STIRUP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2270	ADD LW EXT VARUS/VALGUS CORR STRAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2275	ADD LW EXT VARUS/VULGUS CORR PLSTC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2280	ADD LOW EXTREM MOLDED INNR BOOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2300	ADD LW EXTRM ABDUCT BAR JNTED ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2310	ADD LOW EXTREM ABDUCT BAR STRAIGHT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2320	ADD LOW EXT NONMOLD LACER CSTM ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2330	ADD LOW EXT LACER MOLD PT CSTM ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2335	ADDITION LOW EXTREM ANT SWING BAND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L2340	ADD LW EXTRM PRETIBL SHELL MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2350	ADD LW EXT PROSTH TYPE SCKT MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2360	ADDITION LOW EXTREM EXT STEEL SHANK	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2370	ADDITION LOWER EXTREM PATTEN BOTTOM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2375	ADD LW EXT TORSION CNTRL ANK JNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2380	ADD LW EXT TORSN CNTRL STRAIT KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2385	ADD LW EXTREM STRAIT KNEE JNT HD EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2387	ADD LW EXT POLYCNTRC KNEE CSTM KAFO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2390	ADD LW EXTRM OFFSET KNEE JNT EA JNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2395	ADD LW EXT OFFSET KNEE JNT HD EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2397	ADD LOW EXTREM ORTHOSIS SUSP SLEEVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2405	ADDITION KNEE JOINT DROP LOCK EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2415	ADD KNEE LOCK-INTEGRATD RLSE EA JNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2425	ADD KNEE JNT DISC/DIAL LOCK EA JNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2430	ADD KNEE JNT RATCHT LOCK EXT EA JNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2492	ADD KNEE LIFT LOOP DROP LOCK RING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L2500	ADD LW EXTRM THIGH/WT BEAR RING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2510	ADD LW EXTRM THI/WT BEAR MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2520	ADD LW EXTRM THI/WT BEAR CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2525	ADD LW EXT ISCH M-L BRIM MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2526	ADD LW EXTRM ISCH M-L BRIM CSTM FIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2530	ADD LW EXT THI/WT BEAR LACR NONMOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2540	ADD LW EXT THI/WT BEAR LACR MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2550	ADD LW EXT THI/WT BEAR HI ROLL CUFF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2570	ADD LW EXT PELV HIP JNT CLEVIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2580	ADD LOW EXTRM PELV CNTRL PELV SLING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2600	ADD LW EXT PELV THRUST BEAR FREE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2610	ADD LW EXT PELV THRUST BEAR LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2620	ADD LW EXT PLV HIP JNT HEVY-DUTY EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L2622	ADD LW EXT PELV HIP JNT ADJ FLX EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2624	ADD LW EXTRM PELV HIP JNT FLX EXT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2627	ADD LW EXT PELV PLSTC MOLD PT-CABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2628	ADD LW EXT PELV METL FRME-CABLES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2630	ADD LW EXTRM PELV BAND&BELT UNI	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2640	ADD LW EXTRM PELV BAND&BELT BIL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2650	ADD LW EXTRM PELV&THOR GLUTL PAD EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2660	ADD LOW EXTREM THOR CNTRL THOR BAND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2670	ADD LW EXTRM THOR CNTRL PARASP UPRT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2680	ADD LW EXT THOR CNTRL LAT SUPP UPRT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2750	ADD LW EXT ORTHOS PLAT CHROME/NICKL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2755	ADD LOW EXT ORTHOS PER SEG CSTM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2760	ADD LOW EXTREM ORTHOSIS EXT-EXT-BAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2768	ORTHOTIC SIDE BAR DISCNCT DEVC-BAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2770	ADD LOW EXTREM ORTHOS MATL BAR/JNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L2780	ADD LW EXT ORTH NONCORROSIVE BAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2785	ADD LW EXT ORTHOS DROP LOCK RETN EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2795	ADD LW EXT ORTH KNEE CNTRL FULL CAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2800	ADD LOW EXT ORTHOS KNEE CAP CSTM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2810	ADD LW EXT ORTH KNEE CNDYLR PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2820	ADD LW EXT SFT INTERFCE BELW KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2830	ADD LW EXT SFT INTERFCE ABVE KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2840	ADD LW EXT ORTHOS TIB LEN SOCK FX/=	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2850	ADD LW EXT ORTHO FEM LEN SOCK FX/=	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L2860	ADD LW EXT KNEE/ANK ADJ TORSN STYL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L2999	LOWER EXTREMITY ORTHOSES NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3000	FT INSRT MOLD UCB TYPE BERKLY SHELL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3001	FOOT INSRT REMV MOLD PT SPENCO EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3002	FT INSRT REMV MOLD PLASTAZOTE/= EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3003	FOOT INSRT REMV MOLD SILCON GEL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3010	FT INSRT MOLD LNGTUDNL ARCH SUPP EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3020	FT INSRT REMV MOLD LNGTUDNL SUPP EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3030	FOOT INSERT REMV FORMED PT FT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3031	FOOT INSRT/PLAT REMV ADD LW EXT ORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3040	FOOT ARCH SUPP PREMOLD LNGTUDNL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3050	FOOT ARCH SUPP REMV PREMOLD MT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3060	FT ARCH SUPP PREMOLD LNGTUDNL/MT EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3070	FOOT ARCH SUPP NONREMV LNGTUDNL EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3080	FT ARCH SUPP NONREMV ATTCH SHOE MT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3090	FT ARCH SUPP NONREMV LNGTUDNL/MT EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3140	FOOT ABDUCT ROTATION BAR INCL SHOES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3150	FOOT ABDUCT ROTATION BAR W/O SHOES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3160	FOOT ADJUSTBL SHOE-STYLD PSTN DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3170	FOOT PLASTC SILICON/EQ HEEL STBL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3201	ORTHOPED SHOE OXFRD SUPINATR INFNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3202	ORTHOPED SHOE OXFRD W/SUPINATR CHLD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3203	ORTHOPED SHOE OXFRD W/SUPINATR JR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3204	ORTHOPED SHOE HITOP SUPINATR INFNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3206	ORTHOPED SHOE HITOP W/SUPINATR CHLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3207	ORTHOPED SHOE HITOP W/SUPINATR JR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3208	SURGICAL BOOT EACH INFANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3209	SURGICAL BOOT EACH CHILD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3211	SURGICAL BOOT EACH JUNIOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3212	BENESCH BOOT PAIR INFANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3213	BENESCH BOOT PAIR CHILD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3214	BENESCH BOOT PAIR JUNIOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3215	ORTHOPED FTWEAR LADIES OXFORD EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3216	ORTHO FTWEAR LADIES SHOE DPTH INLAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3217	ORTHOPED FTWEAR LADIES HITOP INLAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3219	ORTHOPED FTWEAR MENS SHOE OXFORD EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3221	ORTHOPD FTWEAR MENS SHOE DPTH INLAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3222	ORTHO FTWEAR MENS HITOP DPTH INLAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3224	ORTHO FTWEAR WOMAN OXFRD PART BRACE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3225	ORTHO FTWEAR MAN OXFRD PART BRACE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3230	ORTHO FTWEAR CSTM SHOE DEPTH INLAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3250	ORTHOPED FOOTWEAR CSTM MOLD PROSTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3251	FOOT SHOE MOLD PT SILCON SHOE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3252	FOOT SHOE MOLD PT PLASTAZOTE CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3253	FOOT MOLD SHOE PLASTAZOTE CSTM FIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3254	NONSTANDARD SIZE OR WIDTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3255	NONSTANDARD SIZE OR LENGTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3257	ORTHOPED FOOTWEAR ADD CHRG SPLIT SZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3260	SURGICAL BOOT/SHOE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3265	PLASTAZOTE SANDAL EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3300	LIFT ELEV HEEL TAPERED MTS PER INCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3310	LIFT ELEV HEEL&SOLE NEOPRENE-INCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3320	LIFT ELEV HEEL&SOLE CORK PER INCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3330	LIFT ELEVATION METAL EXTENSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3332	LIFT ELEV IN SHOE TAPERED TO 1/2 IN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3334	LIFT ELEVATION HEEL PER INCH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3340	HEEL WEDGE SACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3350	HEEL WEDGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3360	SOLE WEDGE OUTSIDE SOLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3370	SOLE WEDGE BETWEEN SOLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3380	CLUBFOOT WEDGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3390	OUTFLARE WEDGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3400	METATARSAL BAR WEDGE ROCKER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3410	METATARSAL BAR WEDGE BETWEEN SOLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3420	FULL SOLE&HEEL WEDGE BETWEEN SOLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3430	HEEL COUNTER PLASTIC REINFORCED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3440	HEEL COUNTER LEATHER REINFORCED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3450	HEEL SACH CUSHION TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3455	HEEL NEW LEATHER STANDARD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3460	HEEL NEW RUBBER STANDARD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3465	HEEL THOMAS WITH WEDGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3470	HEEL THOMAS EXTENDED TO BALL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3480	HEEL PAD AND DEPRESSION FOR SPUR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3485	HEEL PAD REMOVABLE FOR SPUR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3500	ORTHOPED SHOE ADD INSOLE LEATHR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3510	ORTHOPED SHOE ADD INSOLE RUBBER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3520	ORTHO SHOE ADD INSOLE FELT W/LEATHR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3550	ORTHOPED SHOE ADD TOE TAP STANDARD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3560	ORTHOPED SHOE ADD TOE TAP HORSESHOE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3570	ORTHOPED SHOE ADD SPCL EXT INSTEP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3580	ORTHO SHOE ADD CNVRT INSTP-VELC CLO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3590	ORTHO SHOE ADD CONVERT FIRM TO SOFT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3600	TRNSF ORTH-ANOTHER CALIPR PLAT XST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3610	TRNSF ORTH-ANOTHER CALIPR PLAT NEW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3620	TRNSF ORTH-ANOTH SOLID STIRUP XST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3630	TRNSF ORTH-ANOTH SOLID STIRUP NEW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3640	TRNSF ORTH-ANOTH DENNS BRWN SPLNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3649	ORTHOPED SHOE MOD ADD/TRANSFER NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3650	SO FIG 8 DESN ABDUCT RESTRNER PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3651	SHLDR ORTHOS 1 SHLDR ELAST PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3652	SHLDR ORTHOS DBL SHLDR ELAST PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3660	SO FIG 8 DESN ABDUCT RESTRNR CANVAS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3670	SO ACROMIO/CLAVICULR PRFAB FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3671	SO SHLDR CAP DESN W/O JNTS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3672	SO W/O JOINTS CUSTOM FABRICATED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3673	SO NONTORSN JNT/TURNBuckle CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3675	SO VEST ABDUCT RESTNR CANVAS WEB/=	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
L3677	SHLDR ORTHOS HARD PLSTC STABILIZER	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
L3700	EO ELAST W/STAYS PREFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3701	ELB ORTHOS ELAST PREFAB W/FIT&ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3702	EO W/O JOINTS CUSTOM FABRICATED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3710	EO ELAST W/METL JNT PRFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3720	EO DBL UPRT W/CUFF FREE MOT CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3730	EO DBL UPRT-CUFF EXT/FLX ASST CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3740	EO DBL UPRT W/CUFF ADJ LOCK CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3760	ELB ORTH W/ADJ LOCK JNT PRFAB W/FIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3762	ELB ORTHOS RIGD W/O JNT W/INTERFCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3763	EWHO RIGID W/O JOINTS CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3764	EWHO 1/> NONTORSION JNTS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3765	EWHFO RIGID W/O JOINTS CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3766	EWHFO 1/> NONTORSION JNTS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3800	WHFO SHRT OPPONENS NO ATTCH CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3805	WHFO LNG OPPONENS NO ATTCH CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3806	WHF ORTHOSIS NONTOR JNT CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3807	WHFO W/O JNT PRFAB W/FIT&ADJS TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3808	WHF ORTHOSIS RIGID NO JNT; CUSTOM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3810	WHFO ADD THUMB ABDUCT BAR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3815	WHFO ADD SECOND MP ABDUCTION ASSIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3820	WHFO ADD IP EXT ASST W/MP EXT STOP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3825	WHFO ADD SHRT&LNG OPPON MP EXT STOP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3830	WHFO ADD SHRT&LNG OPPON MP EXT ASST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3835	WHFO ADD MP SPRING EXTEN ASSIST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3840	WHFO ADD SPRING SWIVEL THUMB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3845	WHFO ADD THMB IP EXT ASST W/MP STOP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3850	WHO ADD ACTION WRST W/DORSIFLX ASST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3855	WHFO ADD ADJ MP FLEXION CONTROL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3860	WHFO ADD ADJ MP FLEXION CONTRL&IP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3890	ADD TO UP EXT JNT ADJ TORSN MECH EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3900	WHFO DYN FLX HNG WRST DRVN CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3901	WHFO DYN FLX HNG CABLE DRIVEN CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3904	WHFO EXTERNAL POWER ELEC CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3905	WHO 1/> NONTORSION JOINTS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3906	WHO W/O JOINTS STRAPS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3907	WHFO GAUNTLT W/THUMB SPICA CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3908	WHO EXT CNTRL COCK-UP NONMOLD PRFB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3909	WRST ORTHOS ELAST PREFAB W/FIT&ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3910	WHFO SWANSON DESN PREFAB W/FIT&ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3911	WRST HND FNGR ORTHOS ELAST PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3912	HFO FLX GLOV W/ELAST FNGR CNTRL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3913	HFO W/O JOINTS CUSTOM FABRICATED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3915	WRST HND ORTHOSIS NONTOR JNT PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3916	WHFO WRST EXT COCK-UP W/OUTRIG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3917	HND ORTHOS MC FX ORTHOF PREFAB W/FIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3918	HFO KNUCKLE BENDER PREFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3919	HAND ORTHOSIS W/O JOINTS CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3920	HFO KNUCKLE BENDER W/OUTRIG PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3921	HFO 1/> NONTORSION JOINTS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3922	HFO KNUCKL BNDR 2 SEG FLX JNT PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3923	HFO W/O JOINTS STRAPS PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3924	WRST HND FNGR ORTH OPPENHEIMR PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3924	Hand finger orthosis, without joints, may include soft interface,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3925	FO PIP/DIP NONTORSN JNT/SPRNG PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3926	WHFO THOMAS SUSP PREFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3927	FO PIP/DIP W/O JOINT/SPRING PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3928	HFO FNGR EXT W/CLOCK SPRNG PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3929	HFO PREFAB INCL FITTING & ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3930	WHFO FNGR EXT W/WRST SUPP PRFAB FIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3930	Hand finger orthosis, includes one or more nontorsion