



Network Health Plan WI Comprehensive Code List

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Network Health Plan WI

Prior Authorization Procedure List: Radiology - Advanced Imaging

**C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------|-----------|---|---|---------------------------------------|--|
| BMRI | 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral | Yes | No | |
| BMRI | 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral | Yes | No | |
| BMRI | 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral | Yes | No | |
| BMRI | 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral | Yes | No | |
| CT | 70450 | Computed tomography, head or brain; without contrast material | Yes | No | 70450, 70460, 70470 |
| CT | 70460 | Computed tomography, head or brain; with contrast material(s) | Yes | No | 70450, 70460, 70470 |
| CT | 70470 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections | Yes | No | 70450, 70460, 70470 |
| CT | 70480 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | Yes | No | 70480, 70481, 70482 |
| CT | 70481 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) | Yes | No | 70480, 70481, 70482 |
| CT | 70482 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections | Yes | No | 70480, 70481, 70482 |
| CT | 70486 | Computed tomography, maxillofacial area; without contrast material | Yes | No | 70486, 70487, 70488, 76380 |
| CT | 70487 | Computed tomography, maxillofacial area; with contrast material(s) | Yes | No | 70486, 70487, 70488, 76380 |
| CT | 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections | Yes | No | 70486, 70487, 70488, 76380 |
| CT | 70490 | Computed tomography, soft tissue neck; without contrast material | Yes | No | 70490, 70491, 70492, 72125, 72126, 72127 |
| CT | 70491 | Computed tomography, soft tissue neck; with contrast material(s) | Yes | No | 70490, 70491, 70492, 72125, 72126, 72127 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------|-----------|--|---|---------------------------------------|---|
| CT | 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections | Yes | No | 70490, 70491, 70492, 72125, 72126, 72127 |
| CT | 70496 | Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | No | 70496 |
| CT | 70498 | Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | No | 70498 |
| CT | 71250 | Computed tomography, thorax; without contrast material | Yes | No | 71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170 |
| CT | 71260 | Computed tomography, thorax; with contrast material(s) | Yes | No | 71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170 |
| CT | 71270 | Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections | Yes | No | 71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170 |
| CT | 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Yes | No | |
| CT | 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | No | 71275 |
| CT | 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | Yes | No | 71550, 71551, 71552 |
| CT | 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) | Yes | No | 71550, 71551, 71552 |
| CT | 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences | Yes | No | 71550, 71551, 71552 |
| CT | 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | Yes | No | 71555 |
| CT | 72125 | Computed tomography, cervical spine; without contrast material | Yes | No | 72125, 72126, 72127, 70490, 70491, 70492 |
| CT | 72126 | Computed tomography, cervical spine; with contrast material | Yes | No | 72125, 72126, 72127, 70490, 70491, 70492 |
| CT | 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections | Yes | No | 72125, 72126, 72127, 70490, 70491, 70492 |
| CT | 72128 | Computed tomography, thoracic spine; without contrast material | Yes | No | 72128, 72129, 72130 |
| CT | 72129 | Computed tomography, thoracic spine; with contrast material | Yes | No | 72128, 72129, 72130 |
| CT | 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections | Yes | No | 72128, 72129, 72130 |
| CT | 72131 | Computed tomography, lumbar spine; without contrast material | Yes | No | 72131, 72132, 72133 |

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|----------|-----------|---|---|---------------------------------------|---|
| CT | 72132 | Computed tomography, lumbar spine; with contrast material | Yes | No | 72131, 72132, 72133 |
| CT | 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections | Yes | No | 72131, 72132, 72133 |
| CT | 72191 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | No | 72191 |
| CT | 72192 | Computed tomography, pelvis; without contrast material | Yes | No | 72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170 |
| CT | 72193 | Computed tomography, pelvis; with contrast material(s) | Yes | No | 72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170 |
| CT | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections | Yes | No | 72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170 |
| CT | 73200 | Computed tomography, upper extremity; without contrast material | Yes | No | 73200, 73201, 73202 |
| CT | 73201 | Computed tomography, upper extremity; with contrast material(s) | Yes | No | 73200, 73201, 73202 |
| CT | 73202 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections | Yes | No | 73200, 73201, 73202 |
| CT | 73206 | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | No | 73206 |
| CT | 73700 | Computed tomography, lower extremity; without contrast material | Yes | No | 73700, 73701, 73702 |
| CT | 73701 | Computed tomography, lower extremity; with contrast material(s) | Yes | No | 73700, 73701, 73702 |
| CT | 73702 | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections | Yes | No | 73700, 73701, 73702 |
| CT | 73706 | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | No | 73706 |
| CT | 74150 | Computed tomography, abdomen; without contrast material | Yes | No | 74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194 |
| CT | 74160 | Computed tomography, abdomen; with contrast material(s) | Yes | No | 74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194 |
| CT | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections | Yes | No | 74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194 |
| CT | 74174 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | No | 74174 |

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|----------|-----------|---|---|---------------------------------------|---|
| CT | 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | No | 74175 |
| CT | 74176 | Computed tomography, abdomen and pelvis; without contrast material | Yes | No | 74176, 74177, 74178 |
| CT | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) | Yes | No | 74176, 74177, 74178 |
| CT | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions | Yes | No | 74176, 74177, 74178 |
| CT | 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | Yes | No | 74261, 74262 |
| CT | 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed | Yes | No | 74261, 74262 |
| CT | 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing | Yes | No | 74263 |
| CT | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | No | 75635 |
| CT | 76380 | Computed tomography, limited or localized follow-up study | Yes | No | 76380, 70486, 70487, 70488 |
| CT | 76497 | Unlisted computed tomography procedure (eg, diagnostic, interventional) | Yes | No | 76497 |
| CT | 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material | I/E | No | |
| CT | 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) | I/E | No | |
| CT | 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) | I/E | No | |
| CT | 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) | I/E | No | |
| CT | 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) | I/E | No | |
| CT | 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) | I/E | No | |
| CT | S8092 | CT Electron Beam (also known as Ultrafast CT, Cine CT), for calcium scoring | Yes | No | S8092 |
| MR | 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | Yes | No | 70336 |
| MR | 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Yes | No | 72141, 72142, 72156, 70540, 70542, 70543 |
| MR | 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s) | Yes | No | 70551, 70552, 70553, 70540, 70542, 70543 |
| MR | 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences | Yes | No | 70551, 70552, 70553, 70540, 70542, 70543, |
| MR | 70544 | Magnetic resonance angiography, head; without contrast material(s) | Yes | No | 70544, 70545, 70546 |

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|----------|-----------|---|---|---------------------------------------|--|
| MR | 70545 | Magnetic resonance angiography, head; with contrast material(s) | Yes | No | 70544, 70545, 70546 |
| MR | 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences | Yes | No | 70544, 70545, 70546 |
| MR | 70547 | Magnetic resonance angiography, neck; without contrast material(s) | Yes | No | 70547, 70548, 70549 |
| MR | 70548 | Magnetic resonance angiography, neck; with contrast material(s) | Yes | No | 70547, 70548, 70549 |
| MR | 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences | Yes | No | 70547, 70548, 70549 |
| MR | 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Yes | No | 70551, 70552, 70553, 70540, 70542, 70543 |
| MR | 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) | Yes | No | 70551, 70552, 70553, 70540, 70542, 70543 |
| MR | 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences | Yes | No | 70551, 70552, 70553, 70540, 70542, 70543 |
| MR | 70554 | Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration | Yes | No | 70554, 70555 |
| MR | 70555 | Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing | Yes | No | 70554, 70555 |
| MR | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Yes | No | 72141, 72142, 72156, 70540, 70542, 70543 |
| MR | 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) | Yes | No | 72141, 72142, 72156, 70540, 70542, 70543 |
| MR | 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Yes | No | 72146, 72147, 72157 |
| MR | 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s) | Yes | No | 72146, 72147, 72157 |
| MR | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Yes | No | 72148, 72149, 72158 |
| MR | 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) | Yes | No | 72148, 72149, 72158 |
| MR | 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical | Yes | No | 72156, 70540, 70542, 70543, 72141, 72142 |
| MR | 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic | Yes | No | 72157, 72146, 72147 |
| MR | 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar | Yes | No | 72158, 72148, 72149 |
| MR | 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) | Yes | No | 72159 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------|-----------|--|---|---------------------------------------|---|
| MR | 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) | Yes | No | 72195, 72196, 72197 |
| MR | 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Yes | No | 72195, 72196, 72197 |
| MR | 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences | Yes | No | 72195, 72196, 72197 |
| MR | 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) | Yes | No | 72198 |
| MR | 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) | Yes | No | 73218, 73219, 73220 |
| MR | 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) | Yes | No | 73218, 73219, 73220 |
| MR | 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Yes | No | 73218, 73219, 73220 |
| MR | 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Yes | No | 73221, 73222, 73223 |
| MR | 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s) | Yes | No | 73221, 73222, 73223 |
| MR | 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences | Yes | No | 73221, 73222, 73223 |
| MR | 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) | Yes | No | 73225 |
| MR | 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) | Yes | No | 73718, 73719, 73720, 73721, 73722, 73723 |
| MR | 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) | Yes | No | 73718, 73719, 73720, 73721, 73722, 73723 |
| MR | 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Yes | No | 73718, 73719, 73720, 73721, 73722, 73723 |
| MR | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Yes | No | 73721, 73722, 73723, 73718, 73719, 73720, 72195, 72196, 72197 |
| MR | 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s) | Yes | No | 73718, 73719, 73720, 73721, 73722, 73723 |
| MR | 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences | Yes | No | 73718, 73719, 73720, 73721, 73722, 73723 |
| MR | 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) | Yes | No | 73725 |
| MR | 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Yes | No | 74181, 74182, 74183, S8037 |
| MR | 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) | Yes | No | 74181, 74182, 74183, S8037 |
| MR | 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences | Yes | No | 74181, 74182, 74183, S8092 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------|--------------|--|---|---------------------------------------|----------------------------|
| MR | 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) | Yes | No | 74185 |
| MR | 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation | Yes | No | 74712, 78491, 78492, 74713 |
| MR | 74713 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) | Yes | No | 74713, 78491, 78492, 74712 |
| MR | 76390 | Magnetic resonance spectroscopy | Yes | No | 76390 |
| MR | 76498 | Unlisted magnetic resonance procedure (eg, diagnostic, interventional) | Yes | No | 76498 |
| MR | 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply | Yes | No | 77084 |
| MR | 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs | I/E | No | |
| MR | 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis | I/E | No | |
| MR | 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs | I/E | No | |
| MR | 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report | I/E | No | |
| MR | S8035 | Magnetic Source Imaging (MSI) | Yes | No | S8035 |
| MR | S8037 | Magnetic resonance cholangiopancreatography (MRCP) | Yes | No | S8037, 74181, 74182, 74183 |
| MR | S8042 | MRI Low Field | Yes | No | S8042 |
| MRI | 76391 | Magnetic resonance (eg, vibration) elastography | Yes | No | |
| MRI | C8937 | Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure) | No | No | |
| PET | 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study | Yes | No | 78459, 78491, 78492 |
| PET | 78491 | Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) | Yes | No | 78459, 78491, 78492 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------|--------------|---|---|---------------------------------------|---|
| PET | 78492 | Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic) | Yes | No | 78459, 78491, 78492 |
| PET | 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation | Yes | No | 78608, 78609 |
| PET | 78609 | Brain imaging, positron emission tomography (PET); perfusion evaluation | Yes | No | 78609, 78609 |
| PET | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) | Yes | No | 78811, 78812, 78813, 78814, 78815, 78816 |
| PET | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh | Yes | No | 78811, 78812, 78813, 78814, 78815, 78816 |
| PET | 78813 | Positron emission tomography (PET) imaging; whole body | Yes | No | 78811, 78812, 78813, 78814, 78815, 78816 |
| PET | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck) | Yes | No | 78811, 78812, 78813, 78814, 78815, 78816 |
| PET | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh | Yes | No | 78811, 78812, 78813, 78814, 78815, 78816 |
| PET | 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Yes | No | 78811, 78812, 78813, 78814, 78815, 78816, G0219 |

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Network Health Plan WI Prior Authorization Procedure List: Cardiology

