

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
00170	11/17/2021	12/31/2199	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0019T	4/1/2015	12/31/2020	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, LOW ENERGY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0042T	4/1/2015	5/31/2021	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST-PROCESSING OF PARAMETRIC MAPS WITH DETERMINATION OF CEREBRAL BLOOD FLOW, CEREBRAL BLOOD VOLUME, AND M	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0051T	4/1/2015	12/31/2020	IMPLANTATION OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) WITH RECIPIENT CARDIECTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0052T	4/1/2015	12/31/2020	REPLACEMENT OR REPAIR OF THORACIC UNIT OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0053T	4/1/2015	12/31/2020	REPLACEMENT OR REPAIR OF IMPLANTABLE COMPONENT OR COMPONENTS OF TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART), EXCLUDING THORACIC UNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0058T	4/1/2015	12/31/2020	CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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0071T	4/1/2015	5/31/2021	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME LESS THAN 200 CC OF TISSUE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0072T	4/1/2015	5/31/2021	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME GREATER OR EQUAL TO 200 CC OF TISSUE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0075T	4/1/2015	5/31/2021	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, PERCUTANEOUS; INITIAL VESSEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0076T	4/1/2015	5/31/2021	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, PERCUTANEOUS; EACH ADDITIONAL VESSEL (LIST SEPARATELY I	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0079T	4/1/2015	12/31/2020	PLACEMENT OF VISCERAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM INVOLVING VISCERAL VESSELS, EACH VISCERAL BRANCH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0080T	4/1/2015	12/31/2020	ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM, PSEUDOANEURYSM OR DISSECTION, ABDOMINAL AORTA INVOLVING VISCERAL VESSELS (SUPERIOR MESENTERIC, CELIAC OR RENAL), USING FENESTRATED MODULAR BIFURCATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0081T	4/1/2015	12/31/2020	PLACEMENT OF VISCERAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM INVOLVING VISCERAL VESSELS, EACH VISCERAL BRANCH, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0085T	4/1/2015	12/31/2020	BREATH TEST FOR HEART TRANSPLANT REJECTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0095T	4/1/2015	5/31/2021	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0098T	4/1/2015	5/31/2021	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0099T	4/1/2015	9/30/2017	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0100T	4/1/2015	5/31/2021	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND IMPLANTATION OF INTRA-OCULAR RETINAL ELECTRODE ARRAY, WITH VITRECTOMY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0101T	4/1/2015	5/31/2021	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0102T	4/1/2015	5/31/2021	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INVOLVING LATERAL HUMERAL EPICONDYLE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0103T	4/1/2015	9/30/2017	HOLOTRANSCOBALAMIN, QUANTITATIVE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0106T	4/1/2015	5/31/2021	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING TOUCH PRESSURE STIMULI TO ASSESS LARGE DIAMETER SENSATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0107T	4/1/2015	5/31/2021	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION STIMULI TO ASSESS LARGE DIAMETER FIBER SENSATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0108T	4/1/2015	5/31/2021	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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0109T	4/1/2015	5/31/2021	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0110T	4/1/2015	5/31/2021	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING OTHER STIMULI TO ASSESS SENSATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0111T	4/1/2015	12/31/2020	LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0123T	4/1/2015	9/30/2017	FISTULIZATION OF SCLERA FOR GLAUCOMA, THROUGH CILIARY BODY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0126T	4/1/2015	12/31/2020	COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLEROTIC BURDEN OR CORONARY HEART DISEASE RISK FACTOR ASSESSMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0159T	4/1/2015	12/31/2020	COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF MRI IMAGE DATA FOR LESION DETECTION/CHARACTERIZATION, PHARMACOKINETIC ANALYSIS, WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, BRE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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0163T	4/1/2015	5/31/2021	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), LUMBAR, EACH ADDITIONAL INTERSPACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0164T	4/1/2015	5/31/2021	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0165T	4/1/2015	5/31/2021	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0169T	4/1/2015	12/31/2020	STEREOTACTIC PLACEMENT OF INFUSION CATHETER(S) IN THE BRAIN FOR DELIVERY OF THERAPEUTIC AGENT(S), INCLUDING COMPUTERIZED STEREOTACTIC PLANNING AND BURR HOLE(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0171T	4/1/2015	12/31/2020	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY REMOVAL OF BONE OR LIGAMENT FOR INSERTION AND IMAGING GUIDANCE), LUMBAR; SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0172T	4/1/2015	12/31/2020	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY REMOVAL OF BONE OR LIGAMENT FOR INSERTION AND IMAGING GUIDANCE), LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0174T	4/1/2015	5/31/2021	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT DIGITIZATION OF FIL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0175T	4/1/2015	5/31/2021	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT DIGITIZATION OF FIL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0178T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0179T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0180T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0182T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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0184T	4/1/2015	5/31/2021	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS), INCLUDING MUSCULAR PROPRIA (IE,FULL THINESS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0188T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0189T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0190T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0191T	4/1/2015	5/31/2021	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR; INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK, INITIAL INSERTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0192T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0195T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0196T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0197T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0198T	4/1/2015	5/31/2021	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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0200T	4/1/2015	5/31/2021	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	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0201T	4/1/2015	5/31/2021	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 PREFORMED.	