joint(s),	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3931	WHFO PREFAB INCL FITTING & ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3932	FO SFTY PIN SPRNG WIRE PRFAB FIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3933	FINGER ORTHOSIS W/O JOINTS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3934	FO SFTY PIN MOD PREFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3935	FO NONTORSION JOINT CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3936	WHFO PALMER PREFAB INCL FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3938	WHFO DORS WRST PREFAB INCL FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3940	WHFO DORS WRST W/OUTRIG ATTCH PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3942	HFO RVRS KNUCKL BENDR PRFAB W/FIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3944	HFO RVRS KNUCKL BNDR W/OUTRIG PRFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3946	HFO COMPOS ELAST PREFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3948	FO FNGR KNUCKL BNDR PRFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3950	WHFO OPPNHEIMR-KNUCKL BENDR&2 ATTCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3952	WHFO OPPNHEIMR-RVRS KNUCKL&2 ATTCH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3954	HFO SPREADING HND PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3956	ADD JNT UP EXTREM ORTHOS MATL; JNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3960	SEWHO ABDUCT PSTN AIRPLANE DESIGN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3961	SEWHO SHLDR CAP DESN NO JNTS CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3962	SEWHO ABDUCT PSTN ERBS PALS DESIGN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3964	SEO MOBIL ARM SUPP BAL ADJ PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3965	SEO MOBIL ARM SUPP BAL ADJ RANCHO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3966	SEO MOBIL ARM SUPP BAL RECLIN PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3967	SEWHO ABDUCT PSTN W/O JNTS CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3968	SEO MOBIL ARM SUPP BAL FRICTN ARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3969	SEO MOBIL ARM SUPP MONOSUSPENSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3970	SEO ADD MOBL ARM SUPP ELEV PROX ARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3971	SEWHO SHOULDER CAP DESIGN CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3972	SEO ADD MOBIL ARM OFFSET ARM-ELAST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3973	SEWHO ABDUCTION POSITION CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3974	SEO ADD MOBILE ARM SUPPORT SUPINATR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3975	SEWHFO SHLDR CAP DESN NO JNTS CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3976	SEWHFO ABDUCT PSTN W/O JNTS CUS FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3977	SEWHFO SHOULD CAP DESIGN CUSTOM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3978	SEWHFO ABDUCTION POSITION CSTM FAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3980	UP EXT FX ORTHOS HUM PRFAB- FIT&ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3982	UP EXTRM FX ORTH RADUS/ULNAR PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3984	UP EXTRM FX ORTHOSF WRST PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3985	UP EXT FX ORTH HND W/WRST HNG CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L3986	UP EXT FX ORTH HUM RADUS/WRST CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L3995	ADD UP EXTREM ORTHOS SOCK FX/= EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L3999	UPPER LIMB ORTHOSIS NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4002	REPL STRAP ANY ORTHOSIS ALL CMPNTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4010	REPLACE TRILATERAL SOCKET	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4020	REPL QUADRILAT SOCKT BRIM MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4030	REPL QUADRILAT SOCKT BRIM CSTM FIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4040	REPL MOLDED THI LACER CSTM ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4045	REPL NONMOLD THI LACER CSTM ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4050	REPL MOLDED CALF LACER CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4055	REPL NONMOLD CALF LACER CSTM ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4060	REPLACE HIGH ROLL CUFF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4070	REPLACE PROXIMAL&DIST UPRIGHT KAFO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4080	REPLACE METAL BANDS KAFO PROX THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L4090	REPL METL BANDS KAFO-AFO CALF/THI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L4100	REPLACE LEATHR CUFF KAFO PROX THIGH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L4110	REPL LEATHR CUFF KAFO-AFO CALF/THI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L4130	REPLACE PRETIBIAL SHELL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4205	REPR ORTHOT DEVC LABR CMPNT 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4210	REP ORTHOT DEVC REP/REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4350	ANKLE CNTRL ORTHOSIS STIRRUP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L4360	WALK BOOT PNEUMATC PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L4361	Walking boot, pneumatic and/or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L4370	PNEUMAT FULL LEG SPLNT PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4380	PNEUMAT KNEE SPLNT PREFAB W/FIT&ADJ	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L4386	WALK BOOT NON-PNEUMATC PREFAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L4387	Walking boot, non-pneumatic, with or without joints, with or	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L4392	REPLCMT SFT INTERFCE MATL STAT AFO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4394	REPL SFT INTRFCE MATL FT DROP SPLNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4396	STAT AFO-SFT INTERFCE MATL ADJ FIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4397	Static or dynamic ankle foot orthosis, including soft interface	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L4398	FT DROP SPLNT RECUMBNT PSTN DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5000	PART FT SHOE INSRT W/LNGTUDNL ARCH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5010	PART FT MOLD SOCKT ANK HT W/TOE FIL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5020	PART FT MOLD SOCKET TIB TUBERCLE HT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5050	ANKLE SYMES MOLDED SOCKET	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5060	ANK SYMS METL FRME MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5100	BELW KNEE MOLD SOCKT SHIN SACH FOOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5105	BK PLSTC SCKT JNT&THI LACER SACH FT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5150	KNEE DISRTC MOLD SCKT EXT KNEE JNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5200	AK MOLD SOCKT 1 AXIS CONSTANT FRICT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5210	AK SHRT PROS NO KNEE JNT-ANK JNT EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5220	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5230	AK PROX FEM FOCAL DEFIC SACH FT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5250	HIP DISRTC CANADIAN; MOLD SCKT HIP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5270	HIP DISRTC TLT TABL; MOLD SCKT LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5280	HEMIPELVECT CANADIAN; MOLD SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5311	SHIN SACH FOOT ENDOSKELETAL SYSTEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5321	AK OPEN END SACH FT ENDO SYS 1 AXIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5341	SINGLE AXIS KNEE SACH FOOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5400	IMMED POSTSURG RIGD DRSG W/1 CHG BK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5410	IMMED POSTSURG RIGD DRS BK-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5420	IMMED POSTSURG RIGD DRSG 1 CHG AK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5430	IMMED POSTSURG RIGD DRSG AK EA CAST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5450	IMMED POSTSURG NONWT BEAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5460	IMMED POSTSURG NONWT BEAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5505	INIT AK-DISRTC ISCH LEVL NON-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5510	PREP BK PTB SCKT NON-ALIGN MOLD MDL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5520	PREP BK PTB THERMOPLSTC/=DIR FORM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5530	PREP BK PTB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5535	PREP BK PTB PRFAB ADJ OPN END	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5540	PREP BK PTB LAMINATED SCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5560	PREP AK-DISARTIC PLASTER MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5570	PREP AK-DISRTC THRMOPLSTC/=DIR FORM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5580	PREP AK-DISARTIC THERMOPLSTC/=MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5585	PREP AK-DISARTIC PRFAB ADJ OPN END	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5590	PREP AK-DISARTC LAMINATD SCKT MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5595	PREP HIP DISARTC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5600	PREP HIP DISARTC LAMINATD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5610	ADD LW EXTRM ENDO AK HYDRACADENCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5611	ADD LW EXT AK-DISARTC W/FRICT CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5613	ADD LW EXT AK-DSRTC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5616	ADD LW EXT AK UNIVRSL MXPLX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5617	ADD LW EXTREM QUICK CHANGE AK/BK EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5618	ADD LOW EXTREM TEST SOCKT SYMES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5620	ADD LOW EXTREM TEST SOCKT BELW KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5622	ADD LW EXTRM TST SOCKT KNEE DISARTC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5624	ADD LOW EXTREM TEST SOCKT ABVE KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5626	ADD LW EXTRM TST SOCKT HIP DISARTIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5628	ADD LOW EXTRM TST SOCKT HEMIPELVECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5629	ADD LW EXTRM BELW KNEE ACRYLC SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5630	ADD LW EXT SYMS TYPE XPND WALL SCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5631	ADD LW EXT ABVE KNEE/DISARTC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5632	ADD LW EXT SYMS PTB BRIM DESN SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5634	ADD LW EXT SYMS POST OPENING SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5636	ADD LW EXT SYMS MED OPENING SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5637	ADD LOW EXTREM BELW KNEE TOTAL CNTC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5638	ADD LW EXTRM BELW KNEE LEATHR SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5639	ADD LOW EXTREM BELW KNEE WOOD SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5640	ADD LW EXT KNEE DISARTC LEATHR SCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5642	ADD LW EXTRM ABVE KNEE LEATHR SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5643	ADD LW EXT HIP DISRTC FLX EXT FRAME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5644	ADD LOW EXTREM ABVE KNEE WOOD SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5645	ADD LW EXTRM BK FLX INNR EXT FRME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5646	ADD LOW EXT BELOW KNEE CUSHN SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5647	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5648	ADD LOW EXT ABOVE KNEE CUSHN SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5649	ADD LW EXT ISCHIAL CONTAINMENT SCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5650	ADD LW EXTRM TOT CONTACT AK/DISARTC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5651	ADD LW EXTRM AK FLX INNR EXT FRME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5652	ADD LW EXTRM SUCTN SUSP AK/DISARTC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5653	ADD LW EXT KNEE DISRTC XPNDABL WALL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5654	ADD LOW EXTREM SOCKT INSERT SYMES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5655	ADD LOW EXTRM SOCKT INSRT BELW KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5656	ADD LW EXT SOCKT INSRT KNEE DISARTC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5658	ADD LOW EXTRM SOCKT INSRT ABVE KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5661	ADD LW EXT INSRT MXIDUROMETER SYMES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5665	ADD LW EXT INSRT MXDROMTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5666	ADD LOW EXTREM BELOW KNEE CUFF SUSP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5668	ADD LW EXTRM BK MOLD DISTAL CUSHION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5670	ADD LW EXTRM BK MOLD SUPRACOND SUSP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5671	ADD LW EXTRM BK/AK SUSP LOCK MECH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5672	ADD LW EXTRM BK REMV MED BRIM SUSP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5673	ADD LW EXT BK/AK CSTM FAB XST MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5676	ADD LW EXT BK KNEE JNT 1 AXIS PAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5677	ADD LW EXT BK KNEE JNT POLYCNTRC PR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5678	ADD LW EXT BELW KNEE JNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5679	ADD LW EXT BK/AK CSTM FAB XST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5680	ADD LW EXTRM BK THI LACER NONMOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5681	ADD LW EXT INSRT CONGN/AMPUTEE INIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5682	ADD LW EXT BK THIGH LACER MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5683	ADD LW EXT INSRT NO CONGN/AMP INIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5684	ADD LOW EXTREM BELW KNEE FORK STRAP	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5685	ADD LOW EXT PROS BELW KNEE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5686	ADD LOW EXTREM BELW KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5688	ADD LW EXTRM BK WAIST BELT WEB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5690	ADD LW EXTRM BK WAIST BELT PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5692	ADD LW EXTRM AK PELVIC CONTROL BELT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5694	ADD LW EXTRM AK PELV CNTRL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5695	ADD LW EXT AK PELV CNTRL SLV NEOPRN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5696	ADD LW EXTRM AK/DISARTIC PELV JNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5697	ADD LW EXTRM AK/DISARTIC PELV BAND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5698	ADD LW EXTRM AK/KD SILESIAN BANDAGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5699	ALL LOW EXTREM PROSTH SHLDR HARNESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5700	REPL SOCKET BELOW KNEE MOLD PT MDL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5701	REPL SCKT AK/DISARTIC W/ATTCH PLAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5703	ANK SYMES MLD PT MDL SACH FT REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5704	CUSTOM SHAP PROTV COVER BELOW KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5705	CUSTOM SHAP PROTV COVER ABOVE KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5706	CUSTOM SHAPED COVER KNEE DISARTIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5707	CUSTOM SHAPED COVER HIP DISARTIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5710	ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5711	ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5712	ADD EXO KNEE-SHIN FRICT SWING CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5714	ADD EXO KNEE-SHIN VARBL FRICT SWING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5716	ADD EXO KNEE-SHIN MECH STANCE LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5718	ADD EXO KNEE-SHIN FRICT SWING CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5722	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5728	ADD EXO KNEE-SHIN FL SWING&STANCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5781	ADD LW LIMB PROS LIMB MGMT SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5785	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5790	ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5795	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5810	ADD ENDOSKEL KNEE-SHIN MANUAL LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5811	ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5812	ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5814	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5816	ADD ENDO KNEE-SHIN MECH STANCE LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5818	ADD ENDO KNEE-SHIN FRICT SWNG&STANC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5822	ADD ENDO KNEE-SHIN PNEUMATIC FRICT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5824	ADD ENDO KNEE-SHIN FL SWING CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5826	ADD ENDO KNEE-SHIN MIN HI ACTV FRME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5830	ADD ENDO KNEE-SHIN PNEUMAT/SWING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK SWING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5845	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5848	ADD ENDOSKEL KNEE-SHIN FLUID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5850	ADD ENDO AK/HIP DSRTC KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5855	ADD ENDO HIP DISARTIC MECH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5856	ADD LOW EXT PROS KN-SHN SWING&STNCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5857	ADD LOW EXT PROS KN-SHN SWING ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5858	ADD LW EXT PROS KNEE SHN SYS STANCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5910	ADD ENDOSKEL BELW KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5920	ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5925	ADD ENDO AK/HIP DISARTIC MNL LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5930	ADD ENDO HI ACTV KNEE CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5940	ADD ENDOSKEL BELW KNEE ULTRA-LGHT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5950	ADD ENDOSKEL ABVE KNEE ULTRA-LGHT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5960	ADD ENDOSKL HIP DISARTIC ULTRA-LGHT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5962	ADD ENDO BK FLEX PROTVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5964	ADD ENDO AK FLXBL PROTV OUTR COVR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5966	ADD ENDO HIP DISRTC FLX PROTV COVR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5968	ADD LW LIMB PROSTH MX-AXIAL ANKLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5970	ALL LW EXTRM PROSTH FOOT SACH FOOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5971	ALL LW EXT PROS SACH FOOT REPL ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5972	ALL LOW EXT PROS FLEX KEEL FT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5974	ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5975	ALL LW EXTRM PROSTH COMB 1 AXIS ANK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5976	ALL LW EXTRM PROSTH ENERGY STOR FT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5978	ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5980	ALL LOW EXTREM PROSTH FLX- FOOT SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5981	ALL LOW EXTRM PROSTH FLX- WALK SYS/=	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5982	ALL EXOSKEL LW EXT PROS AXIAL ROTAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5984	ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L5985	ALL ENDOSKL LW XTRM PROSTH DYNAMIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5986	ALL LW EXTRM PROSTH MX-AXIAL ROT U	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5988	ADD LW LMB PRSTH VERTCL SHOCK RDUC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5990	ADD LW EXTRM PROSTH USE ADJ HEEL HT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5993	ADD LOWER EXT PROS HEAVY DUTY FOOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5994	ADD LWR EXT PROS HEAVY DUTY KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5995	ADD LWR EXT PROS HVY NOT FOOT/KNEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L5999	LOWER EXTREMITY PROSTHESIS NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6000	PART HAND ROBIN-AIDS THUMB REMAIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6010	PART HAND LITTLE&/RING FNGR REMAIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6020	PART HAND ROBIN-AIDS NO FNGR REMAIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6025	TRNSCARPL/MC/PART HND DISARTIC PROS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6050	WRST DSRTC MOLD SOCKET FLEX ELB HNG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6055	WRST DSRTC MOLD SCKT W/XPND INTRFCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HNG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L6110	BELOW ELBOW MOLDED SOCKET	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6120	BELW ELB STEP-UP HINGES HALF CUFF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6130	BELW ELB STMP ACTV LCK HNG 1/2 CUFF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6200	ELB DSRTC MOLD SCKT OTSD LCK FORARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6205	ELB DSRTC MOLD SCKT XPND INTRFC ARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6250	ABOVE ELB INTERNAL LOCK ELB FOREARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6300	SHLDR DISARTC INTRL LOCK ELB FORARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6310	SHLDR DISART PASS REST COMPL PROSTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6320	SHLDR DISART PASS REST SHLDR CAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6350	INTRSCAP THOR INTRL LOCK ELB FORARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6360	INTERSCAPULAR THOR COMPLT PROSTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6370	INTERSCAPULAR THOR SHLDR CAP ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6380	IMMED POSTSURG RIGD DRSG WRST DSRTC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L6382	IMMED POSTSURG RIGD DRSG ELB DSRTC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L6384	IMMED POSTSRG RIGD DRSG SHLDR DSRTC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L6386	IMMED POSTSURG EA ADD CAST CHANGE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L6388	IMMED POSTSURG RIGID DRSG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L6400	BE MOLD SCKT ENDOSKEL-SFT PROS TISS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6450	ELB DISARTIC MOLD SOCKET ENDOSKEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6500	ABOVE ELBOW MOLD SOCKET	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6550	SHLDR DISARTC MOLD SOCKET ENDOSKEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6570	INTRSCAP THOR MOLD SOCKET	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6582	PREP WRST DISARTC ELB SCKT DIR FORM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6584	PREP ELB DISARTC PLASTIC SOCKT MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6586	PREP ELB DISARTIC SOCKET DIR FORM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6588	PREP SHLDR DISRTC THOR PLSTC SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6590	PREP SHLDR DSRTC THOR SCKT DIR FORM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6600	UP EXTREM ADD POLYCNTRC HINGE PAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L6605	UPPER EXTREM ADD 1 PIVOT HINGE PAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6610	UP EXT ADD FLEX METAL HINGE PAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6611	ADD UP EXT PROS EXT PWR ADD SWITCH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6615	UP EXTREM ADD DISCNCT LOCK WRST U	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6616	UP EXT ADD-DSCNCT INSRT LCK WRST EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
L6620	UP EXT ADD FLEX/EXT WRIST UNIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6621	UP EXTREM PROS ADD FLEX/EXTEN WRIST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6623	UP EXT ADD ROTATL WRST W/LATCH RLSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6625	UP EXT ADD ROTAT WRST W/CABLE LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6628	UP EXTRM ADD QUICK DISCNCT HOOK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6629	UP EXT ADD QUIK DSCNCT LAMNAT COLLR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6630	UP EXTREM ADD STAINLESS STEEL WRIST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L6632	UP EXTREM ADD LATX SUSP SLEEVE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L6635	UPPER EXTREM ADD LIFT ASSIST ELB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6637	UP EXTREM ADD NUDGE CNTRL ELB LOCK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6638	UP EXT ADD PROS LOCK W/MNL PWR ELB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6639	UP EXT ADD HEAVY DUTY FEATURE ELBOW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6640	UP EXTREM ADD SHLDR ABDUCT JNT PAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6641	UP EXTRM ADD EXCURSN AMPL PULLEY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6642	UP EXTRM ADD EXCURSN AMPL LEVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6645	UP EXT ADD SHLDR FLX-ABDUCT JNT EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6646	UP EXT ADD SHLDR JNT MX PSTN SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6647	UP EXT ADD SHLDR LOCK MECH BDY PWR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6650	UP EXTRM ADD SHLDR UNIVERSAL JNT EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
L6655	UP EXTREM ADD STD CNTRL CABLE XTRA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L6660	UP EXTREM ADD HEVY DUTY CNTRL CABLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L6665	UP EXTREM ADD TEFLON/= CABLE LINING	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L6670	UP EXTREM ADD HOOK HND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L6672	UP EXT ADD HRNSS CHST/SHLDR SADDLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6675	UP EXT ADD HARNESS 1 CABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6676	UP EXT ADD HARNESS 2 CABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6677	UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6680	UP EXTRM ADD TST SCKT WRIST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6682	UP EXTRM ADD TST SOCKT ELB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6684	UP EXTRM ADD TST SCKT SHLDR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6686	UPPER EXTREM ADDITION SUCTION SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6687	UP EXT ADD FRME TYPE SCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6688	UP EXT ADD FRME TYPE SOCKT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6689	UP EXT ADD FRAME SCKT SHLDR DISARTC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6690	UP EXT ADD FRAME SCKT INTRSCAP-THOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6691	UPPER EXTREM ADD REMV INSERT EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6692	UP EXTREM ADD SILCON GEL INSRT/=EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6693	UP EXT ADD LOCK ELB FORARM CNTRBAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6694	ADD UP EXT PROS CSTM W/LOCK MECH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L6695	ADD UP EXT PROS CSTM W/O LOCK MECH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6697	ADD UP EXT PROS NOT CNGN/TRAUM AMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6698	ADD UP EXT PROS LOCK MECH EXC INSRT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6703	TERMINAL DEVICE PASSIVE HAND/MITT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6704	TERMINAL DEVC SPORT/REC/WORK ATTACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6706	TERMINAL DEVC HOOK MECH VOL OPENING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6707	TERMINAL DEVC HOOK MECH VOL CLOSING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6708	TERMINAL DEVC HAND MECH VOL OPENING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6709	TERMINAL DEVC HAND MECH VOL CLOSING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L6805	ADD TERM DEVICE MODIFIER WRIST UNIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6810	ADD TERM DEVC PRECISION PINCH DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6881	AUTO GRASP ADD UPPER LIMB PROS DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6882	MICRPROCSS CNTRL ADD UP LIMB PROSTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6883	REPL SOCKET BE/WD MOLDED TO PT MDL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6884	REPL SOCKT ABOVE ELB DISART MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6885	REPL SOCKT SD/INTRSCAP THOR MOLD PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6890	ADD UP EXT PROSTH GLOV TERM PRFAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6895	ADD UP EXT PROSTH GLOV TERM CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6900	HND REST PART W/GLOV THUMB/1 FNGR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6905	HND REST PART HND W/GLOV MX FNGR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6910	HND REST PART HND W/GLOV NO FNGR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6915	HAND REST REPL GLOVE FOR ABOVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6920	WRST DISARTC OTTO BOCK/=SWTCH CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6925	WRST DSRTC OTTO BOCK/=MYOELC CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L6930	BELW ELB OTTO BOCK/=SWITCH CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6935	BELW ELB OTTO BOCK/=MYOELEC CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6940	ELB DISRTC OTTO BOCK/=SWITCH CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6945	ELB DISRTC OTTO BOCK/=MYOELC CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6950	ABVE ELB OTTO BOCK/=SWITCH CONTROL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6955	ABVE ELB OTTO BOCK/=MYOELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6960	SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6970	INTERSCAP-THOR OTTO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7007	ELEC HND SWTCH/MYOELEC CNTRL ADULT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7008	ELEC HAND SWITCH/MYOELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7009	ELEC HOOK SWITCH/MYOELC CNTRL ADULT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7040	PREHENSILE ACTUATOR SWITCH CONTROL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7045	ELEC HOOK SWITCH MYOELEC CONTRL PED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7170	ELEC ELB HOSMER/EQUAL SWITCH CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7180	ELEC ELB SEQENTL CNTRL ELB&TRM DEV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
L7181	ELEC ELB SIMULTAN CNTRL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7185	ELEC ELB ADOLES VRITY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7186	ELEC ELB CHLD VRITY VILL/=SWITCH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7190	ELEC ELB ADOLES VRITY VILL/=MYOELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7191	ELEC ELB CHLD VRITY VILL/=MYOELEC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7260	ELEC WRIST ROTATOR OTTO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7261	ELECTRONIC WRIST ROTATOR UTAH ARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7266	SERVO CONTROL STEEPER OR EQUAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7272	ANALOGUE CONTROL UNB OR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7274	PROPRTNL CNTRL 6-12 V LIBRTY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7360	SIX VOLT BATT OTTO BOCK/EQUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L7362	BATT CHARG 6 VOLT OTTO BOCK/=	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L7364	TWELVE VOLT BATT UTAH/EQUAL EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L7366	BATTERY CHARGER TWELVE VOLT UTAH/=	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L7367	LITHIUM ION BATTERY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L7368	LITHIUM ION BATTERY CHARGER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L7400	ADD UP EXT PROS BE/WD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7401	ADD UP EXT PROS ABV ED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7402	ADD UP EXT PROS SD/INTRSCAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7403	ADD UP EXT PROS BE/WD ACRYLIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7404	ADD UP EXT PROS ABVE ED ACRYLC MATL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7405	ADD UP EXT PROS SD/INTERSCAP THOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L7499	UPPER EXTREMITY PROSTHESIS NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7500	REPR PROSTHETIC DEVICE HOURLY RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7510	REP PROS DEVC REP/REPL MINOR PART	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7520	REPR PROSTH DEVC LABR CMPNT-15 MIN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L7600	PROSETIC DONNING SLEEVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7611	TERM DEVC HOOK MECH VOL OPENING PED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7612	TERM DEVC HOOK MECH VOL CLOSING PED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7613	TERM DEVC HAND MECH VOL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7614	TERM DEVC HAND MECH VOL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7621	TERM DEVC HOOK/HND HD MECH VOL OPEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7622	TERM DEVC HOOK/HND HD MECH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7900	MALE VACUUM ERECTION SYSTEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L7902	TENSION RING, FOR VACUUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8000	BREAST PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8001	BREAST PROSTHES MASTECTOMY BRA UNI	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8002	BREAST PROSTHES MASTECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8010	BREAST PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8015	EXT BREAST PROS GARMNT POST-MASTECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8020	BREAST PROSTHESIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8030	BREAST PROSTHESIS SILICONE OR EQUAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8035	CSTM BRST PROSTH POST MASTECT MOLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L8039	BREAST PROSTHESIS NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8040	NASL PROSTH PROVIDED NON-PHYSICIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8041	MIDFCE PROSTH PROV NON-PHYSICIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8042	ORB PROSTH PROVIDED NON-PHYSICIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8043	UPPER FCE PROSTH PROV NON-PHYSICIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8044	HEMI-FCE PROSTH PROV NON-PHYSICIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8045	AURICULAR PROSTH PROV NON-PHYSICIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8046	PART FCE PROSTH PROV NON-PHYSICIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8047	NASL SEPTAL PROSTH PROV NON-PHYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8048	UNS MAXLOFCE PROSTH BR PROV NON-MD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8049	REP MAXLOFCE PROS EA 15 MIN NON-MD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8300	TRUSS SINGLE WITH STANDARD PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8310	TRUSS DOUBLE WITH STANDARD PADS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8320	TRUSS ADDITION STANDARD PAD H2O PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8330	TRUSS ADD STANDARD PAD SCROTAL PAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L8415	PROSTHETIC SHEATH UPPER LIMB EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8417	PROS SHEATH/SOCK-GEL CUSHN BK/AK EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8420	PROSTHETIC SOCK MX PLY BELW KNEE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8430	PROSTHETIC SOCK MX PLY ABVE KNEE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8435	PROSTH SOCK MX PLY UPPER LIMB EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8465	PROSTHETIC SHRINKER UPPER LIMB EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8470	PROSTH SOCK 1 PLY FIT BELW KNEE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8480	PROSTH SOCK 1 PLY FIT ABVE KNEE EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8485	PROSTH SOCK 1 PLY FIT UPPER LIMB EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8499	UNLISTED PROC MISC PROSTH SERVICES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L8500	ARTIFICIAL LARYNX ANY TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8501	TRACHEOSTOMY SPEAKING VALVE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY/ACSS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8507	TRACHEO-ESOPH VOICE PROSTHESIS INSERT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8509	TRACHEO-ESOPH VOICE PROSTHESIS INSERT PROVIDER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8510	VOICE AMPLIFIER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8511	INSERT INDWELL TRACHEOESOPHAGUS PROSTHESIS WITH/WITHOUT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8512	GELATIN CAPS/EQUVALENT WITH/TRACHEOESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8513	CLEANING DEVICE USED WITH/TRACHEOESOPHAGUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8514	TRACHEOESOPHAGUS PUNCTURE DILATOR REPLACEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8515	GELATIN CAP APPLICATION DEVICE FOR VOICE PROSTHESIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8600	IMPLANT BREAST PROSTHESIS SILICONE/EQUAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8603	INJECTABLE COLLAPSE IMPLANT URINARY TRACT 2.5 ML SYRINGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING AND NECESSARY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L8606	INJ SYNTH IMPL URIN TRACT 1 ML SYR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8607	Injectable bulking agent for vocal cord medialization, 0.1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8609	ARTIFICIAL CORNEA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8610	OCULAR IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8612	AQUEOUS SHUNT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8613	OSSICULA IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8614	COCHLEAR DEVC INCL INT&EXT COMPNENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8615	HEADSET/HEADPIECE COCHLR IMPL REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8616	MICROPHONE COCHLEAR IMPL DEVC REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8617	TRNSMTTING COIL COCHLEAR IMPL REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8618	TRANSMITER CABLE COCHLEAR IMPL REPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8619	COCHLEAR IMPL EXT SPEECH PROC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8621	ZINC AIR BATT COCHLR IMPL REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8622	ALKALIN BATT COCHLR IMPL ANY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8623	LITH ION BATT NOT EAR LEVEL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8624	LITHIUM ION BATT EAR LEVEL REPL EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8630	METACARPOPHALANGEAL JOINT IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8631	MPJ REPLCMT TWO/MORE PECES METL CER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L8641	METATARSAL JOINT IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8642	HALLUX IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8658	IP JOINT SPACER SILICONE/= EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8659	IP FNGR JNT REPLCMT 2/MORE PECES ME	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8670	VASC GRAFT MATERIAL SYNTH IMPLANT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