**C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|-----------------|-----------|--|---|---------------------------------------|--|
| Catheterization | 93451 | Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed | Yes | No | 93451 |
| Catheterization | 93452 | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | Yes | No | 93452 |
| Catheterization | 93453 | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | Yes | No | 93453 |
| Catheterization | 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; | Yes | No | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461 |
| Catheterization | 93455 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography | Yes | No | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461 |
| Catheterization | 93456 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization | Yes | No | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461 |
| Catheterization | 93457 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization | Yes | No | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461 |
| Catheterization | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | Yes | No | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|-----------------|-----------|---|---|---------------------------------------|--|
| Catheterization | 93459 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | Yes | No | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461 |
| Catheterization | 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | Yes | No | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461 |
| Catheterization | 93461 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | Yes | No | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461 |
| Catheterization | 93530 | Right heart catheterization, for congenital cardiac anomalies | Yes | No | 93530 |
| Catheterization | 93531 | Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies | Yes | No | 93531 |
| Catheterization | 93532 | Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies | Yes | No | 93532 |
| Catheterization | 93533 | Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies | Yes | No | 93533 |
| CT | 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Yes | No | 75571 |
| CT | 75572 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) | Yes | No | 75572 |
| CT | 75573 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed) | Yes | No | 75573 |
| CT | 75574 | Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Yes | No | 75574 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------|-----------|---|---|---------------------------------------|---|
| CT | 0501T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report | Yes | No | |
| CT | 0502T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission | Yes | No | |
| CT | 0503T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model | Yes | No | |
| CT | 0504T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report | Yes | No | |
| Echo | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete | Yes | No | 93303, 93304, +93320, +93321, +93325 |
| Echo | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study | Yes | No | 93303, 93304, +93320, +93321, +93325 |
| Echo | 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography | Yes | No | 93306, 93307, 93308 |
| Echo | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Yes | No | 93306, 93307, 93308 |
| Echo | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study | Yes | No | 93306, 93307, 93308, +93321, +93325 |
| Echo | 93312 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Yes | No | 93312, 93313, 99314, +93320, +93321, +93325 |
| Echo | 93313 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only | Yes | No | 93312, 93313, 99314, +93320, +93321, +93325 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------|-----------|---|---|---------------------------------------|---|
| Echo | 93314 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only | Yes | No | 93312, 93313, 99314, +93320, +93321, +93325 |
| Echo | 93315 | Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report | Yes | No | 93315, 93316, 93317, +93320, +93321, +93325 |
| Echo | 93316 | Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only | Yes | No | 93315, 93316, 93317, +93320, +93321, +93325 |
| Echo | 93317 | Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only | Yes | No | 93315, 93316, 93317, +93320, +93321, +93325 |
| Echo | 93318 | Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis | Yes | No | 93318 |
| Echo | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete | Yes | No | add on code, must be billed with another code |
| Echo | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging) | Yes | No | add on code, must be billed with another code |
| Echo | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) | Yes | No | add on code, must be billed with another code |
| Echo | 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Yes | No | 93350, 93351, +93320, +93321, +93325 |
| Echo | 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional | Yes | No | 93350, 93351, +93320, +93321, +93325 |
| MR | 75557 | Cardiac magnetic resonance imaging for morphology and function without contrast material; | Yes | No | 75557, 75559, 75561, 75563, +75565 |
| MR | 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging | Yes | No | 75557, 75559, 75561, 75563, +75565 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------|-----------|---|---|---------------------------------------|--|
| MR | 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; | Yes | No | 75557, 75559, 75561, 75563, +75565 |
| MR | 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging | Yes | No | 75557, 75559, 75561, 75563, +75565 |
| MR | 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure) | Yes | No | 75557, 75559, 75561, 75563, +75565 |
| Nuc Card | 78414 | Non-Imaging Heart Function | Yes | No | |
| Nuc Card | 78428 | Cardiac Shunt Imaging | Yes | No | |
| Nuc Card | 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Yes | No | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499 |
| Nuc Card | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection | Yes | No | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499 |
| Nuc Card | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Yes | No | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499 |
| Nuc Card | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection | Yes | No | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499 |
| Nuc Card | 78466 | Myocardial imaging, infarct avid, planar; qualitative or quantitative | Yes | No | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499 |
| Nuc Card | 78468 | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique | Yes | No | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499 |
| Nuc Card | 78469 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification | Yes | No | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------|--------------|---|---|---------------------------------------|--|
| Nuc Card | 78472 | Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | Yes | No | 78472, 78473, 78494, +78496 |
| Nuc Card | 78473 | Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification | Yes | No | 78472, 78473, 78494, +78496 |
| Nuc Card | 78481 | Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification | Yes | No | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499 |
| Nuc Card | 78483 | Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification | Yes | No | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499 |
| Nuc Card | 78494 | Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing | Yes | No | 78472, 78473, 78494, +78496 |
| MRI | C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging | | | |
| MRI | C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging | | | |
| Nuc Card | 78496 | Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure) | Yes | No | 78472, 78473, 78494, +78496 |
| Nuc Card | 78499 | Unlisted cardiovascular procedure, diagnostic nuclear medicine | Yes | No | 78499 |

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Network Health Plan WI

Prior Authorization Procedure List: Interventional Pain

***C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------------|-----------|---|---|---------------------------------------|---------------------------|
| Interventional Pain | 22526 | Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level | Yes | Yes | |
| Interventional Pain | 22527 | Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Once Or More Additional Levels (List Separately In Addition To Code For Primary Procedure) | Yes | Yes | |
| Interventional Pain | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed | Yes | Yes | 27096 |
| Interventional Pain | 62263 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days | Yes | Yes | 62263, 62264 |
| Interventional Pain | 62264 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day | Yes | Yes | 62263, 62264 |
| Interventional Pain | 62280 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid | Yes | Yes | 62280, 62281, 62282 |
| Interventional Pain | 62281 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic | Yes | Yes | 62280, 62281, 62282 |
| Interventional Pain | 62282 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) | Yes | Yes | 62280, 62281, 62282 |
| Interventional Pain | 62287 | Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Any Method Utilizing Needle Based Technique To Remove Disc Material Under Fluoroscopic Imaging Or Other Form Of Indirect Visualization, With Discography And/Or Epidural Injection(S) At The Treated Level(S), When Performed, Single Or Multiple Levels, Lumbar | Yes | Yes | |
| Interventional Pain | 62292 | Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar | Yes | Yes | |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------------|-----------|---|---|---------------------------------------|--|
| Interventional Pain | 62310 | Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic | No | No | |
| Interventional Pain | 62311 | Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) | No | No | |
| Interventional Pain | 62318 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic | No | No | |
| Interventional Pain | 62319 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) | No | No | |
| Interventional Pain | 62320 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | Yes | Yes | 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327 |
| Interventional Pain | 62321 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | Yes | Yes | 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------------|-----------|--|---|---------------------------------------|--|
| Interventional Pain | 62322 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | Yes | Yes | 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327 |
| Interventional Pain | 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | Yes | Yes | 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327 |
| Interventional Pain | 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | Yes | Yes | 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327 |
| Interventional Pain | 62325 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | Yes | Yes | 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327 |
| Interventional Pain | 62326 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | Yes | Yes | 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327 |
| Interventional Pain | 62327 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | Yes | Yes | 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327 |
| Interventional Pain | 62350 | Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without Laminectomy | Yes | Yes | |
| Interventional Pain | 62351 | Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With Laminectomy | Yes | Yes | |
| Interventional Pain | 62360 | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir | Yes | Yes | |
| Interventional Pain | 62361 | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump | Yes | Yes | |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------------|-----------|--|---|---------------------------------------|--|
| Interventional Pain | 62362 | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming | Yes | Yes | |
| Interventional Pain | 63650 | Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural | Yes | Yes | |
| Interventional Pain | 63655 | Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural | Yes | Yes | |
| Interventional Pain | 63685 | Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling | Yes | Yes | |
| Interventional Pain | 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | Yes | Yes | |
| Interventional Pain | 64479 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level | Yes | Yes | 64479, 64480 |
| Interventional Pain | 64480 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | Yes | Yes | 64479, 64480 |
| Interventional Pain | 64483 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level | Yes | Yes | 64483, 64484 |
| Interventional Pain | 64484 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure) | Yes | Yes | 64483, 64484 |
| Interventional Pain | 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level | Yes | Yes | 64490, 64491, 64492, 64493, 64494, 64495 |
| Interventional Pain | 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) | Yes | Yes | 64490, 64491, 64492, 64493, 64494, 64495 |
| Interventional Pain | 64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | Yes | Yes | 64490, 64491, 64492, 64493, 64494, 64495 |
| Interventional Pain | 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level | Yes | Yes | 64490, 64491, 64492, 64493, 64494, 64495 |
| Interventional Pain | 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure) | Yes | Yes | 64490, 64491, 64492, 64493, 64494, 64495 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------------|-----------|--|---|---------------------------------------|--|
| Interventional Pain | 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | Yes | Yes | 64490, 64491, 64492, 64493, 64494, 64495 |
| Interventional Pain | 64510 | Injection, anesthetic agent; stellate ganglion (cervical sympathetic) | Yes | Yes | 64510, 64520 |
| Interventional Pain | 64520 | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) | Yes | Yes | 64510, 64520 |
| Interventional Pain | 64581 | Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) -- Removed 2/2/2016 | No | No | |
| Interventional Pain | 64620 | Destruction by neurolytic agent, intercostal nerve | Yes | Yes | 64620 |
| Interventional Pain | 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint | Yes | Yes | 64633, 64634, 64635, 64636 |
| Interventional Pain | 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) | Yes | Yes | 64633, 64634, 64635, 64636 |
| Interventional Pain | 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint | Yes | Yes | 64633, 64634, 64635, 64636 |
| Interventional Pain | 64636 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure) | Yes | Yes | 64633, 64634, 64635, 64636 |
| Interventional Pain | 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | Yes | Yes | |
| Interventional Pain | 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) | Yes | Yes | |
| Interventional Pain | 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | Yes | Yes | |
| Interventional Pain | 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level | Yes | Yes | |
| Interventional Pain | 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) | Yes | Yes | |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------------|--------------|---|---|---------------------------------------|---------------------------|
| Interventional Pain | 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | Yes | Yes | |
| Interventional Pain | G0260 | Therapeutic Agent, With Or Without Arthrography | Yes | Yes | |
| Interventional Pain | M0076 | Prolotherapy | Yes | Yes | M0076 |
| Interventional Pain | 0627T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level | Yes | Yes | |
| Interventional Pain | 0628T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | Yes | Yes | |
| Interventional Pain | 0629T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level | Yes | Yes | |
| Interventional Pain | 0630T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | Yes | Yes | |

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Network Health Plan WI

Prior Authorization Procedure List: Joint Services (Hip/Knee/Shoulder)

