

Always check benefits, eligibility and preauthorization list. When these codes are not on the preauthorization list, but are done as inpatient procedures, preauthorization may be required for the inpatient stay based on member's contract. Please use Clear Coverage to enter authorizations.

Procedure Description	Procedure Code
colectomy	44204
prostatectomy	55866
shoulder	23472
thromboendarterectomy	35301
mastectomy	19303
aortic valve replacement	33405
thyroidectomy	60240
knee revision	27487
enterostomy closure	44620
partial nephrectomy	50543
partial colectomy	44140
total hip revision	27134
craniectomy	61510
partial colectomy	44205
radial nephrectomy	50545
ovarian resection	58952
thorascopy	32666
AAA repair	34802
celiotomy	49000
thoracoscopy	32663
FemPop bypass	35556
CABG	33512
total knee vision	27486
fundoplasty	43280
valve replacement	33430
mastectomy	19307
bronchoscopy	31622
hernia repair	43281
craniectomy	61343
catheter	61624
thromboendarterectomy	35371
colectomy	44207
CABG	33533

bypass graft	35656
C secton	59510
craniectomy	61512
hip osteotomy	27146
CABG	33510
AAA repair	34800
parathyroidectomy	60500
breast reconstruction	19364
vascular stent	37215
enterostomy closure	44626
pancreatectomy	48140
lung removal	32480
valve replacement	33361
nephrostolithotomy	50080
thoracotomy	32100
colectomy	44212
pancreatectomy	48150
hernia repair	49560
bypass graft	35566
ureteroneocystostomy	50780
implant removal	20680
aneurysm repair	35081
partial colectomy	44145
enterostomy closure	44625
hepatectomy resection	47120
partial nephrectomy	50240
pyeloplasty	50544
palatoppalatoplasty	42200
hernia repair	43281