L8679	Implantable neurostimulator, pulse generator, any type	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8680	IMPL NEUROSTIMULATOR ELECTRODE EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8681	PT PROG IMPL NEUROSTIM PULSE GEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8682	IMPL NEUROSTIMULATOR RADIOFREQ RECV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8683	RF TRNSMT W/IMPL NEUROSTIM RF RECV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8684	REPL RF TRNSMT BOWEL & BLADDER MGMT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8685	IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8686	IMPL NEUROSTIM 1 ARRAY NON- RECHARGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8687	IMPL NEUROSTIM 2 ARRAY RECHARGEABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8688	IMPL NEUROSTIM 2 ARRAY NON- RECHARGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8689	EXT RECHARG SYS BATT IMPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8690	AUDITORY OSSEOINTEGRD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
L8691	AUDITORY OSSEOINTEGRATED EXT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8695	EXT RECHARGE SYS BATT IMPL NEUROSTIM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L8699	PROSTHETIC IMPLANT NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
L9900	ORTHO/PROSTH SUPP ACCES &/ SERV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
M0064	BRF OV MON/CHARGE RX -TX MENTAL D/O	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
M0075	CELLULAR THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
M0076	PROLOTHETIC THERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
M0100	INTRAGASTRIC HYPOTHYROIDISM USE GASTRIC FREEZE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
M0300	IV CHELATION THERAPY	Not a CHP+ HMO Covered Bnf	Not a CHP+ SMCN Covered Bnf	Not an ABC Covered Code		
M0301	FABRIC WRAPPING ABDOMINAL ANEURYSM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
P2028	CEPHALIN FLOCCULATION BLOOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P2029	CONGO RED BLOOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
P2031	HAIR ANALYSIS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P2033	THYMOL TURBIDITY BLOOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P2038	MUCOPROTEIN BLOOD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P3000	SCR PAP SMER UP TO 3 TECH W/MD SUPV	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P3001	SCR PAP SMER UP TO 3 RQR INTEPR MD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P7001	CULT BACTERL URINE; QUAN SENS STUDY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9010	BLOOD FOR TRANSFUSION PER UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
P9011	BLOOD SPLIT UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9012	CRYOPRECIPITATE EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9016	RBCS LEUKOCYTES REDUCED EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9017	FFP FRZN WITHIN 8 HRS CLCT EA UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9019	PLATELETS EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9020	PLATELET RICH PLASMA EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9021	RED BLOOD CELLS EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9022	RED BLOOD CELLS WASHED EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9023	PLASMA POOL MX DONOR FROZEN EA UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9031	PLATLTS LEUKOCYTES REDUCED EA UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9032	PLATELETS IRRADIATED EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9033	PLATLTS LEUKOCYTES RDUC IRRADATD EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9034	PLATELETS PHERESIS EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9035	PLATLTS PHERES LEUKOCYTES RDUC EA U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9036	PLATELETS PHERESIS IRRADATD EA UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9037	PLATLT PHERES LEUKOCYT RDUC IRRADTD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
P9038	RBCS IRRADIATED EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9039	RBCS DEGLYCEROLIZED EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9040	RBCS LEUKOCYTES RDUC IRRADATD EA U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9041	INFUSION ALBUMIN HUMAN 5% 50 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9043	INFUS PLSMA PROT FRAC HUMN 5% 50 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9044	PLSMA CRYOPRECIPITATE RDUC EA UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9045	INFUSION ALBUMIN HUMAN 5% 250 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9046	INFUSION ALBUMIN HUMAN 25% 20 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9047	INFUSION ALBUMIN HUMAN 25% 50 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9048	INFUS PLSMA PROT FRAC HU 5% 250 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9050	GRANULOCYTES PHERESIS EACH UNIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9051	WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9052	PLT HLA-MATCHD LEUKOCYTES RDUC EACH	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9053	PLT PHERES LEUKOCYT RDUC CMV-NEG EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9054	WHOLE BLD/RBCS LEUKOCYTES RDUC FRZN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9055	PLT LEUKOCYT RDUC CMV-NEG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9056	WHOLE BLD LEUKOCYTES RDUC IRRADATD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
P9057	RBCS FRZN/DEGLYCEROLIZED/WASHED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9058	RBCS LEUKOCYTES RDUC CMV- NEG IRRADA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9059	FRESH FRZN PLAS BETWN 8-24 HR CLCT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9060	FRESH FRZN PLSMA DONR RETESTED EA U	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9071	Plasma (single donor), pathogen reduced, frozen,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9072	Platelets, pheresis, pathogen reduced, each unit	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9603	TRAVL 1 WAY NEC LAB SPEC; ACTL MILE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9604	TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9612	CATH CLCT SPEC 1 PT ALL PLACES SRVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
P9615	CATHETERIZATION COLLECTION SPECIMEN	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0035	CARDIOKYMOGRAPHY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0081	INFUS TX OTH THAN CHEMO RX VISIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0083	CHEMO ADMIN NOT INFUS TECH ONLY VST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0084	CHEMO ADMIN INFUS TECH ONLY VISIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0085	CHEMO ADMIN INFUS&OTH TECH VISIT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
Q0091	SCR PAP SMER; OBTAIN PREP&CONVY-LAB	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0111	WET MOUNTS W/PREP VAG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0112	ALL POTASSIUM HYDROXIDE PREPARATNS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0113	PINWORM EXAMINATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0114	FERN TEST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0115	POST-COITAL DIRECT QUALATATIVE EX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q0144	AZITHROMYCIN ORAL CAP/POWDER 1 GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0163	DIPHENHYDRAMINE HCL 50 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0164	PROCHLORPERAZINE MALEATE 5	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0166	GRANISETRON HCL 1 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0167	DRONABINOL 2.5 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0169	PROMETHAZINE HCL 12.5 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0173	TRIMETHOBENZAMIDE HCL 250 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
Q0174	THIETHYLPERAZINE MALEATE 10 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0175	PERPHENZINE 4 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0177	HYDROXYZINE PAMOATE 25 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0179	ONDANSETRON HCL 8 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0180	DOLASETRON MESYLATE 100 MG ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0181	UNS ORAL ANTI-EMETIC NOT>48 HR DOSE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0480	DRIVER FOR PNEUMATIC VAD REPL ONLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0481	MICRPROCSS CU FOR ELEC VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0482	MICRPROCSS CU ELEC/PNEUMAT VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0483	MON/DISPLAY MODULE W/ELEC VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0484	MON ELEC OR ELEC/PNEUMAT VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0485	MON CNTRL CABLE FOR ELEC VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0486	MON CABLE FOR ELEC/PNEUMAT VAD RE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0487	LEADS FOR ANY ELEC/PNEUMAT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0488	POWER PACK BASE FOR ELEC VAD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0489	PWR PACK BASE ELEC/PNEUMAT VAD RE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0490	EMERGENCY PWR SRC FOR ELEC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
Q0491	EMERG PWR SRC ELEC/PNEUMAT VAD RE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0492	EMERG PWR CABLE FOR ELEC VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0493	EMRG PWR CABL ELEC/PNEUMAT VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0494	EMRG HND PUMP ELEC/PNEUMAT VAD RPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0495	BATT CHRGE ELEC/ELEC-PNEUMAT VAD RPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0496	BATT ELEC OR ELEC/PNEUMAT VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0497	BATT CLPS ELEC/ELEC-PNEUMAT VAD RPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0498	HOLSTR ELEC/ELEC-PNEUMAT VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0499	BELT/VEST ELEC/ELEC-PNEUMAT VAD RPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0500	FLTRS ELEC OR ELEC/PNEUMAT VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0501	SHOWR COVR ELEC/ELEC-PNEUMAT VAD RPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0502	MOBILITY CART FOR PNEUMAT VAD REPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0503	BATT FOR PNEUMAT VAD REPL ONLY EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0504	PWR ADPTR PNEUMAT VAD REPL VEH TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0505	MISC SPL/ACSS W/VENT ASST DEVC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0507	Miscellaneous supply or accessory for use with an external ventricular	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q0508	Miscellaneous supply or accessory for use with an implanted	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0509	Miscellaneous supply or accessory for use any implanted ventricular	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0510	PHRM SPL FEE IMS 1ST MO FLW TPLNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q0511	PHRM FEE O ANTI-CA-EMET/IS RX;30-DA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q0512	PHRM FEE O ANTI-CA EMET/IS RX;SBSQT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q0513	PHRM DISPNS FEE INHAL RX;-30 DAYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0514	PHRM DISPNS FEE INHAL RX;-90	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q0515	INJ SERMORELIN ACTATE 1 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q1004	NEW TECH IO LENS CATGY 4 FED REG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q1005	NEW TECH IO LENS CATGY 5 FED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q2004	IRRIG SOL TX BLADDER CALCULI	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q2009	INJECT FOSPHENYTOIN 50 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q2017	INJECT TENIPOSIDE 50 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q2028	Injection, sculptra, 0.5 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q2034	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q2040	INJECT, INCOBOTULINUMTOXIN A, 1 UNIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q2041	INJECT, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q2044	INJECT, BELIMUMAB, 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q2050	Injection, doxorubicin hydrochloride, liposomal, not	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q3001	ADJUNCTIVE PROCEDURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q3031	COLLAGEN SKIN TEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4001	CAST BDY CAST ADLT W/VO HEAD PLAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4002	CAST BDY CAST ADLT W/VO HEAD F-GLSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4003	CAST SPL SHLDR CAST ADULT PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4004	CAST SPL SHLDR CAST ADULT FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4005	CAST SPL LONG ARM CAST ADULT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4006	CAST SPL LONG ARM CAST ADLT FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4007	CAST SPL LNG ARM CAST PED PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q4008	CAST SPL LNG ARM CAST PED FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4009	CAST SPL SHORT ARM CAST ADLT PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4010	CAST SPL SHRT ARM CAST ADLT FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4011	CAST SPL SHORT ARM CAST PED PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4012	CAST SPL SHORT ARM CAST PED FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4013	CAST SPL GAUNTLT CAST ADULT PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4014	CAST SPL GAUNTLET CAST ADLT F-GLASS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4015	CAST SPL GAUNTLT CAST PED PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4016	CAST SPL GAUNTLET CAST PED F-GLASS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4017	CAST SPL LNG ARM SPLINT ADLT PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4018	CAST SPL LNG ARM SPLNT ADLT FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4019	CAST SPL LNG ARM SPLINT PED PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4020	CAST SPL LNG ARM SPLINT PED FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4021	CAST SPL SHRT ARM SPLINT ADLT PLAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4022	CAST SPL SHRT ARM SPLNT ADLT F-GLSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4023	CAST SPL SHORT ARM SPLINT PED PLAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q4024	CAST SPL SHRT ARM SPLNT PED FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4025	CAST SPL HIP SPICA ADULT PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4027	CAST SPL HIP SPICA PEDIATRIC PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4028	CAST SPL HIP SPICA PED FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4029	CAST SPL LONG LEG CAST ADULT PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4030	CAST SPL LONG LEG CAST ADLT FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4031	CAST SPL LNG LEG CAST PED PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4032	CAST SPL LNG LEG CAST PED FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4033	CAST LNG LEG CYCLE CAST ADLT PLAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4034	CAST LNG LEG CYCLE CAST ADLT F-GLSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4035	CAST LNG LEG CYCLE CAST PED PLAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4036	CAST LNG LEG CYCLE CAST PED F-GLSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4037	CAST SPL SHORT LEG CAST ADLT PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4038	CAST SPL SHRT LEG CAST ADLT FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4039	CAST SPL SHORT LEG CAST PED	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q4040	CAST SPL SHORT LEG CAST PED FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4041	CAST SPL LNG LEG SPLINT ADLT PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4042	CAST SPL LNG LEG SPLNT ADLT FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4043	CAST SPL LNG LEG SPLINT PED PLASTR	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4044	CAST SPL LNG LEG SPLINT PED FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4045	CAST SPL SHRT LEG SPLINT ADLT PLAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4046	CAST SPL SHRT LEG SPLNT ADLT F-GLSS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4047	CAST SPL SHORT LEG SPLINT PED PLAST	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4048	CAST SPL SHRT LEG SPLNT PED FIBRGLS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4049	FINGER SPLINT STATIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4050	CAST SPL UNLIST TYPES&MATL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4051	SPLINT SUPPLIES MISCELLANEOUS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4079	INJECT, natalizumab, per 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4080	ILOPROST INHAL THRU DME TO 20 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4081	INJ EPOETIN ALFA 100 UNITS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4082	DRUG/BIOLOGICAL NOC PART B DRUG CAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q4083	HYALURONAN HYALGAN IA INJ PER DOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4084	HYALURONAN SYNVISIC IA INJ PER DOSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4085	HYALURONAN EUFLXXA IA INJ PER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4086	HYALURONAN