***C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|---|---|---------------------------------------|-----------------------------------|
| Joint Surgery | 23000 | Removal of subdeltoid calcareous deposits, open | Yes | Yes | 23000, 23020 |
| Joint Surgery | 23020 | Capsular contracture release (eg, Sever type procedure) | Yes | Yes | 23000, 23020 |
| Joint Surgery | 23100 | Arthrotomy, glenohumeral joint, including biopsy | Yes | Yes | 23100, 23101, 23105, 23106, 23107 |
| Joint Surgery | 23101 | Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage | Yes | Yes | 23100, 23101, 23105, 23106, 23107 |
| Joint Surgery | 23105 | Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy | Yes | Yes | 23100, 23101, 23105, 23106, 23107 |
| Joint Surgery | 23106 | Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy | Yes | Yes | 23100, 23101, 23105, 23106, 23107 |
| Joint Surgery | 23107 | Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body | Yes | Yes | 23100, 23101, 23105, 23106, 23107 |
| Joint Surgery | 23120 | Claviculectomy; partial | Yes | Yes | 23120 |
| Joint Surgery | 23130 | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release | Yes | Yes | 23130 |
| Joint Surgery | 23190 | Ostectomy of scapula, partial (eg, superior medial angle) | Yes | Yes | 23190 |
| Joint Surgery | 23395 | Muscle transfer, any type, shoulder or upper arm; single | Yes | Yes | 23395, 23397, 23430, 23440 |
| Joint Surgery | 23397 | Muscle transfer, any type, shoulder or upper arm; multiple | Yes | Yes | 23395, 23397, 23430, 23440 |
| Joint Surgery | 23405 | Tenotomy, shoulder area; single tendon | Yes | Yes | 23405, 23406 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|--|---|---------------------------------------|--|
| Joint Surgery | 23406 | Tenotomy, shoulder area; multiple tendons through same incision | Yes | Yes | 23405, 23406 |
| Joint Surgery | 23410 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute | Yes | Yes | 23410, 23412 |
| Joint Surgery | 23412 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic | Yes | Yes | 23410, 23412 |
| Joint Surgery | 23415 | Coracoacromial ligament release, with or without acromioplasty | Yes | Yes | 23415, 23420 |
| Joint Surgery | 23420 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) | Yes | Yes | 23395, 23397, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440 |
| Joint Surgery | 23430 | Tenodesis of long tendon of biceps | Yes | Yes | 23395, 23397, 23430, 23440 |
| Joint Surgery | 23440 | Resection or transplantation of long tendon of biceps | Yes | Yes | 23395, 23397, 23430, 23440 |
| Joint Surgery | 23450 | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation | Yes | Yes | 23450, 23455, 23460, 23462, 23465, 23466 |
| Joint Surgery | 23455 | Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure) | Yes | Yes | 23450, 23455, 23460, 23462, 23465, 23466 |
| Joint Surgery | 23460 | Capsulorrhaphy, anterior, any type; with bone block | Yes | Yes | 23450, 23455, 23460, 23462, 23465, 23466 |
| Joint Surgery | 23462 | Capsulorrhaphy, anterior, any type; with coracoid process transfer | Yes | Yes | 23450, 23455, 23460, 23462, 23465, 23466 |
| Joint Surgery | 23465 | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block | Yes | Yes | 23450, 23455, 23460, 23462, 23465, 23470 |
| Joint Surgery | 23466 | Capsulorrhaphy, glenohumeral joint, any type multi-directional instability | Yes | Yes | 23450, 23455, 23460, 23462, 23465, 23470 |
| Joint Surgery | 23470 | Arthroplasty, glenohumeral joint; hemiarthroplasty | Yes | Yes | 23470, 23472 |
| Joint Surgery | 23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) | Yes | Yes | 23470, 23472 |
| Joint Surgery | 23473 | Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component | Yes | Yes | 23473, 23472 |
| Joint Surgery | 23474 | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component | Yes | Yes | 23473, 23472 |
| Joint Surgery | 23480 | Osteotomy, clavicle, with or without internal fixation; | Yes | Yes | 23480 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|---|---|---------------------------------------|---------------------------|
| Joint Surgery | 23800 | Arthrodesis, glenohumeral joint; | Yes | Yes | 23800, 23802 |
| Joint Surgery | 23802 | Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft) | Yes | Yes | 23800, 23802 |
| Joint Surgery | 27033 | Arthrotomy, hip, including exploration or removal of loose or foreign body | Yes | Yes | 27033 |
| Joint Surgery | 27035 | Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves | Yes | Yes | 27035 |
| Joint Surgery | 27036 | Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas) | Yes | Yes | 27036 |
| Joint Surgery | 27050 | Arthrotomy, with biopsy; sacroiliac joint | Yes | Yes | 27050, 27052, 27054 |
| Joint Surgery | 27052 | Arthrotomy, with biopsy; hip joint | Yes | Yes | 27050, 27052, 27054 |
| Joint Surgery | 27054 | Arthrotomy with synovectomy, hip joint | Yes | Yes | 27050, 27052, 27054 |
| Joint Surgery | 27060 | Excision; ischial bursa | Yes | Yes | 27060, 27062, |
| Joint Surgery | 27062 | Excision; trochanteric bursa or calcification | Yes | Yes | 27060, 27062, |
| Joint Surgery | 27080 | Coccygectomy, primary | Yes | Yes | 27080 |
| Joint Surgery | 27090 | Removal of hip prosthesis; (separate procedure) | Yes | Yes | 27090, 27091 |
| Joint Surgery | 27091 | Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer | Yes | Yes | 27090, 27091 |
| Joint Surgery | 27122 | Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure) | Yes | Yes | 27122, 27125, 27130 |
| Joint Surgery | 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) | Yes | Yes | 27122, 27125, 27130 |
| Joint Surgery | 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | Yes | Yes | 27122, 27125, 27130 |
| Joint Surgery | 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft | Yes | Yes | 27132 |
| Joint Surgery | 27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft | Yes | Yes | 27134, 27137, 27138 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|-----------|--|---|---------------------------------------|--|
| Joint Surgery | 27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft | Yes | Yes | 27134, 27137, 27138 |
| Joint Surgery | 27138 | Revision of total hip arthroplasty; femoral component only, with or without allograft | Yes | Yes | 27134, 27137, 27138 |
| Joint Surgery | 27140 | Osteotomy and transfer of greater trochanter of femur (separate procedure) | Yes | Yes | 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165 |
| Joint Surgery | 27146 | Osteotomy, iliac, acetabular or innominate bone; | Yes | Yes | 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165 |
| Joint Surgery | 27147 | Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip | Yes | Yes | 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165 |
| Joint Surgery | 27151 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy | Yes | Yes | 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165 |
| Joint Surgery | 27156 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip | Yes | Yes | 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165 |
| Joint Surgery | 27158 | Osteotomy, pelvis, bilateral (eg, congenital malformation) | Yes | Yes | 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165 |
| Joint Surgery | 27161 | Osteotomy, femoral neck (separate procedure) | Yes | Yes | 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165 |
| Joint Surgery | 27165 | Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast | Yes | Yes | 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165 |
| Joint Surgery | 27282 | Arthrodesis, symphysis pubis (including obtaining graft) | Yes | Yes | 27279, 27280, 27282, 27284, 27286 |
| Joint Surgery | 27284 | Arthrodesis, hip joint (including obtaining graft); | Yes | Yes | 27279, 27280, 27282, 27284, 27286 |
| Joint Surgery | 27286 | Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy | Yes | Yes | 27279, 27280, 27282, 27284, 27286 |
| Joint Surgery | 27330 | Arthrotomy, knee; with synovial biopsy only | Yes | Yes | 27330, 27331, 27332, 27333, 27334, 27335 |
| Joint Surgery | 27331 | Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies | Yes | Yes | 27330, 27331, 27332, 27333, 27334, 27335 |
| Joint Surgery | 27332 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral | Yes | Yes | 27330, 27331, 27332, 27333, 27334, 27335 |
| Joint Surgery | 27333 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral | Yes | Yes | 27330, 27331, 27332, 27333, 27334, 27335 |
| Joint Surgery | 27334 | Arthrotomy, with synovectomy, knee; anterior OR posterior | Yes | Yes | 27330, 27331, 27332, 27333, 27334, 27335 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|--|---|---------------------------------------|--|
| Joint Surgery | 27335 | Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area | Yes | Yes | 27330, 27331, 27332, 27333, 27334, 27335 |
| Joint Surgery | 27340 | Excision, prepatellar bursa | Yes | Yes | 27340, 23745, 27347 |
| Joint Surgery | 27345 | Excision of synovial cyst of popliteal space (eg, Baker's cyst) | Yes | Yes | 27340, 23745, 27347 |
| Joint Surgery | 27347 | Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee | Yes | Yes | 27340, 23745, 27347 |
| Joint Surgery | 27350 | Patellectomy or hemipatellectomy | Yes | Yes | 27350, 27420, 27422, 27424 |
| Joint Surgery | 27403 | Arthrotomy with meniscus repair, knee | Yes | Yes | 27403 |
| Joint Surgery | 27405 | Repair, primary, torn ligament and/or capsule, knee; collateral | Yes | Yes | 27405, 27407, 27409 |
| Joint Surgery | 27407 | Repair, primary, torn ligament and/or capsule, knee; cruciate | Yes | Yes | 27405, 27407, 27409 |
| Joint Surgery | 27409 | Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments | Yes | Yes | 27405, 27407, 27409 |
| Joint Surgery | 27412 | Autologous chondrocyte implantation, knee | Yes | Yes | 27412, 27415, 27416 |
| Joint Surgery | 27415 | Osteochondral allograft, knee, open | Yes | Yes | 27412, 27415, 27416 |
| Joint Surgery | 27416 | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) | Yes | Yes | 27412, 27415, 27416 |
| Joint Surgery | 27418 | Anterior tibial tubercleplasty (eg, Maquet type procedure) | Yes | Yes | 27418 |
| Joint Surgery | 27420 | Reconstruction of dislocating patella; (eg, Hauser type procedure) | Yes | Yes | 27350, 27420, 27422, 27424 |
| Joint Surgery | 27422 | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure) | Yes | Yes | 27350, 27420, 27422, 27424 |
| Joint Surgery | 27424 | Reconstruction of dislocating patella; with patellectomy | Yes | Yes | 27350, 27420, 27422, 27424 |
| Joint Surgery | 27425 | Lateral retinacular release, open | Yes | Yes | 27425, 27427, 27428, 27429 |
| Joint Surgery | 27427 | Ligamentous reconstruction (augmentation), knee; extra-articular | Yes | Yes | 27425, 27427, 27428, 27429 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|-----------|--|---|---------------------------------------|---|
| Joint Surgery | 27428 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) | Yes | Yes | 27425, 27427, 27428, 27429 |
| Joint Surgery | 27429 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular | Yes | Yes | 27425, 27427, 27428, 27429 |
| Joint Surgery | 27430 | Quadricepsplasty (Eg, Bennett Or Thompson Type) | Yes | Yes | |
| Joint Surgery | 27438 | Arthroplasty, patella; with prosthesis | Yes | Yes | 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447 |
| Joint Surgery | 27440 | Arthroplasty, knee, tibial plateau; | Yes | Yes | 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447 |
| Joint Surgery | 27441 | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy | Yes | Yes | 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447 |
| Joint Surgery | 27442 | Arthroplasty, femoral condyles or tibial plateau(s), knee; | Yes | Yes | 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447 |
| Joint Surgery | 27443 | Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy | Yes | Yes | 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447 |
| Joint Surgery | 27445 | Arthroplasty, knee, hinge prosthesis (eg, Walldius type) | Yes | Yes | 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447 |
| Joint Surgery | 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment | Yes | Yes | 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447 |
| Joint Surgery | 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | Yes | Yes | 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447 |
| Joint Surgery | 27486 | Revision of total knee arthroplasty, with or without allograft; 1 component | Yes | Yes | 27486, 27487, 27488 |
| Joint Surgery | 27487 | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component | Yes | Yes | 27486, 27487, 27488 |
| Joint Surgery | 27488 | Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee | Yes | Yes | 27486, 27487, 27488 |
| Joint Surgery | 27580 | Arthrodesis, knee, any technique | Yes | Yes | 27580 |
| Joint Surgery | 29805 | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|---|---|---------------------------------------|---|
| Joint Surgery | 29807 | Arthroscopy, shoulder, surgical; repair of SLAP lesion | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29819 | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29820 | Arthroscopy, shoulder, surgical; synovectomy, partial | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29821 | Arthroscopy, shoulder, surgical; synovectomy, complete | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29822 | Arthroscopy, shoulder, surgical; debridement, limited | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29823 | Arthroscopy, shoulder, surgical; debridement, extensive | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29824 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29825 | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29826 | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure) | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|--|---|---------------------------------------|--|
| Joint Surgery | 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29828 | Arthroscopy, shoulder, surgical; biceps tenodesis | Yes | Yes | 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Joint Surgery | 29860 | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) | Yes | Yes | 29860, 29861, 29862, 29863, 29914, 29915, 29916 |
| Joint Surgery | 29861 | Arthroscopy, hip, surgical; with removal of loose body or foreign body | Yes | Yes | 29860, 29861, 29862, 29863, 29914, 29915, 29916 |
| Joint Surgery | 29862 | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum | Yes | Yes | 29860, 29861, 29862, 29863, 29914, 29915, 29916 |
| Joint Surgery | 29863 | Arthroscopy, hip, surgical; with synovectomy | Yes | Yes | 29860, 29861, 29862, 29863, 29914, 29915, 29916 |
| Joint Surgery | 29866 | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s]) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29867 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29868 | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29870 | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|---|---|---------------------------------------|--|
| Joint Surgery | 29873 | Arthroscopy, knee, surgical; with lateral release | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29874 | Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29875 | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29876 | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|-----------|--|---|---------------------------------------|--|
| Joint Surgery | 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29882 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29883 | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29884 | Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29885 | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29886 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29887 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|--|---|---------------------------------------|--|
| Joint Surgery | 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29889 | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction | Yes | Yes | 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889 |
| Joint Surgery | 29914 | Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion) | Yes | Yes | 29914, 29915, 29916, 29860, 29861, 29862, 29863 |
| Joint Surgery | 29915 | Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion) | Yes | Yes | 29914, 29915, 29916, 29860, 29861, 29862, 29863 |
| Joint Surgery | 29916 | Arthroscopy, hip, surgical; with labral repair | Yes | Yes | 29914, 29915, 29916, 29860, 29861, 29862, 29863 |
| Joint Surgery | S2118 | Metal-on-metal total hip resurfacing, including acetabular and femoral components | Yes | Yes | |

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Network Health Plan WI Prior Authorization Procedure List: Spine Surgery

***C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|---|---|---------------------------------------|---|
| Spine Surgery | 20930 | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) | Yes | No | 20930, 20931 |
| Spine Surgery | 20936 | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure) | Yes | No | |
| Spine Surgery | 20937 | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure) | Yes | No | |
| Spine Surgery | 20938 | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure) | Yes | No | |
| Spine Surgery | 20931 | Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure) | Yes | No | 20930, 20931 |
| Spine Surgery | 20974 | Electrical stimulation to aid bone healing; noninvasive (nonoperative) | Yes | No | 20974, 20975, 20979 |
| Spine Surgery | 20975 | Electrical stimulation to aid bone healing; invasive (operative) | Yes | No | 20974, 20975, 20979 |
| Spine Surgery | 20979 | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) | Yes | No | 20974, 20975, 20979 |
| Spine Surgery | 22100 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical | Yes | No | 22100, 22101, 22103, 22110, 22112, 22116 |
| Spine Surgery | 22101 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic | Yes | No | 22100, 22101, 22103, 22110, 22112, 22114, 22116 |
| Spine Surgery | 22102 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar | Yes | No | 22101, 22102, 22103, 22112, 22114, 22116 |
| Spine Surgery | 22103 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure) | Yes | No | 22100, 22101, 22103, 22110, 22112, 22114, 22116 |
| Spine Surgery | 22110 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical | Yes | No | 22100, 22101, 22103, 22110, 22112, 22116 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|-----------|---|---|---------------------------------------|---|
| Spine Surgery | 22112 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic | Yes | No | 22100, 22101, 22103, 22110, 22112, 22114, 22116 |
| Spine Surgery | 22114 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar | Yes | No | 22101, 22102, 22103, 22112, 22114, 22116 |
| Spine Surgery | 22116 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) | Yes | No | 22100, 22101, 22103, 22110, 22112, 22114, 22116 |
| Spine Surgery | 22206 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic | Yes | No | 22206, 22207, 22208, 22210, 22212, 22214, 22216 |
| Spine Surgery | 22207 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar | Yes | No | 22206, 22207, 22208, 22212, 22214, 22216 |
| Spine Surgery | 22208 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure) | Yes | No | 22206, 22207, 22208, 22210, 22212, 22214, 22216 |
| Spine Surgery | 22210 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical | Yes | No | 22206, 22208, 22210, 22212, 22214, 22216 |
| Spine Surgery | 22212 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic | Yes | No | 22206, 22207, 22208, 22210, 22212, 22214, 22216 |
| Spine Surgery | 22214 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar | Yes | No | 22206, 22207, 22208, 22212, 22214, 22216 |
| Spine Surgery | 22216 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure) | Yes | No | 22206, 22207, 22208, 22210, 22212, 22214, 22216 |
| Spine Surgery | 22220 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical | Yes | No | 22220, 22222, 22226 |
| Spine Surgery | 22222 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic | Yes | No | 22220, 22222, 22224, 22226 |
| Spine Surgery | 22224 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar | Yes | No | 22222, 22224, 22226 |
| Spine Surgery | 22226 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) | Yes | No | 22220, 22222, 22224, 22226 |
| Spine Surgery | 22505 | Manipulation of spine requiring anesthesia, any region | Yes | No | 22505 |
| Spine Surgery | 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic | Yes | No | 22510, 22511, 22512, 22513, 22514, 22515 |