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0202T	4/1/2015	5/31/2021	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	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0205T	4/1/2015	12/31/2019	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0206T	4/1/2015	12/31/2019	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0207T	4/1/2015	5/31/2021	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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0208T	4/1/2015	5/31/2021	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0209T	4/1/2015	5/31/2021	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR AND BONE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0210T	4/1/2015	5/31/2021	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0211T	4/1/2015	5/31/2021	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED; WITH SPEECH RECOGNITION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0212T	4/1/2015	5/31/2021	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (0209T, 0211T COMBINED), AUTOMATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0213T	4/1/2015	5/31/2021	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC, SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0214T	4/1/2015	5/31/2021	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC, SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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0215T	4/1/2015	5/31/2021	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC, SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0216T	4/1/2015	5/31/2021	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL, SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0217T	4/1/2015	5/31/2021	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL, SINGLE LEVEL-SECOND LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0218T	4/1/2015	5/31/2021	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL, SINGLE LEVEL-THIRD LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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0219T	4/1/2015	5/31/2021	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	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0220T	4/1/2015	5/31/2021	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	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0221T	4/1/2015	5/31/2021	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	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0222T	4/1/2015	5/31/2021	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	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0223T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0224T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0225T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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0228T	4/1/2015	12/31/2020	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	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0229T	4/1/2015	12/31/2020	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	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0230T	4/1/2015	12/31/2020	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUBAR OR SACRAL, SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0231T	4/1/2015	12/31/2020	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUBAR OR SACRAL, SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0232T	4/1/2015	5/31/2021	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0233T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0234T	4/1/2015	5/31/2021	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERRETATION,RENAL ARTERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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0235T	4/1/2015	5/31/2021	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERRETATION, VISCERAL ARTERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0236T	4/1/2015	5/31/2021	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERRETATION, ABDOMINAL AORTA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0237T	4/1/2015	5/31/2021	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERRETATION, BRACHIOCEPHALIC TRUNK AND BRANCHES, EACH VESSEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0238T	4/1/2015	5/31/2021	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERRETATION, ILIAC ARTERY, EACH VESSEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0240T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0241T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0243T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0244T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0249T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0253T	4/1/2015	5/31/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0254T	4/1/2015	12/31/2019	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0255T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0262T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0263T	4/1/2015	5/31/2021	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED COMPLETE PROCEDURE INCLUDING UNILATERAL OR BILATERAL BONE MARROW HARVEST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0264T	4/1/2015	5/31/2021	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0265T	4/1/2015	5/31/2021	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED COMPLETE PROCEDURE INCLUDING UNILATERAL OR BILATERAL BONE MARROW HARVEST ONLY FOR INTRAMUSCUL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0266T	4/1/2015	5/31/2021	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT, UNILATERAL OR BILATERAL LEAD PLACEMENT, INTRAOPERATIVE INTERROGATION, PROGRAMING, AND REPOSITINING, WHEN PERFORMED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0267T	4/1/2015	5/31/2021	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING AND REPOSITIONING, WHEN PERFORMED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0268T	4/1/2015	5/31/2021	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING AND REPOSITIONING, WHEN PERFORMED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0269T	4/1/2015	5/31/2021	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT, UNILATERAL OR BILATERAL LEAD PLACEMENT, INTRA-OPERATIVE INTERROGATION, PROGRAMMING AN REPOSTITINIG, WHEN PERFORMED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0270T	4/1/2015	5/31/2021	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT, UNILATERAL OR BILATERAL LEAD PLACEMENT, INTRA-OPERATIVE INTERROGATION, PROGRAMMING AN REPOSTITINIG, WHEN PERFORMED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0271T	4/1/2015	5/31/2021	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT, UNILATERAL OR BILATERAL LEAD PLACEMENT, INTRA-OPERATIVE INTERROGATION, PROGRAMMING AN REPOSTITINIG, WHEN PERFORMED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0272T	4/1/2015	5/31/2021	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC ITERATIVE COMMUNICATION WITH THE IMPLANTABLE DEVICE TO MONITOR DEVICE DIAGNOTICS AND PROGRAMME	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0273T	4/1/2015	5/31/2021	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC ITERATIVE COMMUNICATION WITH THE IMPLANTABLE DEVICE TO MONITOR DEVICE DIAGNOSTICS AND PROGRAMME	<u>Clinical Information and Documents to Support Medical Necessity</u>