ORTHOVISC IA INJ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4087	INJECT, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4088	INJECT, IMMUNE GLOBULIN, (GAMMAGARD LIQUID),	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4089	INJECT, RHO(D) IMMUNE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4090	INJECT, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B),	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4091	INJECT, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4092	INJECT, IMMUNE GLOBULIN,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4093	ALBUTEROL, ALL FORMULATIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4094	ALBUTEROL, ALL FORMULATIONS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4095	INJECT, ZOLEDRONIC ACID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4100	SKIN SUBSTITUTE, NOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4101	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4102	SKIN SUBSTITUTE, OASIS WOUND MATRIX, PER SQUARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4103	SKIN SUBSTITUTE, OASIS BURN MATRIX, PER SQUARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4104	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4105	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q4107	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4108	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4109	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4110	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4111	SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4112	ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4113	ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4131	EPIFIX, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4132	GRAFIX CORE, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4133	GRAFIX PRIME, PER SQUARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4134	HMATRIX, PER SQUARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4135	MEDISKIN, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4136	EZ-DERM, PER SQUARE CENTIMETER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q4137	Amnioexcel or biodexcel, per sq	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4138	Biodfence dryflex, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4140	Biodfence, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4141	Alloskin AC, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4142	XCM biologic tissue matrix, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4143	Repriza, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4145	Epifix, injectable, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4146	Tensix, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4147	Architect extracellular matrix, per	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4148	Neox 1k, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4149	Excellagen, 0.1 cc	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4161	Bio-ConneKt wound matrix, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4162	AmnioPro Flow, BioSkin Flow,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4163	AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4164	Helicoll, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q4165	Keramatrix, per sq cm	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q5001	HOSPICE CARE PTS HOME/RESIDENCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q5002	HOSPICE CARE ASSISTED LIVING FACILITY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q5003	HOSPICE CARE PRVO LTC/NON-SKILL NF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q5004	HOSPICE CARE PROVIDED IN SNF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q5005	HOSPICE CARE PROV IN IP HOSPITAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q5006	HOSPICE CARE PROV IP HOSPICE FACILITY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q5007	HOSPICE CARE PROV IN LTC FACILITY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q5008	HOSPICE CARE PROV IP PSYCH FACILITY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q5009	HOSPICE CARE PROVIDED IN PLACE NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
Q9945	LOCM UP TO 149 MG/ML IODINE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9946	LOCM 150-199 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9947	LOCM 200-249 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9948	LOCM 250-299 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9949	LOCM 300-349 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9950	LOCM 350-399 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q9951	LOCM 400/> MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9952	INJ GADOLINM-BASD MR CONTRST AGT ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9953	INJ IRONBASED MR CONTRAST AGENT ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9954	ORAL MR CONTRAST AGENT 100 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9955	INJ PERFLEXANE LIPID MICROSPHERS ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9956	INJ OCTAFLUOROPROPANE MICROSPHRS ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9957	INJ PERFLUTREN LIPID MICROSPHERS ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9958	HOCM UP TO 149 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9959	HOCM 150-199 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9960	HOCM 200-249 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9961	HOCM 250-299 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9962	HOCM 300-349 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9963	HOCM 350-399 MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9964	HOCM 400 OR > MG/ML IODINE CONC ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9965	LOCM 100-199 MG/ML I CONC PER ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9966	LOCM 200-299 MG/ML I CONC PER ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
Q9967	LOCM 300-399 MG/ML I CONC PER ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9969	TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, INJECTION, FACTOR VIII, FC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
Q9975	FUSION PROTEIN (RECOMBINANT) PER IU	No Prior Authorization Required	No Prior Authorization Required	NOT AN ABC COVERED CODE		
Q9980	Hyaluronan or derivative, for intra-articular injection, 1 mg	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
R0070	TRANS PRTBL XRAY EQP&PERS- TRIP 1 PT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
R0075	TRANS PRTBL XRAY EQP&PERS- TRIP>1 PT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
R0076	TRANS PRTBLE EKG FACL/LOCATION-PT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0012	BUTORPHANL TARTRAT NASL SPRAY 25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0014	TACRINE HYDROCHLORIDE 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0017	INJECT AMINOCAPROIC ACID 5 GRAMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0020	INJ BUPIVICAINE HYDROCHLORIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0021	INJECT CEFTOPERAZONE SODIUM 1 GM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0023	INJ CIMETIDINE HYDROCHLORIDE 300 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0028	INJECT FAMOTIDINE 20 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0030	INJECT METRONIDAZOLE 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0032	INJECT NAFICILLIN SODIUM 2 GRAMS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S0034	INJECT OFLOXACIN 400 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0039	INJ SULFMETHOXAZL&TRIMETHOPRM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0040	INJ TICARCLLN & CLAVULANAT K+3.1 GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0073	INJECT AZTREONAM 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0074	INJECT CEFOTETAN DISODIUM 500 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0077	INJ CLINDAMYCIN PHOSPHATE 300 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0078	INJ FOSPHENYTOIN SODIUM 750 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0080	INJ PENTAMIDINE ISETHIONATE 300 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0081	INJ PIPERACILLIN SODIUM 500 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0088	IMATINIB INJECT 100 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0090	SILDENAFIL CITRATE 25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0091	GRANISETRON HYDROCHLORIDE 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0092	INJ HYDMORPHONE HYDROCHLORID 250 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0093	INJECT MORPHINE SULFATE 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0104	ZIDOVUDINE ORAL 100 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S0106	BUPROPION HCI SR TAB 150 MG 60 TABS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0108	MERCAPTOPURINE ORAL 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0109	METHADONE ORAL 5MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0117	TRETINOIN TOPICAL 5 GRAMS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0122	INJECT MENOTROPINS 75 IU	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0126	INJECT FOLLITROPIN ALFA 75 IU	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0128	INJECT FOLLITROPIN BETA 75 IU	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0132	INJECT GANIRELIX ACETATE 250 MCG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0136	CLOZAPINE 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0137	DIDANOSINE 25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0138	FINASTERIDE 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0139	MINOXIDIL 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0140	SAQUINAVIR 200 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0141	ZALCITABINE 0.375 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0142	COLISTIMTHATE SODIUM INHAL CONC-MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S0143	AZTREONAM INHAL SOL CONC FORM-GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0145	INJ PEGYLATD IFN ALFA-2A 180 MCG ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0146	INJ PEGYL IFN ALFA-2B 10 MCG 0.5 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0147	INJECT ALGLUCOSIDASE ALFA 20 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0155	STERILE DILUTANT EPOPROSTENOL 50 ML	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0156	EXEMESTANE 25 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0157	BECAPLERMIN GEL 0.01% 0.5 GM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0160	DEXTROAMPHETAMINE SULFATE 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0161	CALCITROL 0.25 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0162	INJECT EFALIZUMAB 125 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0164	INJECT PANTOPRAZOLE SODIUM 40 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0166	INJECT OLANZAPINE 2.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0170	ANASTROZOLE ORAL 1 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0171	INJECT BUMETANIDE 0.5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0172	CHLORAMBUCIL ORAL 2 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0174	DOLASETRON MESYLATE ORAL 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S0175	FLUTAMIDE ORAL 125 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0176	HYDROXYUREA ORAL 500 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0177	LEVAMISOLE HYDROCHLORIDE ORAL 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0178	LOMUSTINE ORAL 10 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0179	MEGESTROL ACETATE ORAL 20 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0180	ETONOGESTREL IMPL SYS W/IMPL SUPPL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0181	ONDANSETRON HYDROCHLORIDE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0182	PROCARBAZINE HYDROCHLORD ORAL 50 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0183	PROCHLORPERAZINE MALEATE ORAL 5 MG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0187	TAMOXIFEN CITRATE ORAL 10 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0189	TESTOSTERONE PELLET 75 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0190	MIFEPRISTONE ORAL 200 MG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0191	MISOPROSTOL ORAL 200 MCG	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0194	DIALYS/STRESS VIT SUPL ORAL 100 CAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0195	PNEUMCOCCL VAC IM 5-9 YR NOT PREV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S0196	INJ PLLA RESTORATIVE IMPL 1 ML FCE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0197	PRENATAL VITAMINS 30-DAY SUPPLY	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0199	MED INDUCED AB ORAL INGEST MED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0201	PART HOSITALIZATN SRVC<24 HR-DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0207	PARAMED INTERCEPT NON-HOS-BASED ALS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0208	PARAMED INTRCPT ALS NON-TRNSPRT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0209	WHEELCHAIR VAN MILEAGE PER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0215	NON-EMERG TRANSPORTATION;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0220	MED CONF MD W/TEAM HLTH PROF;30 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0221	MED CONF MD W/TEAM HLTH PROF;60 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0250	COMP GERIATRIC ASSESS&TX PLANNING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0255	BY NRS SOCL WRKER/OTH DESNATD STAFF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0257	CNSL&DISCUSS AD/EOL PT&/SURROGATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0260	HX & PHYS RELATED TO SURGICAL PROC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0265	GENETIC CNSL PHYS SUP EA 15 MINS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S0270	PHYSICIAN MANGEMENT OF PATIENT HOME CARE, STANDARD	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0273	PHYSICIAN VISIT AT MEMBER'S	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0302	CMPL EARLY PRD SCREEN DX&TX SRVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0310	HOSPITALIST SERVICES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0315	DZ MGMT PROG; INIT ASSESS&INIT PRO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0316	DISEASE MGMT PROG; FOLLOW-UP/ASSESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0317	DISEASE MANAGEMENT PROG; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0320	TEL CALLS RN DZ MGMT MEMB MONITR;MO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0340	LIFESTYL MOD MGMT COR ART DZ; 1 QTR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0341	INCL ALL SUPP SRVC; 2/THIRD QTR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0342	LIFESTYL MOD MGMT COR ART DZ; 4 QTR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0345	ECG HOME REC PHYS REV&INTERP; 24 HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0346	ECG HOME REC TRANSM & ANALY; 24 HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S0347	ECG HOME PHYS REV & INTERP; 24-HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0353	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0354	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S0390	ROUTINE FOOT CARE; PER VISIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0395	IMPRESSION CAST FOOT-PRACTITIONER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0400	GLOBL FEE XTRACORP SHOCK WAVE LITH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0500	DISPOSABLE CONTACT LENS PER LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0504	SINGLE VISION PRSC LENS PER LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0506	BIFOCAL VISION PRSC LENS PER LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0508	TRIFOCAL VISION PRSC LENS PER LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0510	NON-PRESCRIPTION LENS PER LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0512	DAILY WEAR SPCLTY CNTC LENS-LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0514	COLOR CONTACT LENS PER LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0515	SCLERAL LENS LQD BANDGE DEVICE-LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0516	SAFETY EYEGLASS FRAMES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S0518	SUNGLASSES FRAMES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0580	POLYCARBONATE LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0581	NONSTANDARD LENS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0590	INTEGRL LENS SRVC MISC REPORTED SEP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0592	COMP CONTACT LENS EVALUATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0595	DISPNS NEW SPCTCL LENS PT SPL FRME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0596	PHAKIC INTRAOCULAR LENS FOR CORRECTION OF REFRACTIVE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