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|---------------|-----------|--|---|---------------------------------------|---|
| Spine Surgery | 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral | Yes | No | 22510, 22511, 22512, 22513, 22514, 22515 |
| Spine Surgery | 22512 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure) | Yes | No | 22510, 22511, 22512, 22513, 22514, 22515 |
| Spine Surgery | 22513 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic | Yes | No | 22510, 22511, 22512, 22513, 22514, 22515 |
| Spine Surgery | 22514 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar | Yes | No | 22510, 22511, 22512, 22513, 22514, 22515 |
| Spine Surgery | 22515 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) | Yes | No | 22510, 22511, 22512, 22513, 22514, 22515 |
| Spine Surgery | 22532 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | Yes | No | 22532, 22533, 22534 |
| Spine Surgery | 22533 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | Yes | No | 22532, 22533, 22534 |
| Spine Surgery | 22534 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure) | Yes | No | 22532, 22533, 22534 |
| Spine Surgery | 22548 | Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process | Yes | No | 22548, 22551, 22552, 22554, 22556, 22585 |
| Spine Surgery | 22551 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2 | Yes | No | 22548, 22551, 22552, 22554, 22556, 22585 |
| Spine Surgery | 22552 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure) | Yes | No | 22548, 22551, 22552, 22554, 22556, 22585, 22558 |
| Spine Surgery | 22554 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 | Yes | No | 22548, 22551, 22552, 22554, 22556, 22585 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|---|---|---------------------------------------|--|
| Spine Surgery | 22556 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | Yes | No | 22548, 22551, 22552, 22554, 22556, 22585, 22558 |
| Spine Surgery | 22558 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | Yes | No | 22552, 22556, 22558, 22585 |
| Spine Surgery | 22585 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) | Yes | No | 22548, 22551, 22552, 22554, 22556, 22585, 22558 |
| Spine Surgery | 22586 | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace | Yes | No | 22586 |
| Spine Surgery | 22590 | Arthrodesis, posterior technique, craniocervical (occiput-C2) | Yes | No | 22590, 22595, 22600, 22610, 22614, 22632, 22634 |
| Spine Surgery | 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2) | Yes | No | 22590, 22595, 22600, 22610, 22614, 22632, 22634 |
| Spine Surgery | 22600 | Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment | Yes | No | 22590, 22595, 22600, 22610, 22614, 22632, 22634 |
| Spine Surgery | 22610 | Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed) | Yes | No | 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634 |
| Spine Surgery | 22612 | Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed) | Yes | No | 22610, 22612, 22614, 22630, 22632, 22633, 22634 |
| Spine Surgery | 22614 | Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure) | Yes | No | 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634 |
| Spine Surgery | 22630 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar | Yes | No | 22610, 22612, 22614, 22630, 22632, 22633, 22634 |
| Spine Surgery | 22632 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure) | Yes | No | 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|-----------|---|---|---------------------------------------|--|
| Spine Surgery | 22633 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar | Yes | No | 22610, 22612, 22614, 22630, 22632, 22633, 22634 |
| Spine Surgery | 22634 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure) | Yes | No | 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634 |
| Spine Surgery | 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments | Yes | No | 22800, 22802, 22804 |
| Spine Surgery | 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments | Yes | No | 22800, 22802, 22804 |
| Spine Surgery | 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | Yes | No | 22800, 22802, 22804 |
| Spine Surgery | 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments | Yes | No | 22808, 22810, 22812 |
| Spine Surgery | 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments | Yes | No | 22808, 22810, 22812 |
| Spine Surgery | 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments | Yes | No | 22808, 22810, 22812 |
| Spine Surgery | 22818 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments | Yes | No | 22818, 22819 |
| Spine Surgery | 22819 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments | Yes | No | 22818, 22819 |
| Spine Surgery | 22830 | Exploration of spinal fusion | Yes | No | 22830 |
| Spine Surgery | 22840 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) | Yes | No | 22840, 22841, 22842, 22843, 22844 |
| Spine Surgery | 22841 | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure) | Yes | No | 22840, 22841, 22842, 22843, 22844 |
| Spine Surgery | 22842 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure) | Yes | No | 22840, 22841, 22842, 22843, 22844 |
| Spine Surgery | 22843 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure) | Yes | No | 22840, 22841, 22842, 22843, 22844 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|--|---|---------------------------------------|-----------------------------------|
| Spine Surgery | 22844 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure) | Yes | No | 22840, 22841, 22842, 22843, 22844 |
| Spine Surgery | 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) | Yes | No | 22845, 22846, 22847 |
| Spine Surgery | 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) | Yes | No | 22845, 22846, 22847 |
| Spine Surgery | 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) | Yes | No | 22845, 22846, 22847 |
| Spine Surgery | 22848 | Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure) | Yes | No | 22848 |
| Spine Surgery | 22849 | Reinsertion of spinal fixation device | Yes | No | 22849 |
| Spine Surgery | 22850 | Removal of posterior nonsegmental instrumentation (eg, Harrington rod) | Yes | No | 22850 |
| Spine Surgery | 22853 | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when conjunction with interbody arthrodesis, each interspace (List separately, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure) | Yes | No | 22853, 22854, 22859 |
| Spine Surgery | 22854 | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | Yes | No | 22853, 22854, 22859 |
| Spine Surgery | 22856 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical | Yes | No | 22856, 22858 22861 |
| Spine Surgery | 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar | Yes | No | 22857, 22862 |
| Spine Surgery | 22858 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure) | Yes | No | 22856, 22858 22861 |
| Spine Surgery | 22859 | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | Yes | No | 22853, 22854, 22859 |
| Spine Surgery | 22861 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical | Yes | No | 22856,22858, 22861 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|---|---|---------------------------------------|---|
| Spine Surgery | 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | Yes | No | 22857, 22862 |
| Spine Surgery | 22867 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level | Yes | No | 22867, 22868, 22869, 22870 |
| Spine Surgery | 22868 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) | Yes | No | 22867, 22868, 22869, 22870 |
| Spine Surgery | 22869 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level | Yes | No | 22867, 22868, 22869, 22870 |
| Spine Surgery | 22870 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure) | Yes | No | 22867, 22868, 22869, 22870 |
| Spine Surgery | 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device | Yes | No | 27279, 27280, 27282, 27284, 27286 |
| Spine Surgery | 27280 | Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed | Yes | No | 27279, 27280, 27282, 27284, 27286 |
| Spine Surgery | 62380 | Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar | Yes | No | 62380 |
| Spine Surgery | 63001 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical | Yes | No | 63001, 63003, 63015, 63016 |
| Spine Surgery | 63003 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic | Yes | No | 63001, 63003, 63005, 63012, 63015, 63016, 63017 |
| Spine Surgery | 63005 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis | Yes | No | 63003, 63005, 63011, 63012, 63016, 63017 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|--|---|---------------------------------------|---|
| Spine Surgery | 63011 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral | Yes | No | 63005, 63011, 63012, 63016, 63017 |
| Spine Surgery | 63012 | Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) | Yes | No | 63003, 63005, 63011, 63012, 63016, 63017 |
| Spine Surgery | 63015 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical | Yes | No | 63001, 63003, 63015, 63016 |
| Spine Surgery | 63016 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic | Yes | No | 63001, 63003, 63005, 63012, 63015, 63016, 63017 |
| Spine Surgery | 63017 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar | Yes | No | 63003, 63005, 63011, 63012, 63016, 63017 |
| Spine Surgery | 63020 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical | Yes | No | 63020, 63035, 63040, 63043 |
| Spine Surgery | 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar | Yes | No | 63030, 63035, 63042, 63044 |
| Spine Surgery | 63035 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) | Yes | No | 63020, 63030, 63035, 63040, 63042, 63043, 63044 |
| Spine Surgery | 63040 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical | Yes | No | 63020, 63035, 63043 |
| Spine Surgery | 63042 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar | Yes | No | 63030, 63035, 63042, 63044 |
| Spine Surgery | 63043 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure) | Yes | No | 63020, 63035, 63040, 63043 |
| Spine Surgery | 63044 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure) | Yes | No | 63030, 63035, 63042, 63044 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|---|---|---------------------------------------|----------------------------|
| Spine Surgery | 63045 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical | Yes | No | 63045, 63046, 63048 |
| Spine Surgery | 63046 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic | Yes | No | 63045, 63046, 63047, 63048 |
| Spine Surgery | 63047 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar | Yes | No | 63046, 63047, 63048 |
| Spine Surgery | 63048 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) | Yes | No | 63045, 63046, 63047, 63048 |
| Spine Surgery | 63050 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; | Yes | No | 63050, 63051 |
| Spine Surgery | 63051 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed) | Yes | No | 63050, 63051 |
| Spine Surgery | 63055 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic | Yes | No | 63055, 63056, 63057 |
| Spine Surgery | 63056 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc) | Yes | No | 63055, 63056, 63057 |
| Spine Surgery | 63057 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure) | Yes | No | 63055, 63056, 63057 |
| Spine Surgery | 63064 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment | Yes | No | 63064, 63066 |
| Spine Surgery | 63066 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure) | Yes | No | 63064, 63066 |
| Spine Surgery | 63075 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace | Yes | No | 63075, 63076, 63077, 63078 |
| Spine Surgery | 63076 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure) | Yes | No | 63075, 63076, 63077, 63078 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|-----------|--|---|---------------------------------------|----------------------------|
| Spine Surgery | 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace | Yes | No | 63075, 63076, 63077, 63078 |
| Spine Surgery | 63078 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) | Yes | No | 63075, 63076, 63077, 63078 |
| Spine Surgery | 63081 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment | Yes | No | 63081, 63082 |
| Spine Surgery | 63082 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure) | Yes | No | 63081, 63082 |
| Spine Surgery | 63085 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment | Yes | No | 63085, 63086 |
| Spine Surgery | 63086 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure) | Yes | No | 63085, 63086 |
| Spine Surgery | 63087 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment | Yes | No | 63087, 63088 |
| Spine Surgery | 63088 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure) | Yes | No | 63087, 63088 |
| Spine Surgery | 63090 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment | Yes | No | 63090, 63091 |
| Spine Surgery | 63091 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure) | Yes | No | 63090, 63091 |
| Spine Surgery | 63101 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment | Yes | No | 63101, 63102, 63103 |
| Spine Surgery | 63102 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment | Yes | No | 63101, 63102, 63103 |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|--|---|---------------------------------------|---|
| Spine Surgery | 63103 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure) | Yes | No | 63101, 63102, 63103 |
| Spine Surgery | 63170 | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar | Yes | No | 63170 |
| Spine Surgery | 63180 | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments | Yes | No | 63180, 63182 |
| Spine Surgery | 63182 | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments | Yes | No | 63180, 63182 |
| Spine Surgery | 63185 | Laminectomy with rhizotomy; 1 or 2 segments | Yes | No | 63185, 63190, 63295 |
| Spine Surgery | 63190 | Laminectomy with rhizotomy; more than 2 segments | Yes | No | 63185, 63190, 63295 |
| Spine Surgery | 63191 | Laminectomy with section of spinal accessory nerve | Yes | No | 63191 |
| Spine Surgery | 0095T | Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach,Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure) | Yes | No | |
| Spine Surgery | 0098T | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (Listseparately In Addition To Code For Primary Procedure) | Yes | No | |
| Spine Surgery | 63295 | Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure) | Yes | No | 63172, 63173, 63185, 63190, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295 |
| Spine Surgery | 0163T | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure) | Yes | No | 0163T |
| Spine Surgery | 0164T | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) | Yes | No | 0164T |
| Spine Surgery | 0165T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) | Yes | No | 0165T |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|--------------|--|---|---------------------------------------|--|
| Spine Surgery | 0200T | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed | Yes | No | 0200T, 0201T |
| Spine Surgery | 0201T | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed | Yes | No | 0200T, 0201T |
| Spine Surgery | 0202T | Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine | Yes | No | 0202T |
| Spine Surgery | 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | Yes | No | 0213T, 0214T, 0215T, 0216T, 0217T, 0218T |
| Spine Surgery | 0219T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical | Yes | No | 0219T, 0220T, 0222T |
| Spine Surgery | 0220T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic | Yes | No | 0219T, 0220T, 0222T |
| Spine Surgery | 0221T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar | Yes | No | 0221T, 0220T, 0222T |
| Spine Surgery | 0222T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure) | Yes | No | 0219T, 0220T, 0221T, 0222T |
| Spine Surgery | E0748 | Osteogenesis stimulator, electrical, non-invasive, spinal applications | Yes | No | E0748 |
| Spine Surgery | E0749 | Osteogenesis stimulator, electrical, surgically implanted | Yes | No | E0749 |
| Spine Surgery | E0760 | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Yes | No | E0760 |
| Spine Surgery | S2348 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar | Yes | No | S2348 |
| Spine Surgery | S2350 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace | Yes | No | S2350, S2351 |
| Spine Surgery | S2351 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (List separately in addition to code for primary procedure) | Yes | No | S2350, S2351 |
| Spine Surgery | 0274T | Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Discectomy, Facetectomy And/Or Foraminotomy), Any Method, Under Indirect Image Guidance (E.G. Fluoroscopic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Cervical Or Thoracic. | Yes | No | |

| Category | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---------------|-----------|---|---|---------------------------------------|---------------------------|
| Spine Surgery | 0275T | Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Descectomy, Facetectomy And/Or Foramintomy), Any Method, Under Indirect Image Guidance (E.G. Fluorsocpic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Lumbar | Yes | No | |