0274T	4/1/2015	5/31/2021	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTRALAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FARAMINOTOMY) ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPY, CT) SINGLE O	<u>Clinical Information and Documents to Support Medical Necessity</u>
0275T	4/1/2015	5/31/2021	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTRALAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FARAMINOTOMY) ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPY, CT) SINGLE O	<u>Clinical Information and Documents to Support Medical Necessity</u>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0278T	4/1/2015	5/31/2021	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY), EACH TREATMENT SESSION (INCLUDES PLACEMENT OF ELECTRODES)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0281T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0282T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0283T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0284T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0285T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0286T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0287T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0288T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0289T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0290T	4/1/2015	5/31/2021	CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED USING A LASER, IN PREPARATION FOR PENETRATING OR LAMELLAR KERATOPASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0291T	4/1/2015	12/31/2020	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0292T	4/1/2015	7/1/2017	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0293T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0294T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0295T	4/1/2015	12/31/2199	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0296T	4/1/2015	7/1/2021	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION, RECORDING(INCLUDES CONNECTION AND INITIAL RECORDING)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0297T	4/1/2015	7/1/2021	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION, SCANNING ANALYSIS WITH REPORT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0298T	4/1/2015	7/1/2021	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION, REVIEW AND INTERPRETATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0299T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0300T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0301T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0302T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0303T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0304T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0305T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0306T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0307T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0308T	4/1/2015	12/31/2199	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS PROSTHESIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0309T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0310T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0311T	4/1/2015	9/30/2017	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0312T	4/1/2015	12/31/2199	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, ANTERIOR AND POSTERIOR VAGAL TRUNK ADJACENT TO ESOPHAGOGASTRIC JUNCTION (EGJ), WITH IMPLANTATION OF PULSE GENERATOR, INCLUDE PROGRAMING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0313T	4/1/2015	12/31/2199	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, LAPAROSCOPIC REVISION OR REPLACEMENT OF VAGAL TRUNK NEUROSTIMULATOR ELECTODE ARRAY,INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0314T	4/1/2015	12/31/2199	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0315T	4/1/2015	12/31/2199	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, REMOVAL OF PULSE GENERATOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0316T	4/1/2015	12/31/2199	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, REPLACEMENT OF PULSE GENERATOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0317T	4/1/2015	12/31/2199	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, NEUROSTIMULATOR PULSE GENERATOR ELECTRONIC ANALYSIS, INCLUDES REPROGRAMING WHEN PREFORMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0340T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0341T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0342T	4/1/2015	7/1/2021	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0345T	4/1/2015	7/1/2021	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0346T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0347T	4/1/2015	7/1/2021	PLACEMENT OF INTERSTITIAL DEVICE(S) IN BONE FOR RADIOSTEREOMETRIC ANALYSIS (RSA)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0348T	4/1/2015	7/1/2021	RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); SPINE, (INCLUDES CERVICAL, THORACIC AND LUMBOSACRAL, WHEN PERFORMED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0349T	4/1/2015	7/1/2021	RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); UPPER EXTREMITY(IES), (INCLUDES SHOULDER, ELBOW AND WRIST, WHEN PERFORMED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0350T	4/1/2015	7/1/2021	RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); LOWER EXTREMITY(IES), (INCLUDES HIP, PROXIMAL FEMUR, KNEE AND ANKLE, WHEN PERFORMED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0351T	4/1/2015	7/1/2021	OPTICAL COHERENCE TOMOGRAPHY OF BREAST OR AXILLARY LYMPH NODE, EXCISED TISSUE, EACH SPECIMEN; REAL TIME INTRAOPERATIVE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0352T	4/1/2015	7/1/2021	OPTICAL COHERENCE TOMOGRAPHY OF BREAST OR AXILLARY LYMPH NODE, EXCISED TISSUE, EACH SPECIMEN; INTERPRETATION AND REPORT, REAL TIME OR REFERRED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0353T	4/1/2015	7/1/2021	OPTICAL COHERENCE TOMOGRAPHY OF BREAST, SURGICAL CAVITY; REAL-TIME INTRAOPERATIVE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0354T	4/1/2015	7/1/2021	OPTICAL COHERENCE TOMOGRAPHY OF BREAST, SURGICAL CAVITY; INTERPRETATION AND REPORT, REAL TIME OR REFERRED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0355T	4/1/2015	7/1/2021	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), COLON, WITH