S0601	SCREENING PROCTOSCOPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0605	DIGITAL RECTAL EXAMINATION ANNUAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0610	ANNUAL GYN EXAMINATION NEW PATIENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0612	ANNUAL GYN EXAMINATION EST PATIENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0613	ANNUAL GYN EX CLIN BRST W/O PELV EX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0618	AUDIOMETRY FOR HEARING AID EVAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0620	ROUTINE OPHTH EX W/REFRAC; NEW PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S0621	ROUTINE OPHTH EX W/REFRAC; EST PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0622	PHYSICAL EXAM COLLEGE NEW/EST PT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0625	HIT ANTI-EMETIC TX; SRVC SPL & EQP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0630	REMOV SUTURS; MD NOT MD WHO CLOS WND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0800	LASER IN SITU KERATOMILEUSIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0810	PHOTOREFRACTIVE KERATECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S0812	PHOTOTHERAPEUTIC KERATECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S1001	DELUXE ITEM PATIENT AWARE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S1002	CUSTOMIZED ITEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S1015	IV TUBING EXTENSION SET	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S1016	NON-PVC IV ADMN SET RX NOT STABLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S1030	CONT NONINVAS GLU MON DEVC PURCHASE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S1031	CONT NONINVAS GLU MON DEVC RENTAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S1040	CRANIAL REMOLD ORTHOS PED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2053	TPLNT SM INTESTINE&LIVER ALLOGFTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S2054	TRANSPLANTATION MULTIVISCERAL ORGN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2055	HARV DONR MX-VSCRL ORGN; CADVR DONR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2060	LOBAR LUNG TRANSPLANTATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2061	DONOR LOBECT TPLNT LIVING DONOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2065	SIMULTANEOUS PANC KIDNEY TPLNT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2066	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED"	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2068	BREAST RECONSTRUCTION DIEP FLAP UNI	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2070	CYSTO; LASER TX URETERAL CALC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2075	LAP SURG; REPAIR INCI/VENTRL HERNIA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2076	LAPAROSCOPY SURG; REPAIR UMB HERNIA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2077	LAP SURG; IMPL MESH INC/VENTRL HERN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2079	LAP ESOPHAGOMYOTOMY HELLER TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2080	LASER-ASSISTED UVULOPALATOPLASTY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2083	ADJ GASTRIC BAND DIAM SUBQ PORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S2102	ISLET CELL TISS TPLNT PANC; ALLOGEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2107	ADOPTIVE IMMUNOTX COURSE TREATMENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2112	ARTHROSCOPY KNEE SURG HARVEST CART	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2114	ARTHRSCPY SHOULDER; TENODESIS BICEP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2115	OSTEOT PERIACETABULAR W/INTRL FIX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2117	ARTHROEREISIS SUBTALAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2120	LDL APHERES HEPARN XTRCRP LDL PRECP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2135	NEUROLYSIS INJ MT NEUROMA/INTERDIGT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2140	CORD BLD HARVEST TPLNT ALLOGENEIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2142	CORD BLOOD STEM-CELL TPLNT ALLOGEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2150	BN MARRW/STEM CELL HARV TPLNT&COMP;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2152	SOLID ORGAN; TPLNT & RELATED COMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2202	ECHOSCLEROTHERAPY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2205	MIN INVAS DIR CAB; ART GFT 1 CAG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2206	MIN INVAS DIR CAB; ART GFT 2 CAG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S2207	MIN INVAS DIR CAB; VEN ONLY 1 CVG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2208	MIN INVAS DIR CAB; 1 ART&VG 1 VG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2209	MIN INVAS DIR CAB; 2 ART GFT&1 VG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2225	MYRINGOTOMY LASER-ASSISTED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2230	IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2235	IMPL AUDITRY BRAIN STEM IMPLANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2260	INDUCD AB 17-24 WEEKS ANY SURG METH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2265	INDUCED ABORTION 25 TO 28 WEEKS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2266	INDUCED ABORTION 29 TO 31 WEEKS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2267	INDUCED ABORTION 32 WEEKS/GREATER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2300	SCOPE SHLDR;W/THERML-INDUCD CPSLORR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2325	HIP CORE DECOMPRESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2340	CHEMODNERVAT ABDUCTR MUSC VOCL CORD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2341	CHEMODENERVAT ADDUCT MUSC VOCAL CRD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S2342	NASL ENDO POSTOP DEBRID UNI/BIL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2348	DECOMP PERQ DISC RF 1/MX LUMB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2350	DISKECT ANT-OSTEOPHYT;LUMB 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2351	DSKCT ANT-OSTEOPHYT;LUMB ADD INTRSP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2360	PERQ VERTPLSTY 1 VERT UNI/BIL; CERV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2361	EACH ADD CERVICAL VERTEBRAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2400	REPR CONGN HERN FETUS IN UTERO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2401	REPR URIN TRACT OBST FETUS-UTERO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2402	REPR CONGEN CYST MALF FETUS-UTERO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2403	REPR PULMONARY SEQUEST FETUS-UTERO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2404	REPR MYELOMENINGO FETUS PROC-UTERO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2405	REPR SACROCOC TRATOMA FETUS IN UTRO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2409	REP CONGN MALFORM FETUS-UTERO NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2411	FETOSCOP LASER TX TREATMENT-TTTS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S2900	SURG TECH RQR USE ROBOTIC SURG SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3000	DIAB IND; RET EYE EX DILAT BIL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S3005	PRFRM MSR EVAL PT SELF ASSESS DPRSS	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
S3600	STAT LABORATORY REQUEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3601	EMERG STAT LAB CHRG PT HB/NRS FACL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3618	BLOOD CHEMISTRY FOR FREE BETA HUMAN CHORIONIC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S3620	NEWBORN METABOLIC SCREENING PANEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3630	EOSINOPHIL COUNT BLOOD DIRECT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3645	HIV-1 ANTIBOD TEST MUCOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3650	SALIVA TEST HORMONE LEVEL;MENOPAUSE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3652	SLIVA TST HORMONE LEVL;PRTERM LABOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3655	ANTISPERM ANTIBODIES TEST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3708	GASTROINTESTINAL FAT ABSORB STUDY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3721	PROSTATE CANCER ANTIGEN 3 (PCA3) TESTING	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
S3840	DNA ANALYSIS RET PROTO-ONCOGENE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3841	GENETIC TESTING FOR RETINOBLASTOMA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3842	GENETIC TST VON HIPPEL-LINDAU DZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S3844	DNA ANALY GJB2 CONGN PFND DEAFNESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3845	GENETIC TESTING ALPHA-THALASSEMIA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3846	GENETIC TST HGB E BETA-THALASSEMIA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3849	GENETIC TESTING NIEMANN-PICK DZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3850	GENETIC TESTING SICKLE CELL ANEMIA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3852	DNA ANALY APOE EPSILON 4 ALLELE ALZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3853	GENETIC TST MYOTONIC MUSC DYSTROPHY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3854	GENE EXPRESSION PROFILING PANEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3855	GENETIC TEST MUT PRESENILIN 1 GENE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3890	DNA ANALYSIS FECAL COLOREC CA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3900	SURFACE ELECTROMYOGRAPHY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3902	BALLISTOCARDIOGRAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S3904	MASTERS TWO STEP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4005	INTERIM LABOR FACILITY GLOBAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4011	IN VITRO FERTILIZATION;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4013	COMPLETE CYCLE GIFT CASE RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4014	COMPLETE CYCLE ZIFT CASE RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S4015	COMPLETE IVF CYCLE CASE RATE NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4016	FROZEN IVF CYCLE CASE RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4017	INCPL CYCL TX CANCEL D PRIOR TO STIM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4018	FRZN EMB TRANS CANCL CASE RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4020	IVF PROC CANCL BEFR ASPIR CASE RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4021	IVF PROC CANCL AFTR ASPIR CASE RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4022	ASSIST OOCYTE FERTILIZ CASE RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4023	DONOR EGG CYCLE INCPL CASE RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4025	DONOR SRVC IN VITRO FERTILIZATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4026	PROCUREMENT DONR SPERM SPERM BANK	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4027	STORAGE PREVIOUSLY FROZEN EMBRYOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4028	MICSURG EPIDIDYMAL SPERM SPERM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4030	PROCUREMENT&CRYOPRES; 1	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4031	SPERM PROCURE&CRYOPRES;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4035	STIM INTRAUTERINE INSEMIN CASE RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4037	CRYOPRESERVED EMBRYO TRNSF	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4040	MON & STOR CRYOPRESRV EMBRYOS 30 DA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S4042	MGMT OVULATION INDUCTION PER CYCLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4981	INSRT LEVONORGESTREL INTRAUTRN SYS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4989	CONTRACEPT IUD INCL IMPL&SUPPLIES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4990	NICOTINE PATCHES LEGEND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4991	NICOTINE PATCHES NON-LEGEND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S4993	CONTRACEPTIVE PILLS BIRTH CONTROL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S4995	SMOKING CESSATION GUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5000	PRESCRIPTION DRUG GENERIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5001	PRESCRIPTION DRUG BRAND NAME	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5010	5% DXTROS & 0.45% NL SALINE 1000 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5011	5% DEXTROSE-LACTATED RINGERS 1000ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5012	5% DXTROS W/K+ CHLORID 1000 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5013	5% DXTROS/45% N/S KCI&MGSO4 1000 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5014	5% DXTROS/45% N/S KCI&MGSO4 1500 ML	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5035	HOME INFUS TX ROUTINE INFUS DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5036	HOME INFUS TX REPAIR INFUS DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S5100	DAY CARE SERVICES ADULT; PER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5101	DAY CARE SRVC ADULT; PER HALF DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5102	DAY CARE SERVICES ADULT; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5105	DAY CARE CNTR-BASD; SRVC NOT W/FEE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5108	HOM CARE TRN HOM CARE CLIENT 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5109	HOME CARE TRN HOME CARE CLIENT SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5110	HOME CARE TRAINING FAM; PER 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5111	HOME CARE TRAINING FAM; PER SESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5115	HOME CARE TRN NON-FAM; PER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5116	HOME CARE TRN NON-FAM; PER SESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5120	CHORE SERVICES; PER 15 MINUTES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5121	CHORE SERVICES; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5125	ATTENDANT CARE SERVICES; PER 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5126	ATTENDANT CARE SERVICES; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5130	HOMEMAKER SERVICE NOS; PER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5131	HOMEMAKER SERVICE NOS; PER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5135	COMPANION CARE ADULT; PER 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5136	COMPANION CARE ADULT ; PER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5140	FOSTER CARE ADULT; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S5141	FOSTER CARE ADULT; PER MONTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5145	FOSTER CARE THERAPEUTIC CHILD; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5146	FOSTER CARE THERAPEUTIC CHLD; MONTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5150	UNSKLD RESPITE CARE NOT HOSPICE; 15	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Prior Authorization Required		
S5151	UNSKLD RESPITE CARE NOT	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Prior Authorization Required		
S5160	EMERG RESPONSE SYSTEM;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5161	EMERG RESPONSE SYS; SRVC FEE-MONTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5162	EMERG RESPONSE SYS; PURCHASE ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5165	HOME MODIFICATIONS; PER SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5170	HOME DEL MEALS INCL PREP;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5175	LAUNDRY SERVICE EXT PROF;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5180	HOME HEALTH RESP TX INIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5181	HOME HEALTH RESP TX NOS PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5185	MED REMINDR SRVC NON-FCE-TO-FCE; MO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5190	WELLNESS ASSESS PRFRM NON-PHYSICIAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5199	PERSONAL CARE ITEM NOS EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5497	HOME INFUS TX CATH CARE NOC; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5498	HOME INFUS TX CATH CARE SIMPLE DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S5501	HOME INFUS TX CATH CARE COMPLX DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5502	HIT CATH CARE IMPL ACCESS DEVC DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5517	HIT SPL RESTOR CATH PATENCY/DECLOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5518	HIT ALL SPL NECESSARY CATH REPAIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5520	HIT ALL SPL NECES PICC LINE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5521	HIT SPL NECES MIDLINE CATH INSERT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5522	HOM INFUS TX INSRT PICC NURSE SRVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5523	HIT INSERT MIDLN CVC NRS SRVC ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5550	INSULIN RAPID ONSET; 5 UNITS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5551	INSULIN MOST RAPID ONSET; 5 UNITS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5552	INSULIN INTERMED ACTING; 5 UNITS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5553	INSULIN LONG ACTING; 5 UNITS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5560	INSULIN DEVC REUSABLE PEN;1.5 ML SZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5561	INSULIN DEVC REUSABLE PEN; 3	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5565	INSULIN CARTRIDGE NOT PUMP;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5566	INSULIN CARTRIDGE NOT PUMP; 300 U	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5570	INSULIN DISPOSABLE PEN; 1.5 ML SZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S5571	INSULIN DISPOSABLE PEN; 3 ML SZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S8030	SCLERAL APPLICATION TANTALUM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8032	LOW-DOSE CT FOR LUNG CANCER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8035	MAGNETIC SOURCE IMAGING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8037	MR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8040	TOPOGRAPHIC BRAIN MAPPING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8042	MAGNETIC RESONANCE IMAG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8055	US GUID MXIFETL PG RDUC TECH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8080	SCINTIMAMMO UNI W/SPL RADIOPHARM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8085	F-18 FDG IMAG 2-HD COINCDCENC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8092	ELECTRON BEAM COMPUTED	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
S8096	PORTABLE PEAK FLOW METER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8097	ASTHMA KIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8100	HOLD CHAMB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8101	HOLD CHAMB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8110	PEAK EXPIRATORY FLOW RATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8120	O2 CNTN GASEOUS 1 U = 1 CUBIC FOOT	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S8121	O2 CONTENTS LQD 1 U EQUALS 1 POUND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8185	FLUTTER DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8186	SWIVEL ADAPTOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8189	TRACHEOSTOMY SUPPLY NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8190	ELECTRONIC SPIROMETER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S8210	MUCUS TRAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8262	MANDIB ORTHO REPOSITION DEVICE EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8265	HABERMAN FEEDER CLEFT LIP/PALATE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8270	ENURESIS ALARM BUZZ&/VIBRATION DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8301	INFECTION CONTROL SUPPLIES NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8415	SUPPLIES HOME DELIVERY OF INFANT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8420	GRADENT PRESS AID SLEEVE&GLOVE CSTM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8421	GRADENT PRESS AID SLV&GLOV RDY MADE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8422	GRADENT PRESS AID SLEEV CSTM MED WT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8423	GRADENT PRESS AID SLEEV CSTM HVY WT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8424	GRADENT PRESS AID SLEEVE READY MADE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8425	GRADENT PRESS AID GLOVE CSTM MED WT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8426	GRADENT PRESS AID GLOVE CSTM HVY WT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8427	GRADENT PRESS AID GLOVE READY MADE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8428	GRADENT PRESS AID GAUNTLET RDY MADE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8429	GRADIENT PRESSURE EXTERIOR WRAP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S8430	PADDING COMPRESSION BANDAGE ROLL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8431	COMPRESSION BANDAGE ROLL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8450	SPLINT PREFABRICATED DIGIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8451	SPLINT PREFABRICATED WRIST OR ANKLE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8452	SPLINT PREFABRICATED ELBOW	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8460	CAMISOLE POST-MASTECTOMY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8490	INSULIN SYRINGES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8930	ELECTRICAL STIMULATION OF AURICULAR ACUPUNCTURE	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8948	APPLIC MODAL 1/MORE AREAS; LW-LEVL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8950	COMPLEX LYMPHEDEMA TX EA 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8990	PHYS/MANIP TX MAINT NOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S8999	RESUSCITATION BAG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9001	