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Network Health Plan WI

Prior Authorization Procedure List: Radiation Oncology

**C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

| CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|----------------------|--|---|---------------------------------------|---------------------------|
| Brachytherapy | | | | |
| 77750 | Infusion or instillation of radioelement solution (includes 3-month follow-up care) | Yes | Yes | 77750 |
| 77761 | Intracavitary radiation source application; simple | Yes | Yes | 77761 |
| 77762 | Intracavitary radiation source application; intermediate | Yes | Yes | 77761, 77762 |
| 77763 | Intracavitary radiation source application; complex | Yes | Yes | 77761, 77762, 77763 |
| 77767 | HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel | Yes | Yes | 77767 |
| 77768 | HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | Yes | Yes | 77767, 77768 |
| 77770 | HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel | Yes | Yes | 77770 |
| 77771 | HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels | Yes | Yes | 77770, 77771 |
| 77772 | HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels | Yes | Yes | 77770, 77771, 77772 |
| 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed | Yes | Yes | 77778 |
| 0394T | HDR electronic brachytherapy, skin surface application, per fraction | Yes | Yes | |
| 0395T | HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction | Yes | Yes | |

| CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---|---|---|---------------------------------------|---------------------------|
| Stereotactic Radiation Therapy | | | | |
| 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based | Yes | Yes | 77371 |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based | Yes | Yes | 77372, G0339 |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | Yes | Yes | 77373, G0339, G0340 |
| G0339 | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | Yes | Yes | G0339 |
| G0340 | Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment | Yes | Yes | G0340 |
| Intensity Modulated Radiation Therapy (IMRT) | | | | |
| 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple | Yes | Yes | 77385 |
| 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex | Yes | Yes | 77385, 77386 |
| G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session | Yes | Yes | G6015 |
| G6016 | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session | Yes | Yes | G6015, G6016 |

| CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|--|---|---|---------------------------------------|-----------------------------------|
| Neutron Beam Radiation Therapy | | | | |
| 77423 | High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) | Yes | Yes | 77423 |
| Intraoperative Radiation Therapy (IORT) | | | | |
| 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session | Yes | Yes | 77424 |
| 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session | Yes | Yes | 77425 |
| Proton Beam Radiation Therapy | | | | |
| 77520 | Proton treatment delivery; simple, without compensation | Yes | Yes | 77520 |
| 77522 | Proton treatment delivery; simple, with compensation | Yes | Yes | 77520, 77522 |
| 77523 | Proton treatment delivery; intermediate | Yes | Yes | 77520, 77522, 77523 |
| 77525 | Proton treatment delivery; complex | Yes | Yes | 77520, 77522, 77523, 77525 |
| Hyperthermia Treatment | | | | |
| 77600 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) | Yes | Yes | 77600 |
| 77605 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm) | Yes | Yes | 77600, 77605 |
| 77610 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators | Yes | Yes | 77600, 77605, 77610 |
| 77615 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators | Yes | Yes | 77600, 77605, 77610, 77615 |
| 77620 | Hyperthermia generated by intracavitary probe(s) | Yes | Yes | 77600, 77605, 77610, 77615, 77620 |
| Radiation Treatment Management | | | | |
| G6017 | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment | Yes | Yes | |

| CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|-------------------------------------|--|---|---------------------------------------|---|
| Radiation Treatment Delivery | | | | |
| 77401 | Radiation treatment delivery, superficial and/or ortho voltage, per day | Yes | Yes | 77401 |
| 77402 | Radiation treatment delivery, >1 MeV; simple | Yes | Yes | 77402 |
| 77407 | Radiation treatment delivery; two separate treatment areas; three or more ports on a single treatment area; or three or more simple blocks;>=1 MeV; intermediate | Yes | Yes | 77402, 77407 |
| 77412 | Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-in-field or other tissue compensation that does not meet IMRT guidelines; or electron beam; >=1 MeV; complex | Yes | Yes | 77402, 77407, 77412 |
| G6003 | Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5mev | Yes | Yes | G6003 |
| G6004 | Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10mev | Yes | Yes | G6003, G6004 |
| G6005 | Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19mev | Yes | Yes | G6003, G6004, G6005 |
| G6006 | Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater | Yes | Yes | G6003, G6004, G6005, G6006 |
| G6007 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev | Yes | Yes | G6003, G6004, G6005, G6006, G6007 |
| G6008 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev | Yes | Yes | G6003, G6004, G6005, G6006, G6007, G6008 |
| G6009 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev | Yes | Yes | G6003, G6004, G6005, G6006, G6007, G6008, G6009 |
| G6010 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater | Yes | Yes | G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010 |
| G6011 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev | Yes | Yes | G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011 |
| G6012 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev | Yes | Yes | G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012 |
| G6013 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev | Yes | Yes | G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013 |

| CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings |
|---|--|---|---------------------------------------|--|
| G6014 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater | Yes | Yes | G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014 |
| Radiologic Guidance | | | | |
| 77014 | Computed tomography guidance for placement of radiation therapy fields | Yes | Yes | 77014 |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed | Yes | Yes | 77387 |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields | Yes | Yes | G6001 |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy | Yes | Yes | G6001, G6002, 77014 |
| Therapeutic Radiopharmaceuticals | | | | |
| 79101 | Radiopharmaceutical, therapy, by intravenous administration | Yes | Yes | 79101 |
| A9606 | Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo) | Yes | Yes | A9606 |
| 79005 | Radiopharmaceutical therapy, by oral administration; used for I-131 treatment | Yes | Yes | 79005 |
| 79403 | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion | Yes | Yes | 79403 |
| A9513 | Lutetium Lu 177, dotatate, therapeutic, 1 mCi | Yes | Yes | A9513 |
| A9543 | Yttrium 90 Ibritumomab Tiuxetan (Zevalin) | Yes | Yes | A9543 |
| A9590 | Iodine i-131, iobenguane, 1 millicurie | Yes | Yes | A9590 |

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**NWH - WI Medicare
Medical Oncology Code List**

*****Please note: This list is constantly evolving as new drugs come to market and are approved by the FDA as well as with any HCPC code changes issued by CMS. Please contact NWH-WI or eviCore, if the drug you are requesting is not contained on this list, to determine if prior authorization is needed*****

Effective date: 1/1/21

| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Medicare |
|---------------------------|--------------------------|-------------|-------------------------|--------------------------|--|
| 5-Fluorouracil- Injection | 5FU, Adrucil | J9190 | Primary | INJECTABLE | Y |
| Ado-Trastuzumab Emtansine | Kadcyla | J9354 | Primary | INJECTABLE | Y |
| Aldesleukin | Proleukin, Interleukin-2 | J9015 | Primary | INJECTABLE | Y |
| Aprepitant | Cinvanti | J0185 | Supportive - Antiemetic | INJECTABLE | Y |
| Arsenic Trioxide | Trisenox | J9017 | Primary | INJECTABLE | Y |
| Asparaginase | Erwinaze | J9019 | Primary | INJECTABLE | Y |
| Atezolizumab | Tecentriq | J9022 | Primary | INJECTABLE | Y |
| Avelumab | Bavencio | J9023 | Primary | INJECTABLE | Y |
| Azacitidine | Vidaza | J9025 | Primary | INJECTABLE | Y |
| Azacitidine - oral | Onureg | J8999 | Primary | ORAL | Y |
| BCG | TheraCys, Tice | J9030 | Primary | INJECTABLE | Y |
| Belantamab Mafodotin-blmf | Blenrep | J9999 | Primary | INJECTABLE | Y |

Effective date: 1/1/21

| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Medicare |
|---------------------------|--------------------------------------|-------------|----------------------|--------------------------|--|
| Belantamab Mafodotin-blmf | Blenrep | C9069 | Primary | INJECTABLE | Y |
| Belinostat | Beleodaq | J9032 | Primary | INJECTABLE | Y |
| Bendamustine HCL | Belrapzo | J9036 | Primary | INJECTABLE | Y |
| Bendamustine HCL | Bendeka | J9034 | Primary | INJECTABLE | Y |
| Bendamustine hcl | Treanda | J9033 | Primary | INJECTABLE | Y |
| Bevacizumab | Avastin | J9035 | Primary | INJECTABLE | Y |
| Bevacizumab-awwb | Mvasi | Q5107 | Primary - Biosimilar | INJECTABLE | Y |
| Bevacizumab-bvzr | Zirabev | Q5118 | Primary - Biosimilar | INJECTABLE | Y |
| Bleomycin | Blenoxane | J9040 | Primary | INJECTABLE | Y |
| Blinatumomab | Blincyto | J9039 | Primary | INJECTABLE | Y |
| Bortezomib | Bortezomib (not otherwise specified) | J9044 | Primary | INJECTABLE | Y |
| Bortezomib | Velcade | J9041 | Primary | INJECTABLE | Y |
| Brentuximab Vedotin | Adcetris | J9042 | Primary | INJECTABLE | Y |
| Burosumab | Crysvita | J0584 | Supportive | INJECTABLE | Y |
| Cabazitaxel | Jevtana | J9043 | Primary | INJECTABLE | Y |
| Calaspargase pegol-mknl | Asparlas | J9118 | Primary | INJECTABLE | Y |
| Capecitabine - oral | Xeloda (150 mg) | J8520 | Primary | ORAL | Y |
| Capecitabine - oral | Xeloda (500 mg) | J8521 | Primary | ORAL | Y |
| Carboplatin | Paraplatin | J9045 | Primary | INJECTABLE | Y |
| Carfilzomib | Kyprolis | J9047 | Primary | INJECTABLE | Y |
| Carmustine | BiCNU, BCNU | J9050 | Primary | INJECTABLE | Y |
| Cemiplimab-rwlc | Libtayo | J9119 | Primary | INJECTABLE | Y |
| Cetuximab | Erbitux | J9055 | Primary | INJECTABLE | Y |
| Cisplatin | Platinol | J9060 | Primary | INJECTABLE | Y |
| Cladribine | Leustatin | J9065 | Primary | INJECTABLE | Y |
| Clofarabine | Clolar | J9027 | Primary | INJECTABLE | Y |
| Copanlisib | Aliqopa | J9057 | Primary | INJECTABLE | Y |
| Cyclophosphamide - inj | Cytosan, Endoxan-Asta | J9070 | Primary | INJECTABLE | Y |
| Cytarabine | Ara-C | J9100 | Primary | INJECTABLE | Y |
| Cytarabine-Liposome | DepoCyt | J9098 | Primary | INJECTABLE | Y |
| Dacarbazine | DTIC-Dome | J9130 | Primary | INJECTABLE | Y |