INTERPRETATION AND REPORT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0356T	4/1/2015	7/1/2021	INSERTION OF DRUG-ELUTING IMPLANT (INCLUDING PUNCTAL DILATION AND IMPLANT REMOVAL WHEN PERFORMED) INTO LACRIMAL CANALICULUS EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0357T	4/1/2015	12/31/2019	CRYOPRESERVATION; IMMATURE OOCYTE(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0358T	4/1/2015	12/31/2199	BIOELECTRICAL IMPEDANCE ANALYSIS WHOLE BODY COMPOSITION ASSESSMENT, WITH INTERPRETATION AND REPORT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0359T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0360T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0361T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0362T	4/1/2015	7/1/2021	EXPOSURE BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, ASSISTANCE OF TWO OR MORE TECHNICIANS, FOR PATIENT WHO EXHIBITS DESTRUCTIVE BEHAVIOR, COMPLETION IN AN ENVIROMENT THAT IS CUSTOMIZED TO THE PATIENT'S B	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0363T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0364T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0365T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0366T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0367T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0368T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0369T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0370T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0371T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0372T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0373T	4/1/2015	12/31/2199	EXPOSURE BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, ASSISTANCE OF TWO OR MORE TECHNICIANS, FOR PATIENT WHO EXHIBITS DESTRUCTIVE BEHAVIOR, COMPLETION IN AN ENVIROMENT THAT IS CUSTOMIZED TO THE PATIENT'S B	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0374T	4/1/2015	7/1/2021	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
0375T	4/1/2015	12/31/2019	CODE WAS DELETED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0376T	4/1/2015	7/1/2021	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, EACH ADDITIONAL DEVICE INSERTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0377T	4/1/2015	12/31/2019	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0378T	4/1/2015	12/31/2199	VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0379T	4/1/2015	12/31/2199	VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0380T	4/1/2015	12/31/2019	CODE WAS DELETED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
0464T	1/1/2021	12/31/2199	VISUAL EVOKED POTENTIAL (GLACOMA)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
0509T	1/1/2021	12/31/2199	ELECTRORETINOGRAPHY (ERG) WITH INTERPRETATION AND REPORT, PATTERN (PERG)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
11300	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS; UNRELATED PROCEDURE OR SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
11301	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM : UNRELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN DURING THE POSTOPERATIVE PERIOD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
11302	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM UNRELATED PROCEDURE OR SERVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
11303	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
11305	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS - UNRELATED PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
11306	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM UNRELATED PROCEDURE OR SERVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
11307	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM: DISTINCT PROCEDURAL SERVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11308	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM UNRELATED PROCEDURE OR SERVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11310	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11311	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM UNRELATED PROCEDURE OR SERVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11312	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11313	4/1/2015	11/30/2019	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
11400	1/1/2017	12/31/2020	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11401	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11402	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11403	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11404	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11406	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11420	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
11421	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11422	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11423	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11424	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11426	4/1/2015	9/30/2017	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11440	4/1/2015	5/31/2021	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.5 CM OR LESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
11441	4/1/2015	5/31/2021	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.6 TO 1.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11442	4/1/2015	5/31/2021	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 1.1 TO 2.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11443	4/1/2015	5/31/2021	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 2.1 TO 3.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11444	4/1/2015	5/31/2021	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 3.1 TO 4.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11446	4/1/2015	5/31/2021	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER OVER 4.0 CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
11450	4/1/2015	6/30/2021	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11451	4/1/2015	6/30/2021	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11462	4/1/2015	6/30/2021	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11463	4/1/2015	6/30/2021	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11470	4/1/2015	6/30/2021	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11471	4/1/2015	6/30/2021	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11719	4/1/2015	5/31/2021	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11920	4/1/2015	5/31/2021	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.0 SQ CM OR LESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
11921	4/1/2015	5/31/2021	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11922	4/1/2015	5/31/2021	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11950	4/1/2015	5/31/2021	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1 CC OR LESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11951	4/1/2015	5/31/2021	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11952	4/1/2015	5/31/2021	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11954	4/1/2015	5/31/2021	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER 10.0 CC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11960	4/1/2015	12/31/2199	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