HOME UTERIN MON W/WO ASSOC NRS SRVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9007	ULTRAFILTRATION MONITOR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9015	AUTOMATED EEG MONITORING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9024	PARANASAL SINUS ULTRASOUND	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9034	ESWL FOR GALL STONES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9055	PROCUREN/OTH GROWTH FACTOR PREP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9056	COMA STIMULATION PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9061	HOME ADMIN AEROSOLIZED DRUG TX DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9083	GLOBAL FEE URGENT CARE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S9088	SERVICES PROVIDED AT URGENT CARE CENTER	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S9090	VERTICAL AXIAL DECOMPRESSIONS PER SESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9092	CANOLITH REPOSITIONING PER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9097	HOME VISIT FOR WOUND CARE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9098	HOME VISIT PHOTOTHERAPY SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9110	TELEMONITORING OF PATIENT IN THEIR HOME, INCLUDING ALL NECESSARY EQUIPMENT; COMPUTER SYSTEM,	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S9117	BACK SCHOOL PER VISIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9122	HOMELTH AIDE/CNA PROVIDED CARE HOM; HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9123	NRS CARE HOM; REGISTERED NURSE-HOUR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9124	NURSING CARE THE HOME; LPN PER HOUR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9125	RESPIRE CARE IN THE HOME PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9126	HOSPICE CARE IN THE HOME PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9127	SOCIAL WORK VISIT THE HOME PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9128	SPEECH THERAPY IN THE HOME PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9129	OCCUPATIONAL THERAPY HOME PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9131	PHYSICAL THERAPY; HOME PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9140	DM MGMT PROGM F/U VST NON-MD PROV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9141	DIAB MGMT PROGM F/U VISIT MD PROV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9145	INSULIN PUMP INIT INSTRUCT USE PUMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9150	EVALUATION BY OCCULARIST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9152	SPEECH THERAPY, RE-EVALUATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9208	HOME MGMT PRETERM LABOR PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9209	HOME MANGEMENT PPROM DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9211	HOME MGMT GESTATIONAL HTN; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9212	HOME MANAGEMENT POSTPARTUM HTN DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9213	HOME MANAGEMENT PREECLAMPSIA; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9214	HOME MGMT GESTATIONAL DIABETES;DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9325	HIT PAIN MANAGEMENT INFUS; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9326	HIT CONT PAIN MGMT INFUS; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9327	HIT INTERMIT PAIN MGMT INFUS; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9328	HIT IMPLANTED PUMP PAIN MGMT; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9329	HIT CHEMOTHERAPY INFUSION; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9330	HIT CONT CHEMOTHAPY INFUS; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9331	HIT INTERMIT CHEMOTHAPY INFUS; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9335	HOM TX HD; ADMIN SPL & EQP PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9336	HIT CONT ANTICOAGULNT INFUS TX DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9338	HOME INFUS TX IMMUOTHAPY; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9339	HOME TX; PERITONL DIALYSIS PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9340	HOME TX; ENTERAL NUTRITION; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9341	HT; ENTERL NUTRIT VIA GRAVITY; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9342	HT; ENTERAL NUTRIT VIA PUMP; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9343	HT; ENTERAL NUTRIT VIA BOLUS; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9345	HIT ANTI-HEMOPHILIC AGENT; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9346	HIT ALPHA-1-PROTENAS INHIBITR; DIEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S9347	HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9348	HIT SYMPATHOMIMETIC/INOTROPIC DIEM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
S9349	HOME INFUS TX TOCOLYTIC; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9351	HIT CONT ANTI-EMETIC; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9353	HOME INFUS TX CONT INSULIN; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9355	HOME INFUS TX CHELATION; PER DIEM	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
S9357	HIT ENZYME REPL IV TX; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9359	HIT ANTI-TUMR NECROS FACTOR IV TX;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9361	HIT DIURETIC IV TX; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9363	HIT ANTI-SPASMOTIC TX; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9364	HIT TPN; CARE COORDINATION DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9365	HIT TPN; 1 LITER PER DAY PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9366	HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9367	HIT TPN; >2 L BUT NOT >3 L-DAY-DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9368	HOM INFUS TX TPN; > 3 L-DAY-DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9370	HT INTERMITTENT ANTI-EMETIC INJ TX;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9372	HT; INTERMIT ANTICOAGULANT INJ TX;	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9373	HIT HYDRATION TX; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9374	HIT HYDRATION TX; 1 LITER DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9375	HIT HYDRAT; >1 LITR NO>2 LITR DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9376	HIT HYDRAT; >2 LITR NO>3 LITR DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9377	HIT HYDRATION TX; >3 LITERS DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9379	HOME INFUS TX INFUSION TX NOC; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9381	DEL/HI RISK REQ ESCRT/PROTECT VST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9401	ANTICOAGULAT CLIN NO LAB PER SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9430	PHARM COMPOUNDING & DISPENSING SERV	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9433	MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTRITIONAL INTAKE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9434	MOD SOLID FOOD SUP INBORN ERR METAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9435	MEDICAL FOODS INBORN ERRORS METAB	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9436	CHLDBRTH PREP/LAMAZE CLASS PER SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9437	CHILDBIRTH REFRESH CLASS PER SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9438	CESAREAN BRTH CLASS NON-MD PER SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9439	VBAC CLASSES NON-MD PER SESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9441	ASTHMA ED NON-MD PROV PER SESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9442	BIRTHING CLASSES NON-PHYS PROV-SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9443	LACTATION CLASS NON-PHYS PROV-SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9444	PARENTING CLASSES NON-MD PER SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9445	PT ED NOC NON-MD PROV IND SESSION	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
S9446	PT ED NOC NON-MD PROV GROUP SESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9447	INFANT SAFETY CLASS NON-MD PER SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9449	WEIGHT MGMT CLASS NON-PHYS PER SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9451	EXERCISE CLASSES NON-PHYS PER SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9452	NUTRITION CLASSES NON-PHYS PER SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9453	SMOKING CESSATION CLASS NON-MD SESS	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
S9454	STRESS MGMT CLASS NON-PHYS PER SESS	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9455	DIABETIC MGMT PROGM GROUP SESSION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9460	DIABETIC MGMT PROGM NURSE VISIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9465	DIABETIC MGMT PROGM DIETITIAN VISIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9470	NUTRITIONAL CNSL DIETITIAN VISIT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9472	CARD REHAB PROGM NON-PHYS PROV DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9473	PULM REHAB PROGM NON-PHYS PROV DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9474	ENTRSTML TX RN CERT ENTRSTML TX DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9475	AMB SET SBSTNC ABS TX/DTOX SRVC DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9476	VESTIBULR REHAB NON-PHYS PROV-DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9480	INTENSIVE OP PSYC SERVICES PER DIEM	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required		
S9482	FAMILY STABILIZATN SRVC PER 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9484	CRISIS INTERVEN MENTL HLTH SRVC-HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9485	CRISIS INTERVENT MENTAL HEALTH SERV	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
S9490	HIT CORTICOSTEROID INFUS; ADMN SRVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9494	HIT ANTIBIOTIC/ANTIFUNGAL; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9497	HIT ANTIBIOTIC/ANTIFUNGAL; Q3 HRS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9500	HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9501	HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9502	HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9503	HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9504	HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9529	HOME OR SNF PATIENT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9537	HOM TX HEMATOPOIETIC H INJ TX;-DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9538	HOME TRANSFUSION BLOOD PROD; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9542	HOME INJECTABLE THERAPY NOC- DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9558	HOME INFUS TX GROWTH HORMONE-DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9559	HOME INFUS TX INTERFERON PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9560	HOME INJ TX; HORMONAL THERAPY DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9562	HOM INJ TX PALIVIZUMAB-PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9590	HOM TX IRRIG TX; W/ADMN-PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9810	HOME THERAPY; NOC PER HOUR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9900	SRVC AUTH CHRISTIAN SC PRACT DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
S9970	HEALTH CLUB MEMBERSHIP ANNUAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9975	TPLNT REL LODG MEALS & TRNSPRT DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9976	LODGING PER DIEM NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9977	MEALS PER DIEM NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9981	MEDICAL RECORDS COPYING FEE ADMIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9982	MEDICAL RECORDS COPYING FEE-PAGE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9986	NOT MEDICALLY NECESSARY SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9988	SERV PART OF PHASE 1 CLINICAL TRIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9989	SERVICES PROVIDED OUTSIDE USA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9990	SRVC PROV PART PHASE II CLIN TRIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9991	SRVC PROV PART PHASE III CLIN TRIAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9992	TRNSPRT COSTS CLIN TRIAL PRTCP&COMP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9994	LODG COST CLIN TRIAL PRTCP&CAREGVR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
S9996	MEALS CLIN TRIAL PRTCP&ONE CAREGIVR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
S9999	SALES TAX	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1000	PRIV DUTY/INDEPENDENT NRS TO 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1001	NURSING ASSESSMENT/EVALUATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1002	RN SERVICES UP TO 15 MINUTES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T1003	LPN/LVN SERVICES UP TO 15 MINUTES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1004	SRVC QUALIFIED NRS AIDE TO 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1005	RESPITE CARE SRVCS, UP TO 15 MINUTES	Prior Authorization Required	Not a CHP+ SMCN Covered Bnft	Prior Authorization Required		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T1006	ALCOHL&/SBSTNC ABS FAM/COUPLE CNSL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1007	ALCOHOL&/SUBSTANCE ABUSE SERVICES	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
T1009	CHILD SIT IND ALC&/SUBSTNC ABS SRVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T1010	MEALS REC ALCOHL&/SUBSTNC ABS SRVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1012	ALCOHOL&/SBSTNC ABS SRVC SKL DVLP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1013	SIGN LANGE/ORAL INTEPR SRVC- 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1014	TELEHEALTH TRANS MIN PROF SRVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1015	CLINIC VST/ENCOUNTER ALL- INCLUSIVE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T1016	CASE MANAGEMENT EACH 15 MINS	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required		
T1017	TARGETED CASE MANAGEMENT EA 15 MINS	Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
T1018	SCHOOL-BASD IND ED PROG SERV BUNDLD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1019	PERSONAL CARE SERVICES PER 15 MINS	Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T1020	PERSONAL CARE SERVICES PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1021	HOME HLTH AIDE/CERT NURSE ASST VST	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1022	CONTRACT HOME HEALTH AGCY SRVC DAY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1023	SCR IND PARTICIP SPEC PROG PROJ/TX	No Prior Authorization Required	Prior Authorization Required	No Prior Authorization Required		
T1024	EVAL&TX TEAM MX/SEV HANDICAP CHILD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1025	MXDISCIPLIN CHILD CMPLX IMPAIR DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1026	MXDISCIPLIN CHILD W/CMPLX IMPAIR HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1027	FAM TRAIN & CNSL CHILD DVLP 15 MINS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T1028	ASSESS HOME PHYSICAL & FAMILY ENVIR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1029	COMP ENVIR LEAD INVESTIGAT-DWELL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1030	NRS CARE HOME REGISTERED NURSE-DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1031	NURSING CARE THE HOME LPN PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T1502	ADMN ORL IM&/SUBQ MED HLTH PROF	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
T1503	ADMINISTRATION OF MEDICATION, OTHER THAN ORAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
T1999	MISC TX ITEMS&SUPPLIES RETAIL NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2001	N-EMERG TRNSPRT; PT ATTENDNT/ESCORT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2002	NON-EMERG TRANSPORTATION; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2003	NON-EMERG TRANSPRT; ENCOUNTER/TRIP	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2004	N-EMERG TRANSPRT;COMMER CARR MX-PASS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2005	NONEMERGENCY TRANSPRT; STRETCHER VAN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2007	TRANSPRT WAIT TIME NON-ER VEH 1/2 HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2010	PASRR LEVEL I ID SCREEN PER SCREEN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2011	PASRR LEVEL II EVALUATION PER EVAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2012	HABILITATION ED WAIVER; DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2013	HABILITATION ED WAIVER; HOUR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2014	HABILITATN PREVOCATIONL WAIVR;DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2015	HABILITATION PREVOCATIONAL WAIVR;HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2016	HABILITATION RES WAIVER; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2017	HABILITATION RES WAIVER; PER 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2018	HABILITATN SUPP EMPLMNT WAIVR;DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2019	HABILITATN SUPP EMPLMNT WAIVR;15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2020	DAY HABILITATION WAIVER; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2021	DAY HABILITATION WAIVER; PER 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2022	CASE MANAGEMENT; PER MONTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2023	TARGETED CASE MANAGEMENT; PER MONTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2024	SRVC ASSESS/PLAN CARE DVLP WAIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2025	WAIVER SERVICES; NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2026	SPCLIZED CHILDCARE WAIVER; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2027	SPCLIZED CHILDCARE WAIVER; 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2028	SPECIALIZED SUPPLY NOS WAIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2029	SPECIALIZED MEDICAL EQP NOS WAIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2030	ASSISTED LIVING WAIVER; PER MONTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2031	ASSISTED LIVING WAIVER; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2032	RES CARE NOS WAIVER; PER MONTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2033	RES CARE NOS WAIVER; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2034	CRISIS INTERVEN WAIVER; PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2035	UTILITY SERVICES MED EQP WAIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2036	TX CAMPING OVRNGT WAIVER; EA SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2037	TX CAMPING DA WAIVER; EA SESS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2038	CMTY TRANSITION WAIVER; PER SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2039	VEHICLE MOD WAIVER; PER SERVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2040	FINANCIAL MGMT WAIVER; 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2041	SUPP BROKER SLF-DIRECTED WAIVER; 15 MIN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2042	HOSPICE ROUTINE HOME CARE PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2043	HOSPICE CONTINUOUS HOME CARE PER HR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2044	HOSPICE INPAT RESPITE CARE PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2045	HOSPICE GENERAL INPAT CARE PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T2046	HOSPICE LT CARE RM AND BD PER DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2048	BHVAL HLTH; LTC RES W/ROOM&BD-DIEM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2049	NON-EMERG TRANSPRT; VAN MILEAGE;MILE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T2101	HUMN BRST MILK PRC STOR&DSTRB ONLY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T4521	ADLT SZ DISPBL INCONT BRF/DIAPER SM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4522	ADLT SZ DISPBL INCONT BRF/DIAPER MD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4523	ADLT SZ DISPBL INCONT BRF/DIAPER LG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4524	ADLT DISPBL INCONT BRF/DIAPER X-LG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4525	ADLT SZD DISPBL INCONT UNDWEAR SM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4526	ADLT SZD DISPBL INCONT UNDWEAR MED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T4527	ADLT SZD DISPBL INCONT UNDWEAR LG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4528	ADLT SZD DISPBL INCONT UNDWEAR X-LG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4529	PED SZ DISPBL INCONT BRF/DIAPER S/M	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4530	PED SZ DISPBL INCONT BRF/DIAPER LG	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4531	PED SZ DISPBL INCONT UNDWEAR SM/MED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4532	PED SZ DISPBL INCONT UNDWEAR LG EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4533	YOUTH SZD DISPBL INCONT BRF/DIAPER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4534	YOUTH SZD DISPBL INCONT UNDWEAR EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4535	DISPBL LINER/PAD/UNDGRMNT INCONT EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4536	INCONT PROD UNDWEAR/PULLON REUSE SZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T4537	INCONT PROD UNDPAD REUSBL BED SZ EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4538	DIAPER SRVC REUSBL DIAPER EA DIAPER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4539	INCONT PROD DIAPER/BRF REUSBL SZ EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4540	INCONT PROD UNDPAD REUSBL CHAIR SZ	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4541	INCONT PRODUCT DISPBL UNDPAD LG EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4542	INCONT PROD DISPBL UNDPAD SM SZ EA	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4543	DISPBL INCONT BRF/DIAPER BARIATRIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