Effective date: 1/1/21

| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Medicare |
|------------------------------------|--|-------------|-------------------------|--------------------------|--|
| Dactinomycin | Cosmegen, Actinomycin | J9120 | Primary | INJECTABLE | Y |
| Daratumumab | Darzalex | J9145 | Primary | INJECTABLE | Y |
| Daratumumab and hyaluronidase-fihj | Darzalex Faspro | J9144 | Primary | INJECTABLE | Y |
| Darbepoetin alfa | Aranesp | J0881 | Supportive | INJECTABLE | Y |
| Daunorubicin | Cerubidine | J9150 | Primary | INJECTABLE | Y |
| Decitabine | Dacogen | J0894 | Primary | INJECTABLE | Y |
| Degarelix | Firmagon | J9155 | Primary | INJECTABLE | Y |
| Denosumab | Xgeva, Prolia | J0897 | Supportive | INJECTABLE | Y |
| Dinutuximab | Unituxin | C9399 | Primary | INJECTABLE | Y |
| Dinutuximab | Unituxin | J9999 | Primary | INJECTABLE | Y |
| Docetaxel | Taxotere | J9171 | Primary | INJECTABLE | Y |
| Doxorubicin HCL | Adriamycin | J9000 | Primary | INJECTABLE | Y |
| Doxorubicin HCL (liposomal) | Doxil, Doxorubicin HCL (Liposomal) not otherwise specified | Q2050 | Primary | INJECTABLE | Y |
| Durvalumab | Imfinzi | J9173 | Primary | INJECTABLE | Y |
| Elotuzumab | Empliciti | J9176 | Primary | INJECTABLE | Y |
| Enfortumab vedotin-ejfv | Padcev | J9177 | Primary | INJECTABLE | Y |
| Epirubicin | Ellence | J9178 | Primary | INJECTABLE | Y |
| Epoetin alfa | Epogen, Procrit | J0885 | Supportive | INJECTABLE | Y |
| Epoetin alfa-epbx | Retacrit | Q5106 | Supportive | INJECTABLE | Y |
| Eribulin mesylate | Halaven | J9179 | Primary | INJECTABLE | Y |
| Etoposide - inj | Toposar, VePesid, Etopophos | J9181 | Primary | INJECTABLE | Y |
| Etoposide - oral | Toposar | J8560 | Primary | ORAL | Y |
| Fam-trastuzumab deruxtecan-nxki | Enhertu | J9358 | Primary | INJECTABLE | Y |
| Filgrastim | Neupogen | J1442 | Supportive | INJECTABLE | Y |
| Filgrastim-aafi | Nivestym | Q5110 | Supportive | INJECTABLE | Y |
| Filgrastim-sndz | Zarxio | Q5101 | Supportive | INJECTABLE | Y |
| Floxuridine | FUDR | J9200 | Primary | INJECTABLE | Y |
| Fludarabine Phosphate | Fludara, Oforta | J9185 | Primary | INJECTABLE | Y |
| Fosaprepitant | Emend | J1453 | Supportive - Antiemetic | INJECTABLE | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Medicare |
|--|---|-------------|-------------------------|--------------------------|--|
| Fosnetupitant/Palonosetron | Akynzeo | J1454 | Supportive - Antiemetic | INJECTABLE | Y |
| Fulvestrant | Faslodex | J9395 | Primary | INJECTABLE | Y |
| Gemcitabine | Gemzar | J9201 | Primary | INJECTABLE | Y |
| Gemcitabine HCL in NaCL | Infugem | J9198 | Primary | INJECTABLE | Y |
| Gemtuzumab Ozogamicin | Mylotarg | J9203 | Primary | INJECTABLE | Y |
| Goserelin acetate implant | Zoladex | J9202 | Primary | INJECTABLE | Y |
| Granisetron | Sustol | J1627 | Supportive - Antiemetic | INJECTABLE | Y |
| Histrelin Implant | Vantas | J9225 | Primary | INJECTABLE | Y |
| Idarubicin HCL - inj | Idamycin | J9211 | Primary | INJECTABLE | Y |
| Ifosfamide | Ifex, Mitoxana | J9208 | Primary | INJECTABLE | Y |
| Inotuzumab Ozogamicin | Besponsa | J9229 | Primary | INJECTABLE | Y |
| Interferon, alfa-2b, recombinant | Intron A | J9214 | Primary | INJECTABLE | Y |
| Interferon, gamma-1b | Actimmune | J9216 | Primary | INJECTABLE | Y |
| Ipilimumab | Yervoy | J9228 | Primary | INJECTABLE | Y |
| Irinotecan | Camptosar | J9206 | Primary | INJECTABLE | Y |
| Irinotecan Liposome | Onivyde | J9205 | Primary | INJECTABLE | Y |
| Isatuximab-irfc | Sarclisa | J9227 | Primary | INJECTABLE | Y |
| Ixabepilone | Ixemptra | J9207 | Primary | INJECTABLE | Y |
| Lanreotide | Somatuline Depot | J1930 | Supportive | INJECTABLE | Y |
| Lanreotide | Somatuline Depot | J1930 | Primary | INJECTABLE | Y |
| Leucovorin - inj | Leucovorin | J0640 | Primary | INJECTABLE | Y |
| Leuprolide Acetate (J1950: 3.75mg) | Eligard, Lupron Depot, Lupron, Leuprolide Acetate | J1950 | Primary | INJECTABLE | Y |
| Leuprolide Acetate (J9217: 7.5mg) | Eligard, Lupron Depot, Lupron, Leuprolide Acetate | J9217 | Primary | INJECTABLE | Y |
| Leuprolide Acetate (J9218: 1mg) | Eligard, Lupron Depot, Lupron, Leuprolide Acetate | J9218 | Primary | INJECTABLE | Y |
| Levoleucovorin | Fusilev | J0641 | Primary | INJECTABLE | Y |
| Levoleucovorin | Khazory | J0642 | Primary | INJECTABLE | Y |
| Liposome-encapsulated combination of Daunorubicin and Cytarabine | Vyxeos | J9153 | Primary | INJECTABLE | Y |
| Lurbinectedin | Zepzelca | J9223 | Primary | INJECTABLE | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Medicare |
|-----------------------------------|---------------------|-------------|------------|--------------------------|--|
| Luspatercept-aamt | Reblozyl | J0896 | Supportive | INJECTABLE | Y |
| Margetuximab-cmkb | Margenza | C9399 | Primary | INJECTABLE | Y |
| Margetuximab-cmkb | Margenza | J3490 | Primary | INJECTABLE | Y |
| Margetuximab-cmkb | Margenza | J3590 | Primary | INJECTABLE | Y |
| Margetuximab-cmkb | Margenza | J9999 | Primary | INJECTABLE | Y |
| Mechlorethamine HCL | Mustragen | J9230 | Primary | INJECTABLE | Y |
| Melphalan HCL - inj | Evomela | J9246 | Primary | INJECTABLE | Y |
| Melphalan HCL - NOS inj | Alkeran | J9245 | Primary | INJECTABLE | Y |
| Methotrexate Sodium (J9250: 5mg) | Folex, Methotrexate | J9250 | Primary | INJECTABLE | Y |
| Methotrexate Sodium (J9260: 50mg) | Folex, Methotrexate | J9260 | Primary | INJECTABLE | Y |
| Mitomycin | Jelmyto | J9281 | Primary | PYELOCALYCEAL | Y |
| Mitomycin | Mutamycin | J9280 | Primary | INJECTABLE | Y |
| Mitoxantrone HCL | Novantrone | J9293 | Primary | INJECTABLE | Y |
| Mogamulizumab-kpkc | Poteligeo | J9204 | Primary | INJECTABLE | Y |
| Moxetumomab pasudotox-tdfk | Lumoxiti | J9313 | Primary | INJECTABLE | Y |
| naxitamab-gqgk | Danyelza | C9399 | Primary | INJECTABLE | Y |
| naxitamab-gqgk | Danyelza | J3490 | Primary | INJECTABLE | Y |
| naxitamab-gqgk | Danyelza | J3590 | Primary | INJECTABLE | Y |
| naxitamab-gqgk | Danyelza | J9999 | Primary | INJECTABLE | Y |
| Necitumumab | Portrazza | J9295 | Primary | INJECTABLE | Y |
| Nelarabine | Arranon | J9261 | Primary | INJECTABLE | Y |
| Nivolumab | Opdivo | J9299 | Primary | INJECTABLE | Y |
| Obinutuzumab | Gazyva | J9301 | Primary | INJECTABLE | Y |
| Octreotide depot | Sandostatin | J2353 | Primary | INJECTABLE | Y |
| Octreotide non-depot | Sandostatin | J2354 | Primary | INJECTABLE | Y |
| Ofatumumab | Arzerra | J9302 | Primary | INJECTABLE | Y |
| Olaratumab | Lartuvo | J9285 | Primary | INJECTABLE | Y |
| Omacetaxine | Synribo | J9262 | Primary | INJECTABLE | Y |
| Oxaliplatin | Eloxatin | J9263 | Primary | INJECTABLE | Y |
| Paclitaxel | Nov-Onxol, Taxol | J9267 | Primary | INJECTABLE | Y |

Effective date: 1/1/21

| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Medicare |
|---|------------------|-------------|-------------------------|--------------------------|--|
| Paclitaxel (albumin-bound) | Abraxane | J9264 | Primary | INJECTABLE | Y |
| Palonosetron | Aloxi | J2469 | Supportive - Antiemetic | INJECTABLE | Y |
| Pamidronate Disodium | Aredia | J2430 | Supportive | INJECTABLE | Y |
| Panitumumab | Vectibix | J9303 | Primary | INJECTABLE | Y |
| Pegaspargase | Oncaspar | J9266 | Primary | INJECTABLE | Y |
| Pegfilgrastim | Neulasta | J2505 | Supportive | INJECTABLE | Y |
| Pegfilgrastim-apgf | Nyvepria | Q5122 | Supportive | INJECTABLE | Y |
| Pegfilgrastim-bmez | Ziextenzo | Q5120 | Supportive | INJECTABLE | Y |
| Pegfilgrastim-cbqv | Udenyca | Q5111 | Supportive | INJECTABLE | Y |
| Pegfilgrastim-jmdb | Fulphila | Q5108 | Supportive | INJECTABLE | Y |
| Peginterferon, alfa-2a | Pegasys | S0145 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2a | Pegasys | J3590 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2b | PegIntron | J3590 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2b | PegIntron | S0148 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2b | Sylatron | C9399 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2b | Sylatron | J9999 | Primary | INJECTABLE | Y |
| Pembrolizumab | Keytruda | J9271 | Primary | INJECTABLE | Y |
| Pemetrexed | Alimta | J9305 | Primary | INJECTABLE | Y |
| Pemetrexed | Pemfexy | J9304 | Primary | INJECTABLE | Y |
| Pentostatin | Nipent | J9268 | Primary | INJECTABLE | Y |
| Pertuzumab | Perjeta | J9306 | Primary | INJECTABLE | Y |
| Pertuzumab / trastuzumab / hyaluronidase-zzxf | Phesgo | J9316 | Primary | INJECTABLE | Y |
| Polatuzumab vedotin-piiq | Polivy | J9309 | Primary | INJECTABLE | Y |
| Porfimer Sodium | Photofrin | J9600 | Primary | INJECTABLE | Y |
| Pralatrexate | Folotyn | J9307 | Primary | INJECTABLE | Y |
| Ramucirumab | Cyramza | J9308 | Primary | INJECTABLE | Y |
| Rituximab | Rituxan | J9312 | Primary | INJECTABLE | Y |
| Rituximab and Hyaluronidase Human | Rituxan Hycela | J9311 | Primary | INJECTABLE | Y |
| Rituximab-abbs | Truxima | Q5115 | Primary - Biosimilar | INJECTABLE | Y |
| Rituximab-arrx | Riabni | C9399 | Primary | INJECTABLE | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Medicare |
|--|-----------------------------|-------------|----------------------|--------------------------|--|
| Rituximab-arrx | Riabni | J3490 | Primary | INJECTABLE | Y |
| Rituximab-arrx | Riabni | J3590 | Primary | INJECTABLE | Y |
| Rituximab-arrx | Riabni | J9999 | Primary | INJECTABLE | Y |
| Rituximab-pvvr | Ruxience | Q5119 | Primary - Biosimilar | INJECTABLE | Y |
| Romidepsin (lyophilized) | Istodax | J9315 | Primary | INJECTABLE | Y |
| Romidepsin (non-lyophilized) | Romidepsin, non-lyophilized | C9065 | Primary | INJECTABLE | Y |
| Sacituzumab govitecan-hziy | Trodelyv | J9317 | Primary | INJECTABLE | Y |
| Sargramostim | Leukine | J2820 | Supportive | INJECTABLE | Y |
| Siltuximab | Sylvant | J2860 | Primary | INJECTABLE | Y |
| Sipuleucel-T | Provenge | Q2043 | Primary | INJECTABLE | Y |
| Streptozocin | Zanosar | J9320 | Primary | INJECTABLE | Y |
| Tafasitamab-cxix | Monjuvi | J9999 | Primary | INJECTABLE | Y |
| Tafasitamab-cxix | Monjuvi | C9070 | Primary | INJECTABLE | Y |
| Tagraxofusp-erzs | Elzonris | J9269 | Primary | INJECTABLE | Y |
| Talimogene Laherparepvec | Imlygic | J9325 | Primary | INJECTABLE | Y |
| Tbo-filgrastim | Granix | J1447 | Supportive | INJECTABLE | Y |
| Temozolomide - inj | Temodar | J9328 | Primary | INJECTABLE | Y |
| Temozolomide - oral | Temodar | J8700 | Primary | ORAL | Y |
| Temsirolimus | Torisel | J9330 | Primary | INJECTABLE | Y |
| Teniposide | Vumon | Q2017 | Primary | INJECTABLE | Y |
| Thiotepa | Thioplex | J9340 | Primary | INJECTABLE | Y |
| Tocilizumab | Actemra | J3262 | Primary | INJECTABLE | Y |
| Topotecan - inj | Hycamtin | J9351 | Primary | INJECTABLE | Y |
| Trabectedin | Yondelis | J9352 | Primary | INJECTABLE | Y |
| Trastuzumab | Herceptin | J9355 | Primary | INJECTABLE | Y |
| Trastuzumab and hyaluronidase- oysk | Herceptin Hylecta | J9356 | Primary | INJECTABLE | Y |
| Trastuzumab-anns | Kanjinti | Q5117 | Primary - Biosimilar | INJECTABLE | Y |
| Trastuzumab-dkst | Ogivri | Q5114 | Primary - Biosimilar | INJECTABLE | Y |
| Trastuzumab-dttb | Ontruzant | Q5112 | Primary - Biosimilar | INJECTABLE | Y |
| Trastuzumab-pkrb | Herzuma | Q5113 | Primary - Biosimilar | INJECTABLE | Y |
| Trastuzumab-qyyp | Trazimera | Q5116 | Primary - Biosimilar | INJECTABLE | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Medicare |
|------------------------------|-----------------------|-------------|------------|--------------------------|--|
| Triptorelin Pamoate | Trelstar | J3315 | Primary | INJECTABLE | Y |
| Valrubicin | Valstar | J9357 | Primary | INJECTABLE | Y |
| Vinblastine Sulfate | Velban | J9360 | Primary | INJECTABLE | Y |
| Vincristine Sulfate | Oncovin, Vincasar PFS | J9370 | Primary | INJECTABLE | Y |
| Vincristine Sulfate Liposome | Marqibo | J9371 | Primary | INJECTABLE | Y |
| Vinorelbine Tartrate | Navelbine | J9390 | Primary | INJECTABLE | Y |
| Zivafibercept | Zaltrap | J9400 | Primary | INJECTABLE | Y |
| Zoledronic Acid | Zoledronic Acid | J3489 | Supportive | INJECTABLE | Y |



**NWH - WI Commercial
Medical Oncology Code List**

*****Please note: This list is constantly evolving as new drugs come to market and are approved by the FDA as well as with any HCPC code changes issued by CMS. Please contact NWH-WI or eviCore, if the drug you are requesting is not contained on this list, to determine if prior authorization is needed*****