11976	4/1/2015	5/31/2021	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
11980	4/1/2015	12/31/2199	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETT BENEATH THE SKIN)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
11981	4/1/2015	5/31/2021	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
11982	4/1/2015	5/31/2021	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
11983	4/1/2015	5/31/2021	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
12345	1/15/2020	1/17/2020	THIS IS A TEST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15775	4/1/2015	4/30/2021	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15776	4/1/2015	4/30/2021	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15777	4/1/2015	12/31/2199	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15780	4/1/2015	12/31/2199	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15781	4/1/2015	5/31/2021	DERMABRASION; SEGMENTAL, FACE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15782	4/1/2015	5/31/2021	DERMABRASION; REGIONAL, OTHER THAN FACE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15783	4/1/2015	5/31/2021	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15786	4/1/2015	5/31/2021	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
15787	4/1/2015	5/31/2021	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15788	4/1/2015	5/31/2021	CHEMICAL PEEL, FACIAL; EPIDERMAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15789	4/1/2015	5/31/2021	CHEMICAL PEEL, FACIAL; DERMAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15792	4/1/2015	5/31/2021	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15793	4/1/2015	5/31/2021	CHEMICAL PEEL, NONFACIAL; DERMAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15819	4/1/2015	5/31/2021	CERVICOPLASTY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15820	4/1/2015	5/31/2021	BLEPHAROPLASTY, LOWER EYELID;	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15821	4/1/2015	5/31/2021	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15822	4/1/2015	5/31/2021	BLEPHAROPLASTY, UPPER EYELID;	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15823	4/1/2015	5/31/2021	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15824	4/1/2015	12/31/2199	RHYTIDECTOMY; FOREHEAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15825	4/1/2015	12/31/2199	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15826	4/1/2015	12/31/2199	RHYTIDECTOMY; GLABELLAR FROWN LINES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15828	4/1/2015	12/31/2199	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
15829	4/1/2015	12/31/2199	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15830	4/1/2015	12/31/2199	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15832	4/1/2015	4/30/2021	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15833	4/1/2015	4/30/2021	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15834	4/1/2015	4/30/2021	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15835	4/1/2015	4/30/2021	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15836	4/1/2015	4/30/2021	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15837	4/1/2015	4/30/2021	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15838	4/1/2015	4/30/2021	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15839	4/1/2015	4/30/2021	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
15847	4/1/2015	4/30/2021	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15876	4/1/2015	4/30/2021	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15877	4/1/2015	5/31/2021	SUCTION ASSISTED LIPECTOMY; TRUNK	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15878	4/1/2015	5/31/2021	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15879	4/1/2015	5/31/2021	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
15999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
17106	4/1/2015	5/31/2021	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
17107	4/1/2015	5/31/2021	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 TO 50.0 SQ CM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
17108	4/1/2015	6/1/2022	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
17110	10/1/2015	10/31/2019	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; UP TO 14 LESIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
17111	4/1/2015	10/31/2019	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR MORE LESIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
17340	4/1/2015	5/31/2021	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
17360	4/1/2015	12/31/2199	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
17380	4/1/2015	4/30/2021	ELECTROLYSIS EPILATION, EACH 30 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
17999	4/1/2015	5/31/2021	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19300	4/1/2015	12/31/2199	MASTECTOMY FOR GYNECOMASTIA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19316	4/1/2015	12/31/2199	MASTOPEXY:REDUCED SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19318	4/1/2015	12/31/2199	REDUCTION MAMMAPLASTY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19324	4/1/2015	12/31/2020	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19325	4/1/2015	12/31/2199	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19328	4/1/2015	5/31/2021	REMOVAL OF INTACT MAMMARY IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19330	4/1/2015	12/31/2199	REMOVAL OF MAMMARY IMPLANT MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
19340	4/1/2015	12/31/2199	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
19342	4/1/2015	12/31/2199	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION:LFT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
19350	4/1/2015	12/31/2199	NIPPLE/AREOLA RECONSTRUCTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
19355	4/1/2015	12/31/2199	CORRECTION OF INVERTED NIPPLES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
19357	4/1/2015	12/31/2199	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION :LFT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
19361	4/1/2015	12/31/2199	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLANT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
19364	4/1/2015	12/31/2199	BREAST RECONSTRUCTION WITH FREE FLAP	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
19366	4/1/2015	12/31/2020	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
19367	4/1/2015	12/31/2199	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
19368	4/1/2015	12/31/2199	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE; WITH MICROVASCULAR ANASTOMOSIS (SUPERCHARGING)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19369	4/1/2015	12/31/2199	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), DOUBLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19370	4/1/2015	12/31/2199	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST:LFT SIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19371	4/1/2015	12/31/2199	PERIPROSTHETIC CAPSULECTOMY, BREAST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19380	4/1/2015	12/31/2199	REVISION OF RECONSTRUCTED BREAST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19396	4/1/2015	5/31/2021	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