T5001	PSTN SEAT PERSON SPEC/ORTHO NEEDS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
T5999	SUPPLY, NOT OTHERWISE SPECIFIED	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V2020	FRAMES PURCHASES	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2025	DELUXE FRAME	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
V2100	SPHER 1 VISN PLANO +/- 4.00-LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2101	SPHER 1 VISN +/- 4.12 +/- 7.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2102	SPHER 1 VISN +/- 7.12 +/- 20.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2103	1 VISN PLANO-+/-4.00D 0.12-2.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V2104	1 VISN PLANO+/-4.00D 2.12-4.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2105	1 VISN PLANO+/-4.00D 4.25-6.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2106	1 VISN PLANO+/-4.00D OVR 6.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2107	1 VISN +/-4.25+/-7.00 0.12-2.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2108	1 VSN +/-4.25D +/-7.00D 2.12-4.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2109	1 VISN +/- 4.25 +/- 7.00D 4.25-6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2110	1 VISN +/- 4.25-7.00D OVER 6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2111	1 VISN +/-7.25-+/-12.00D 0.25-2.25D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2112	1 VSN +/-7.25-+/-12.00D 2.25D-400D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2113	1 VISN +/-7.25-+/-12.00D 4.25-6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2114	1 VISN SPHERE >+/-12.00D PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2115	LENTICULAR PER LENS SINGLE VISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2118	ANISEIKONIC LENS SINGLE VISION	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2121	LENTICULAR LENS PER LENS SINGLE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2199	NOC SINGLE VISION LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2200	SPHERE BIFOCL PLANO +/-4.00D LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2201	SPHERE BIFOCL +/-4.12-+/-7.00D LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2202	SPHERE BIFOCL +/-7.12-+/-20.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2203	BIFOCL PLANO +/-4.00D 0.12-2.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2204	BIFOCL PLANO +/-4.00D 2.12-4.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2205	BIFOCL PLANO +/-4.00D 4.25-6.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2206	BIFOCL PLANO +/-4.00D OVER 6.00D EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2207	BIFOCL +/-4.25-+/-7.00D 0.12-2.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2208	BIFOCL +/-4.25-+/-7.00D 2.12-4.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2209	BIFOCL +/-4.25-+/-7.00D 4.25-6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V2210	BIFOCL +/-4.25-+/-7.00D OVER 6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2211	BIFOCL +/-7.25-+/-12.00D 0.25-2.25D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2212	BIFOCL +/-7.25-+/-12.00D 2.25-4.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2213	BIFOCL +/-7.25-+/-12.00D 4.25-6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2214	BIFOCL SPHER OVR +/-12.00D PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2215	LENTICULAR PER LENS BIFOCAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2218	ANISEIKONIC PER LENS BIFOCAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2219	BIFOCAL SEG WIDTH OVER 28MM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2220	BIFOCAL ADD OVER 3.25D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2221	LENTICULAR LENS PER LENS BIFOCAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2299	SPECIALTY BIFOCAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2300	SPHERE TRIFOCL PLANO +/-4.00D LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2301	SPHERE TRIFOCL +/- 4.12-+/-7.00 LNS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2302	SPHER TRIFOCL +/- 7.12-+/-20.00 LNS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2303	TRIFOCL PLANO +/-4.00D 0.12-2.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2304	TRIFOCL PLANO +/-4.00D 2.25-4.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2305	TRIFOCL PLANO +/-4.00D 4.25-6.00	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V2306	TRIFOCL PLANO +/-4.00D OVR 6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2307	TRIFCL +/-4.25-+/-7.00D 0.12-2.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2308	TRIFOCL +/-4.25-+/-7.00D 2.12-4.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2309	TRIFOCL +/-4.25-+/-7.00D 4.25-6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2310	6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2311	TRIFCL +/-7.25-+/-12.00D 0.25-2.25D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2312	TRIFCL +/-7.25-+/-12.00D 2.25-4.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2313	TRIFCL +/-7.25-+/-12.00D 4.25-6.00D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2314	TRIFOCL SPHER > +/-12.00D PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2315	LENTICULAR PER LENS TRIFOCAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2318	ANISEIKONIC LENS TRIFOCAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2320	TRIFOCAL ADD OVER 3.25D	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2321	LENTICULAR LENS PER LENS TRIFOCAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2399	SPECIALTY TRIFOCAL	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2410	VARIBL ASPHRCITY 1 FULL FIELD-LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2430	VRIBL ASPHRC BIFOCL FULL FIELD-LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2500	CNTC LENS PMMA SPHERICAL PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2501	CNTC LENS PMMA/PRISM BALLST LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2502	CONTACT LENS PMMA BIFOCAL PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2503	CNTC LENS PMMA COLR VISN DEFIC LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2510	CNTC LENS GAS PRMEABL SPHERICL LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2511	CNTC LENS GAS PRMEABL PRSM BLLST EA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2512	CNTC LENS GAS PERMEABLE BIFOCL LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2513	CNTC LENS GAS PRMEABL EXT WEAR LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2520	CNTC LENS HYDROPHIL SPHERICAL LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2521	CNTC LENS HYDROPHL/PRISM BLLST LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2522	CNTC LENS HYDROPHIL BIFOCAL LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2523	CNTC LENS HYDROPHIL EXT WEAR LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2530	CNTC LENS SCLERL GAS IMPRMEABL LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2531	CNTC LENS SCLERL GAS PERMEABLE LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2599	CONTACT LENS OTHER TYPE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2600	HAND HELD LW VISN&OTH NON SPEC AIDS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2610	SNGL LENS SPECT MOUNT LW VISION AID	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2615	TELESCOPIC & OTH COMPOUND LENS SYS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2623	PROSTHETIC EYE PLASTIC CUSTOM POLISHING/RESURFACING OCULR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V2624	PROSTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V2626	REDUCTION OF OCULAR PROSTHESIS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V2627	SCLERAL COVER SHELL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V2628	FABRICATION&FIT OCULAR CONFORMER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V2629	PROSTHETIC EYE OTHER TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2631	IRIS SUPPORTED INTRAOCULAR LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V2700	BALANCE LENS PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2702	DELUXE LENS FEATURE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2710	SLAB OFF PRISM GLASS/PLSTC PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2715	PRISM PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2718	PRESS-ON LENS FRESNELL PRISM-LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2730	SPCL BASE CURVE GLASS/PLSTC-LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2744	TINT PHOTOCHROMATIC PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2745	ADD LENS;TINT COLR EXC PHOTOCHRMATC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2750	ANTIREFLECTIVE COATING PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2755	U-V LENS PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2756	EYE GLASS CASE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2760	SCRATCH RESISTANT COATING PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2761	MIRROR COAT TYPE SOLID GRADENT/= LE	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2762	POLARIZATION ANY LENS MATERIAL-LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2770	OCCLUDER LENS PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V2780	OVERSIZE LENS PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2781	PROGRESSIVE LENS PER LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2782	LNS I 1.54-1.65 PLST/1.60-1.79 GLA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2783	LNS INDX >=1.66 PLSTC/>=1.80 GLA	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2784	LENS POLYCARBATE/EQUL ANY INDX-LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2785	PRC PRES&TRANSPORTING CORNL TISS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V2786	SPCLTY OCCUP MULTIFOCL LENS-LENS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2787	ASTIGMATISM CORRECTING FUNCTION IOL	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
V2788	PRESBYOPIA CORRECTING FUNCTION IO LENS	Not a CHP+ HMO Covered Bnft	Not a CHP+ SMCN Covered Bnft	Not an ABC Covered Code		
V2790	AMNIOTIC MEMBRANE SURG RECNSTR-PROC	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2797	VISN SPL ACSS&/SRVC CMPNT OTH HCPCS	No Prior Authorization Required	No Prior Authorization Required	Not an ABC Covered Code		
V2799	VISION SERVICE MISCELLANEOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Required	Health Plan Plus SMCN Authorization Required	Authorization Requirement		
V5008	HEARING SCREENING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5010	ASSESSMENT FOR HEARING AID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5011	FIT/ORIENTATION/CHECK HEARING AID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5014	HEARING AID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5020	CONFORMITY EVALUATION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5030	HEAR AID MONAURL BDY WRN AIR CONDUCT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5040	HEAR AID MONAURL BDY WORN BN CONDUCT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5050	HEARING AID MONAURAL IN THE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5060	HEARING AID MONAURAL BEHIND THE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5070	GLASSES AIR CONDUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V5080	GLASSES BONE CONDUCTION	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5090	DISPENSING FEE UNSPEC HEARING AID	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5095	SEMI-IMPL MID EAR HEARING PROSTH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5100	HEARING AID BILATERAL BODY WORN	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5110	DISPENSING FEE BILATERAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V5120	BINAURAL BODY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5130	BINAURAL IN THE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5140	BINAURAL BEHIND THE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5150	BINAURAL GLASSES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5160	DISPENSING FEE BINAURAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5170	HEARING AID CROS IN THE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V5180	HEARING AID CROS BEHIND THE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5190	HEARING AID CROS GLASSES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5200	DISPENSING FEE CROS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5210	HEARING AID BICROS IN THE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5220	HEARING AID BICROS BEHIND THE EAR	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V5230	HEARING AID BICROS GLASSES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5240	DISPENSING FEE BICROS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5241	DISPENS FEE MONAURL HEARING AID TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V5242	HEARING AID ANALOG MONAURAL CIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5243	HEARING AID ANALOG MONAURAL ITC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5244	HEARING AID PROG ANALOG MONAURL CIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5245	HEARING AID PROG ANALOG MONAURL ITC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5246	HEARING AID PROG ANALOG MONAURL ITE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V5247	HEARING AID PROG ANALOG MONAURL BTE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5248	HEARING AID ANALOG BINAURAL CIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5249	HEARING AID ANALOG BINAURAL ITC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5250	HEARING AID PROG ANALOG BINAURL CIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5251	HEARING AID PROG ANALOG BINAURL ITC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5252	HEARING AID PROG BINAURAL ITE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5253	HEARING AID PROG BINAURAL BTE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5254	HEARING AID DIGITAL MONAURAL CIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5255	HEARING AID DIGITAL MONAURAL ITC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5256	HEARING AID DIGITAL MONAURAL ITE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V5257	HEARING AID DIGITAL MONAURAL BTE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5258	HEARING AID DIGITAL BINAURAL CIC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5259	ITC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5260	ITE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5261	HEARING AID DIGITAL BINAURAL BTE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5262	HEARING AID DISPBL TYPE MONAURAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5263	HEARING AID DISPBL TYPE BINAURAL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5264	ANY TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5265	EAR MOLD/INSERT DISPOSABLE ANY TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5266	BATTERY FOR USE IN HEARING DEVICE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5267	HEARING AID SUPPLIES/ACCESSORIES	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5268	TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5269	TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5270	ASST LISTENING DEVICE TV AMP TYPE	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5271	DECODER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5272	ASSISTIVE LISTENING DEVICE TDD	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5273	ASSTIVE LISTEN DEVC W/COCHLEAR IMPL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5274	ASSISTIVE LEARNING DEVICE NOS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5275	EAR IMPRESSION EACH	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

Code	Description	Health Plan Plus HMO Authorization Requirement	Health Plan Plus SMCN Authorization Requirement	Authorization Requirement		
V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS,	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5283	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5284	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5285	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5286	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5287	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER, NOT	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5288	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5289	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5298	HEARING AID NOC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5299	HEARING SERVICE MISCELLANEOUS	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5336	CMNCT SYS/DEVC	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5362	SPEECH SCREENING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5363	LANGUAGE SCREENING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		
V5364	DYSPHAGIA SCREENING	Prior Authorization Required	Prior Authorization Required	Not an ABC Covered Code		

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