Effective date: 1/1/21

| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|--------------------------------|---|-------------|------------|--------------------------|--|
| 5-Fluorouracil - Topical | 5FU Cream, Efudex, Carac, Fluoroplex | J3490 | Primary | TOPICAL | Y |
| 5-Fluorouracil- Injection | 5FU, Adrucil | J9190 | Primary | INJECTABLE | Y |
| Abemaciclib - oral | Verzenio | J8999 | Primary | ORAL | Y |
| Abiraterone Acetate - oral | Yonsa (not interchangeable with Zytiga) | J8999 | Primary | ORAL | Y |
| Abiraterone Acetate - oral | Zytiga (not interchangeable with Yonsa) | J8999 | Primary | ORAL | Y |
| Acalabrutinib - oral | Calquence | J8999 | Primary | ORAL | Y |
| Ado-Trastuzumab Emtansine | Kadcyla | J9354 | Primary | INJECTABLE | Y |
| Afatinib - oral | Gilotrif | J8999 | Primary | ORAL | Y |
| Aldesleukin | Proleukin, Interleukin-2 | J9015 | Primary | INJECTABLE | Y |
| Alectinib - oral | Alecensa | J8999 | Primary | ORAL | Y |
| All-trans Retinoic Acid - oral | Vesanoid, ATRA, Tretinoin | J8999 | Primary | ORAL | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|---------------------------|--------------------------------------|-------------|-------------------------|--------------------------|--|
| Alpelisib - oral | Piqray | J8999 | Primary | ORAL | Y |
| Altretamine - oral | Hexalen | J8999 | Primary | ORAL | Y |
| Apalutamide - oral | Erleada | J8999 | Primary | ORAL | Y |
| Aprepitant | Cinvanti | J0185 | Supportive - Antiemetic | INJECTABLE | Y |
| Aprepitant - oral | Emend | J8501 | Supportive - Antiemetic | ORAL | Y |
| Arsenic Trioxide | Trisenox | J9017 | Primary | INJECTABLE | Y |
| Asparaginase | Erwinaze | J9019 | Primary | INJECTABLE | Y |
| Atezolizumab | Tecentriq | J9022 | Primary | INJECTABLE | Y |
| Avapritinib - oral | Ayvakit | J8999 | Primary | ORAL | Y |
| Avelumab | Bavencio | J9023 | Primary | INJECTABLE | Y |
| Axitinib - oral | Inlyta | J8999 | Primary | ORAL | Y |
| Azacitidine | Vidaza | J9025 | Primary | INJECTABLE | Y |
| Azacitidine - oral | Onureg | J8999 | Primary | ORAL | Y |
| BCG | TheraCys, Tice | J9030 | Primary | INJECTABLE | Y |
| Belantamab Mafodotin-blmf | Blenrep | J9999 | Primary | INJECTABLE | Y |
| Belantamab Mafodotin-blmf | Blenrep | C9069 | Primary | INJECTABLE | Y |
| Belinostat | Beleodaq | J9032 | Primary | INJECTABLE | Y |
| Bendamustine HCL | Belrapzo | J9036 | Primary | INJECTABLE | Y |
| Bendamustine HCL | Bendeka | J9034 | Primary | INJECTABLE | Y |
| Bendamustine hcl | Treanda | J9033 | Primary | INJECTABLE | Y |
| Bevacizumab | Avastin | J9035 | Primary | INJECTABLE | Y |
| Bevacizumab-awwb | Mvasi | Q5107 | Primary - Biosimilar | INJECTABLE | Y |
| Bevacizumab-bvzr | Zirabev | Q5118 | Primary - Biosimilar | INJECTABLE | Y |
| Bexarotene - oral | Targretin | J8999 | Primary | ORAL | Y |
| Bexarotene - topical | Targretin gel | J3490 | Primary | TOPICAL | Y |
| Binimetinib - oral | Mektovi | J8999 | Primary | ORAL | Y |
| Bleomycin | Blenoxane | J9040 | Primary | INJECTABLE | Y |
| Blinatumomab | Blincyto | J9039 | Primary | INJECTABLE | Y |
| Bortezomib | Bortezomib (not otherwise specified) | J9044 | Primary | INJECTABLE | Y |
| Bortezomib | Velcade | J9041 | Primary | INJECTABLE | Y |
| Bosutinib - oral | Bosulif | J8999 | Primary | ORAL | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|-------------------------|-----------------------|-------------|------------|--------------------------|--|
| Brentuximab Vedotin | Adcetris | J9042 | Primary | INJECTABLE | Y |
| Brigatinib - oral | Alunbrig | J8999 | Primary | ORAL | Y |
| Burosumab | Crysvita | J0584 | Supportive | INJECTABLE | Y |
| Cabazitaxel | Jevtana | J9043 | Primary | INJECTABLE | Y |
| Cabozantinib - oral | Cabometyx | J8999 | Primary | ORAL | Y |
| Cabozantinib - oral | Cometriq | J8999 | Primary | ORAL | Y |
| Calaspargase pegol-mknl | Asparlas | J9118 | Primary | INJECTABLE | Y |
| Capecitabine - oral | Xeloda (150 mg) | J8520 | Primary | ORAL | Y |
| Capecitabine - oral | Xeloda (500 mg) | J8521 | Primary | ORAL | Y |
| Carboplatin | Paraplatin | J9045 | Primary | INJECTABLE | Y |
| Carfilzomib | Kyprolis | J9047 | Primary | INJECTABLE | Y |
| Carmustine | BICNU, BCNU | J9050 | Primary | INJECTABLE | Y |
| Cemiplimab-rwlc | Libtayo | J9119 | Primary | INJECTABLE | Y |
| Ceritinib - oral | Zykadia | J8999 | Primary | ORAL | Y |
| Cetuximab | Erbitux | J9055 | Primary | INJECTABLE | Y |
| Chlorambucil - oral | Leukeran | J8999 | Primary | ORAL | Y |
| Chlorambucil - oral | Leukeran | S0172 | Primary | ORAL | Y |
| Cisplatin | Platinol | J9060 | Primary | INJECTABLE | Y |
| Cladribine | Leustatin | J9065 | Primary | INJECTABLE | Y |
| Clofarabine | Clolar | J9027 | Primary | INJECTABLE | Y |
| Cobimetinib - oral | Cotellic | J8999 | Primary | ORAL | Y |
| Copanlisib | Aliqopa | J9057 | Primary | INJECTABLE | Y |
| Crizotinib - oral | Xalkori | J8999 | Primary | ORAL | Y |
| Cyclophosphamide - inj | Cytosan, Endoxan-Asta | J9070 | Primary | INJECTABLE | Y |
| Cytarabine | Ara-C | J9100 | Primary | INJECTABLE | Y |
| Cytarabine-Liposome | DepoCyt | J9098 | Primary | INJECTABLE | Y |
| Dabrafenib - oral | Tafinlar | J8999 | Primary | ORAL | Y |
| Dacarbazine | DTIC-Dome | J9130 | Primary | INJECTABLE | Y |
| Dacomitinib - oral | Vizimpro | J8999 | Primary | ORAL | Y |
| Dactinomycin | Cosmegen, Actinomycin | J9120 | Primary | INJECTABLE | Y |
| Daratumumab | Darzalex | J9145 | Primary | INJECTABLE | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|------------------------------------|--|-------------|------------|--------------------------|--|
| Daratumumab and hyaluronidase-fihj | Darzalex Faspro | J9144 | Primary | INJECTABLE | Y |
| Darbepoetin alfa | Aranesp | J0881 | Supportive | INJECTABLE | Y |
| Darolutamide - oral | Nubeqa | J8999 | Primary | ORAL | Y |
| Dasatinib - oral | Sprycel | J8999 | Primary | ORAL | Y |
| Daunorubicin | Cerubidine | J9150 | Primary | INJECTABLE | Y |
| Decitabine | Dacogen | J0894 | Primary | INJECTABLE | Y |
| Decitabine and cedazuridine - oral | Inqovi | J8999 | Primary | ORAL | Y |
| Degarelix | Firmagon | J9155 | Primary | INJECTABLE | Y |
| Denosumab | Xgeva, Prolia | J0897 | Supportive | INJECTABLE | Y |
| Dinutuximab | Unituxin | C9399 | Primary | INJECTABLE | Y |
| Dinutuximab | Unituxin | J9999 | Primary | INJECTABLE | Y |
| Docetaxel | Taxotere | J9171 | Primary | INJECTABLE | Y |
| Doxorubicin HCL | Adriamycin | J9000 | Primary | INJECTABLE | Y |
| Doxorubicin HCL (liposomal) | Doxil, Doxorubicin HCL (Liposomal) not otherwise specified | Q2050 | Primary | INJECTABLE | Y |
| Durvalumab | Imfinzi | J9173 | Primary | INJECTABLE | Y |
| Duvelisib - oral | Copiktra | J8999 | Primary | ORAL | Y |
| Elotuzumab | Empliciti | J9176 | Primary | INJECTABLE | Y |
| Enasidenib - oral | IDHIFA | J8999 | Primary | ORAL | Y |
| Encorafenib - oral | Braftovi | J8999 | Primary | ORAL | Y |
| Enfortumb vedotin-efv | Padcev | J9177 | Primary | INJECTABLE | Y |
| Entrectinib - oral | Rozlytrek | J8999 | Primary | ORAL | Y |
| Enzalutamide - oral | Xtandi | J8999 | Primary | ORAL | Y |
| Epirubicin | Ellence | J9178 | Primary | INJECTABLE | Y |
| Epoetin alfa | Epogen, Procrit | J0885 | Supportive | INJECTABLE | Y |
| Epoetin alfa-epbx | Retacrit | Q5106 | Supportive | INJECTABLE | Y |
| Erdafitinib-oral | Balversa | J8999 | Primary | ORAL | Y |
| Eribulin mesylate | Halaven | J9179 | Primary | INJECTABLE | Y |
| Erlotinib - oral | Tarceva | J8999 | Primary | ORAL | Y |
| Estramustine - oral | Emcyt | J8999 | Primary | ORAL | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|---------------------------------|-----------------------------|-------------|-------------------------|--------------------------|--|
| Etoposide - inj | Toposar, VePesid, Etopophos | J9181 | Primary | INJECTABLE | Y |
| Etoposide - oral | Toposar | J8560 | Primary | ORAL | Y |
| Everolimus - oral | Afinitor | J8999 | Primary | ORAL | Y |
| Exemestane - oral | Aromasin | S0156 | Primary | ORAL | Y |
| Exemestane - oral | Aromasin | J8999 | Primary | ORAL | Y |
| Fam-trastuzumab deruxtecan-nxki | Enhertu | J9358 | Primary | INJECTABLE | Y |
| Fedratinib - oral | Inrebic | J8999 | Primary | ORAL | Y |
| Filgrastim | Neupogen | J1442 | Supportive | INJECTABLE | Y |
| Filgrastim-aafi | Nivestym | Q5110 | Supportive | INJECTABLE | Y |
| Filgrastim-sndz | Zarxio | Q5101 | Supportive | INJECTABLE | Y |
| Floxuridine | FUDR | J9200 | Primary | INJECTABLE | Y |
| Fludarabine Phosphate | Fludara, Oforta | J9185 | Primary | INJECTABLE | Y |
| Fluoxymesterone - oral | Androxy | J8499 | Primary | ORAL | Y |
| Fosaprepitant | Emend | J1453 | Supportive - Antiemetic | INJECTABLE | Y |
| Fosnetupitant/Palonosetron | Akynzeo | J1454 | Supportive - Antiemetic | INJECTABLE | Y |
| Fulvestrant | Faslodex | J9395 | Primary | INJECTABLE | Y |
| Gefitinib - oral | Iressa | J8565 | Primary | ORAL | Y |
| Gemcitabine | Gemzar | J9201 | Primary | INJECTABLE | Y |
| Gemcitabine HCL in NaCL | Infugem | J9198 | Primary | INJECTABLE | Y |
| Gemtuzumab Ozogamicin | Mylotarg | J9203 | Primary | INJECTABLE | Y |
| Gilteritinib - oral | Xospata | J8999 | Primary | ORAL | Y |
| Glasdegib - oral | Daurismo | J8999 | Primary | ORAL | Y |
| Goserelin acetate implant | Zoladex | J9202 | Primary | INJECTABLE | Y |
| Granisetron | Sustol | J1627 | Supportive - Antiemetic | INJECTABLE | Y |
| Granisetron - transdermal | Sancuso | J3490 | Supportive - Antiemetic | TRANSDERMAL | Y |
| Histrelin Implant | Vantas | J9225 | Primary | INJECTABLE | Y |
| Ibrutinib - oral | Imbruvica | J8999 | Primary | ORAL | Y |
| Idarubicin HCL - inj | Idamycin | J9211 | Primary | INJECTABLE | Y |
| Idelalisib - oral | Zydelig | J8999 | Primary | ORAL | Y |
| Ifosfamide | Ifex, Mitoxana | J9208 | Primary | INJECTABLE | Y |
| Imatinib - oral | Gleevec | J8999 | Primary | ORAL | Y |

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|--|---|-------------|------------|--------------------------|--|
| Imatinib - oral | Gleevec | S0088 | Primary | ORAL | Y |
| Inotuzumab Ozogamicin | Besponsa | J9229 | Primary | INJECTABLE | Y |
| Interferon, alfa-2b, recombinant | Intron A | J9214 | Primary | INJECTABLE | Y |
| Interferon, gamma-1b | Actimmune | J9216 | Primary | INJECTABLE | Y |
| Ipilimumab | Yervoy | J9228 | Primary | INJECTABLE | Y |
| Irinotecan | Camptosar | J9206 | Primary | INJECTABLE | Y |
| Irinotecan Liposome | Onivyde | J9205 | Primary | INJECTABLE | Y |
| Isatuximab-irfc | Sarclisa | J9227 | Primary | INJECTABLE | Y |
| Ivosidenib - oral | Tibsovo | J8999 | Primary | ORAL | Y |
| Ixabepilone | Ixempra | J9207 | Primary | INJECTABLE | Y |
| Ixazomib - oral | Ninlaro | J8999 | Primary | ORAL | Y |
| Lanreotide | Somatuline Depot | J1930 | Supportive | INJECTABLE | Y |
| Lanreotide | Somatuline Depot | J1930 | Primary | INJECTABLE | Y |
| Lapatinib - oral | Tykerb | J8999 | Primary | ORAL | Y |
| Larotrectinib - oral | Vitrakvi | J8999 | Primary | ORAL | Y |
| Lenalidomide - oral | Revlimid | J8999 | Primary | ORAL | Y |
| Lenvatinib - oral | Lenvima | J8999 | Primary | ORAL | Y |
| Leucovorin - inj | Leucovorin | J0640 | Primary | INJECTABLE | Y |
| Leucovorin - oral | Leucovorin - oral | J8999 | Primary | ORAL | Y |
| Leuprolide Acetate (J1950: 3.75mg) | Eligard, Lupron Depot, Lupron, Leuprolide Acetate | J1950 | Primary | INJECTABLE | Y |
| Leuprolide Acetate (J9217: 7.5mg) | Eligard, Lupron Depot, Lupron, Leuprolide Acetate | J9217 | Primary | INJECTABLE | Y |
| Leuprolide Acetate (J9218: 1mg) | Eligard, Lupron Depot, Lupron, Leuprolide Acetate | J9218 | Primary | INJECTABLE | Y |
| Levoleucovorin | Fusilev | J0641 | Primary | INJECTABLE | Y |
| Levoleucovorin | Khapzory | J0642 | Primary | INJECTABLE | Y |
| Liposome-encapsulated combination of Daunorubicin and Cytarabine | Vyxeos | J9153 | Primary | INJECTABLE | Y |
| Lomustine - oral | Gleostine, CeeNu, CCNU | S0178 | Primary | ORAL | Y |
| Lorlatinib - oral | Lorbrena | J8999 | Primary | ORAL | Y |
| Lurbinectedin | Zepzelca | J9223 | Primary | INJECTABLE | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|-----------------------------------|---------------------|-------------|-------------------------|--------------------------|--|
| Luspatercept-aamt | Reblozyl | J0896 | Supportive | INJECTABLE | Y |
| Margetuximab-cmkb | Margenza | C9399 | Primary | INJECTABLE | Y |
| Margetuximab-cmkb | Margenza | J3490 | Primary | INJECTABLE | Y |
| Margetuximab-cmkb | Margenza | J3590 | Primary | INJECTABLE | Y |
| Margetuximab-cmkb | Margenza | J9999 | Primary | INJECTABLE | Y |
| Mechlorethamine - topical | Valchlor | J9999 | Primary | TOPICAL | Y |
| Mechlorethamine HCL | Mustragen | J9230 | Primary | INJECTABLE | Y |
| Melphalan HCL - inj | Evomela | J9246 | Primary | INJECTABLE | Y |
| Melphalan HCL - NOS inj | Alkeran | J9245 | Primary | INJECTABLE | Y |
| Methotrexate Sodium (J9250: 5mg) | Folex, Methotrexate | J9250 | Primary | INJECTABLE | Y |
| Methotrexate Sodium (J9260: 50mg) | Folex, Methotrexate | J9260 | Primary | INJECTABLE | Y |
| Midostaurin - oral | Rydapt | J8999 | Primary | ORAL | Y |
| Mitomycin | Jelmyto | J9281 | Primary | PYELOCALYCEAL | Y |
| Mitomycin | Mutamycin | J9280 | Primary | INJECTABLE | Y |
| Mitotane - oral | Lysodren | J8999 | Primary | ORAL | Y |
| Mitoxantrone HCL | Novantrone | J9293 | Primary | INJECTABLE | Y |
| Mogamulizumab-kpkc | Poteligeo | J9204 | Primary | INJECTABLE | Y |
| Moxetumomab pasudotox-tdfk | Lumoxiti | J9313 | Primary | INJECTABLE | Y |
| naxitamab-gqgk | Danyelza | C9399 | Primary | INJECTABLE | Y |
| naxitamab-gqgk | Danyelza | J3490 | Primary | INJECTABLE | Y |
| naxitamab-gqgk | Danyelza | J3590 | Primary | INJECTABLE | Y |
| naxitamab-gqgk | Danyelza | J9999 | Primary | INJECTABLE | Y |
| Necitumumab | Portrazza | J9295 | Primary | INJECTABLE | Y |
| Nelarabine | Arranon | J9261 | Primary | INJECTABLE | Y |
| Neratinib - oral | Nerlynx | J8999 | Primary | ORAL | Y |
| Netupitant/Palonosetron - oral | Akynzeo | J8655 | Supportive - Antiemetic | ORAL | Y |
| Nilotinib - oral | Tasigna | J8999 | Primary | ORAL | Y |
| Niraparib - oral | Zejula | J8999 | Primary | ORAL | Y |
| Nivolumab | Opdivo | J9299 | Primary | INJECTABLE | Y |
| Obinutuzumab | Gazyva | J9301 | Primary | INJECTABLE | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|----------------------------|------------------|-------------|-------------------------|--------------------------|--|
| Octreotide depot | Sandostatin | J2353 | Primary | INJECTABLE | Y |
| Octreotide non-depot | Sandostatin | J2354 | Primary | INJECTABLE | Y |
| Ofatumumab | Arzerra | J9302 | Primary | INJECTABLE | Y |
| Olaparib - oral | Lynparza | J8999 | Primary | ORAL | Y |
| Olaratumab | Lartruvo | J9285 | Primary | INJECTABLE | Y |
| Omacetaxine | Synribo | J9262 | Primary | INJECTABLE | Y |
| Osimertinib - oral | Tagrisso | J8999 | Primary | ORAL | Y |
| Oxaliplatin | Eloxatin | J9263 | Primary | INJECTABLE | Y |
| Paclitaxel | Nov-Onxol, Taxol | J9267 | Primary | INJECTABLE | Y |
| Paclitaxel (albumin-bound) | Abraxane | J9264 | Primary | INJECTABLE | Y |
| Palbociclib - oral | Ibrance | J8999 | Primary | ORAL | Y |
| Palonosetron | Aloxi | J2469 | Supportive - Antiemetic | INJECTABLE | Y |
| Pamidronate Disodium | Aredia | J2430 | Supportive | INJECTABLE | Y |
| Panitumumab | Vectibix | J9303 | Primary | INJECTABLE | Y |
| Panobinostat - oral | Farydak | J8999 | Primary | ORAL | Y |
| Pazopanib - oral | Votrient | J8999 | Primary | ORAL | Y |
| Pegaspargase | Oncaspar | J9266 | Primary | INJECTABLE | Y |
| Pegfilgrastim | Neulasta | J2505 | Supportive | INJECTABLE | Y |
| Pegfilgrastim-apgf | Nyvepria | Q5122 | Supportive | INJECTABLE | Y |
| Pegfilgrastim-bmez | Ziextenzo | Q5120 | Supportive | INJECTABLE | Y |
| Pegfilgrastim-cbqv | Udenyca | Q5111 | Supportive | INJECTABLE | Y |
| Pegfilgrastim-jmdb | Fulphila | Q5108 | Supportive | INJECTABLE | Y |
| Peginterferon, alfa-2a | Pegasys | S0145 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2a | Pegasys | J3590 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2b | PegIntron | J3590 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2b | PegIntron | S0148 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2b | Sylatron | C9399 | Primary | INJECTABLE | Y |
| Peginterferon, alfa-2b | Sylatron | J9999 | Primary | INJECTABLE | Y |
| Pembrolizumab | Keytruda | J9271 | Primary | INJECTABLE | Y |
| Pemetrexed | Alimta | J9305 | Primary | INJECTABLE | Y |
| Pemetrexed | Pemfexy | J9304 | Primary | INJECTABLE | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|---|-----------------------------|-------------|-------------------------|--------------------------|--|
| Pemigatinib - oral | Pemazyre | J8999 | Primary | ORAL | Y |
| Pentostatin | Nipent | J9268 | Primary | INJECTABLE | Y |
| Pertuzumab | Perjeta | J9306 | Primary | INJECTABLE | Y |
| Pertuzumab / trastuzumab / hyaluronidase-zzxf | Phesgo | J9316 | Primary | INJECTABLE | Y |
| Pexidartinib - oral | Turalio | J8999 | Primary | ORAL | Y |
| Polatuzumab vedotin-piiq | Polivy | J9309 | Primary | INJECTABLE | Y |
| Pomalidomide - oral | Pomalyst | J8999 | Primary | ORAL | Y |
| Ponatinib - oral | Iclusig | J8999 | Primary | ORAL | Y |
| Porfimer Sodium | Photofrin | J9600 | Primary | INJECTABLE | Y |
| Pralatrexate | Folotyn | J9307 | Primary | INJECTABLE | Y |
| Pralsetinib - oral | Gavreto | J8999 | Primary | ORAL | Y |
| Procarbazine - oral | Matulane | S0182 | Primary | ORAL | Y |
| Procarbazine - oral | Matulane | J8999 | Primary | ORAL | Y |
| Ramucirumab | Cyramza | J9308 | Primary | INJECTABLE | Y |
| Regorafenib - oral | Stivarga | J8999 | Primary | ORAL | Y |
| Relugolix - oral | Orgovyx | J8999 | Primary | ORAL | Y |
| Ribociclib - oral | Kisqali | J8999 | Primary | ORAL | Y |
| Rituximab | Rituxan | J9312 | Primary | INJECTABLE | Y |
| Rituximab and Hyaluronidase Human | Rituxan Hycela | J9311 | Primary | INJECTABLE | Y |
| Rituximab-abbs | Truxima | Q5115 | Primary - Biosimilar | INJECTABLE | Y |
| Rituximab-arrx | Riabni | C9399 | Primary | INJECTABLE | Y |
| Rituximab-arrx | Riabni | J3490 | Primary | INJECTABLE | Y |
| Rituximab-arrx | Riabni | J3590 | Primary | INJECTABLE | Y |
| Rituximab-arrx | Riabni | J9999 | Primary | INJECTABLE | Y |
| Rituximab-pvvr | Ruxience | Q5119 | Primary - Biosimilar | INJECTABLE | Y |
| Rolapitant - oral | Varubi | J8670 | Supportive - Antiemetic | ORAL | Y |
| Romidepsin (lypohilized) | Istodax | J9315 | Primary | INJECTABLE | Y |
| Romidepsin (non-lypohilized) | Romidepsin, non-lypohilized | C9065 | Primary | INJECTABLE | Y |
| Rucaparib - oral | Rubraca | J8999 | Primary | ORAL | Y |
| Ruxolitinib - oral | Jakafi | J8999 | Primary | ORAL | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|------------------------------------|-------------------|-------------|------------|--------------------------|--|
| Sacituzumab govitecan-hziy | Trodely | J9317 | Primary | INJECTABLE | Y |
| Sargramostim | Leukine | J2820 | Supportive | INJECTABLE | Y |
| Selinexor - oral | Xpovio | J8999 | Primary | ORAL | Y |
| Siltuximab | Sylvant | J2860 | Primary | INJECTABLE | Y |
| Sipuleucel-T | Provenge | Q2043 | Primary | INJECTABLE | Y |
| Sonidegib - oral | Odomzo | J8999 | Primary | ORAL | Y |
| Sorafenib Tosylate - oral | Nexavar | J8999 | Primary | ORAL | Y |
| Streptozocin | Zanosar | J9320 | Primary | INJECTABLE | Y |
| Sunitinib - oral | Sutent | J8999 | Primary | ORAL | Y |
| Tafasitamab-cxix | Monjuvi | J9999 | Primary | INJECTABLE | Y |
| Tafasitamab-cxix | Monjuvi | C9070 | Primary | INJECTABLE | Y |
| Tagraxofusp-erzs | Elzonris | J9269 | Primary | INJECTABLE | Y |
| Talazoparib - oral | Talzenna | J8999 | Primary | ORAL | Y |
| Talimogene Laherparepvec | Imlygic | J9325 | Primary | INJECTABLE | Y |
| Tazemetostat - oral | Tazverik | J8999 | Primary | ORAL | Y |
| Tbo-filgrastim | Granix | J1447 | Supportive | INJECTABLE | Y |
| Telotristat ethyl - oral | Xermelo | J8499 | Supportive | ORAL | Y |
| Telotristat ethyl - oral | Xermelo | J8999 | Supportive | ORAL | Y |
| Temozolomide - inj | Temodar | J9328 | Primary | INJECTABLE | Y |
| Temozolomide - oral | Temodar | J8700 | Primary | ORAL | Y |
| Temsirolimus | Torisel | J9330 | Primary | INJECTABLE | Y |
| Teniposide | Vumon | Q2017 | Primary | INJECTABLE | Y |
| Thalidomide - oral | Thalomid | J8999 | Primary | ORAL | Y |
| Thiotepa | Thioplex | J9340 | Primary | INJECTABLE | Y |
| Tocilizumab | Actemra | J3262 | Primary | INJECTABLE | Y |
| Topotecan - inj | Hycamtin | J9351 | Primary | INJECTABLE | Y |
| Topotecan - oral | Hycamtin | J8705 | Primary | ORAL | Y |
| Trabectedin | Yondelis | J9352 | Primary | INJECTABLE | Y |
| Trametinib - oral | Mekinist | J8999 | Primary | ORAL | Y |
| Trastuzumab | Herceptin | J9355 | Primary | INJECTABLE | Y |
| Trastuzumab and hyaluronidase-oysk | Herceptin Hylecta | J9356 | Primary | INJECTABLE | Y |

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| Description | Alt Descriptions | HCPCS Codes | Drug Class | Administration Technique | NWH-WI (Network Health Wisconsin) - Commercial |
|-------------------------------|-----------------------|-------------|----------------------|--------------------------|--|
| Trastuzumab-anns | Kanjinti | Q5117 | Primary - Biosimilar | INJECTABLE | Y |
| Trastuzumab-dkst | Ogivri | Q5114 | Primary - Biosimilar | INJECTABLE | Y |
| Trastuzumab-dttb | Ontruzant | Q5112 | Primary - Biosimilar | INJECTABLE | Y |
| Trastuzumab-pkrb | Herzuma | Q5113 | Primary - Biosimilar | INJECTABLE | Y |
| Trastuzumab-qyyp | Trazimera | Q5116 | Primary - Biosimilar | INJECTABLE | Y |
| Trifluridine/Tipiracil - oral | Lonsurf | J8999 | Primary | ORAL | Y |
| Triptorelin Pamoate | Trelstar | J3315 | Primary | INJECTABLE | Y |
| Tucatinib - oral | Tukysa | J8999 | Primary | ORAL | Y |
| Valrubicin | Valstar | J9357 | Primary | INJECTABLE | Y |
| Vandetanib - oral | Caprelsa | J8999 | Primary | ORAL | Y |
| Vemurafenib - oral | Zelboraf | J8999 | Primary | ORAL | Y |
| Venetoclax - oral | Venclexta | J8999 | Primary | ORAL | Y |
| Vinblastine Sulfate | Velban | J9360 | Primary | INJECTABLE | Y |
| Vincristine Sulfate | Oncovin, Vincasar PFS | J9370 | Primary | INJECTABLE | Y |
| Vincristine Sulfate Liposome | Marqibo | J9371 | Primary | INJECTABLE | Y |
| Vinorelbine Tartrate | Navelbine | J9390 | Primary | INJECTABLE | Y |
| Vismodegib - oral | Erivedge | J8999 | Primary | ORAL | Y |
| Vorinostat - oral | Zolinza | J8999 | Primary | ORAL | Y |
| Zanubrutinib - oral | Brukinsa | J8999 | Primary | ORAL | Y |
| Zivafibercept | Zaltrap | J9400 | Primary | INJECTABLE | Y |
| Zoledronic Acid | Zoledronic Acid | J3489 | Supportive | INJECTABLE | Y |