19499	4/1/2015	5/31/2021	UNLISTED PROCEDURE, BREAST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
20979	4/1/2015	6/30/2021	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
20979	7/1/2021	7/2/2021	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
20999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21010	4/1/2015	12/31/2199	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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21050	4/1/2015	12/31/2199	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21073	4/1/2015	6/30/2021	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE,	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21085	4/1/2015	12/31/2199	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21086	11/1/2020	12/31/2020	UNDER HEAD PROSTHESIS PREPARATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21089	4/1/2015	6/30/2021	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21110	4/1/2015	12/31/2199	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21116	4/1/2015	6/30/2021	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21120	4/1/2015	12/31/2199	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21121	4/1/2015	12/31/2199	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21122	4/1/2015	12/31/2199	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
21123	4/1/2015	12/31/2199	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21125	4/1/2015	12/31/2199	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21127	4/1/2015	12/31/2199	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21137	4/1/2015	12/31/2199	REDUCTION FOREHEAD; CONTOURING ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21138	4/1/2015	12/31/2199	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT) LEFT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21139	4/1/2015	12/31/2199	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21141	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21142	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21143	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
21145	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21146	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED UNILATERAL ALVEOLAR CLEFT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21147	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OST)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21150	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21151	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21154	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
21155	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21159	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21160	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21172	4/1/2015	12/31/2199	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) LEFT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21175	4/1/2015	12/31/2199	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PLAGIOCEPHALY, TRIGONOCEPHALY, BRACHYCEPHALY), WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AU	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
21179	4/1/2015	12/31/2199	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21180	4/1/2015	12/31/2199	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21181	4/1/2015	12/31/2199	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21182	4/1/2015	12/31/2199	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLU	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21183	4/1/2015	12/31/2199	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLU	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
21184	4/1/2015	12/31/2199	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLU	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21188	4/1/2015	12/31/2199	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21193	4/1/2015	12/31/2199	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITHOUT BONE GRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21194	4/1/2015	12/31/2199	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21195	4/1/2015	12/31/2199	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION TWO SURGEONS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21196	4/1/2015	12/31/2199	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21198	4/1/2015	12/31/2199	OSTEOTOMY, MANDIBLE, SEGMENTAL;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21199	4/1/2015	12/31/2199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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21206	4/1/2015	12/31/2199	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD): PHYSICIAN ASSISTANT, NURSE PRACTITIONER OR CLINICAL NURSE SPECIALIST SERVICES FOR ASSISTANT SURGERY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21208	4/1/2015	12/31/2199	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21209	4/1/2015	12/31/2199	OSTEOPLASTY, FACIAL BONES; REDUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21210	4/1/2015	12/31/2199	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT) STAGED RELATED PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21215	4/1/2015	12/31/2199	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21230	4/1/2015	12/31/2199	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21235	4/1/2015	9/30/2017	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21240	4/1/2015	12/31/2199	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21242	4/1/2015	12/31/2199	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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21243	4/1/2015	12/31/2199	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21244	4/1/2015	12/31/2199	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21245	4/1/2015	12/31/2199	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21246	4/1/2015	12/31/2199	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21247	4/1/2015	12/31/2199	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR HEMIFACIAL MICROSOMIA)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21248	4/1/2015	4/30/2021	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21249	4/1/2015	4/30/2021	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21255	4/1/2015	12/31/2199	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21256	4/1/2015	12/31/2199	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, MICRO-OPTHALMIA)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
21260	4/1/2015	12/31/2199	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21261	4/1/2015	12/31/2199	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21263	4/1/2015	12/31/2199	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21267	4/1/2015	12/31/2199	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21268	4/1/2015	12/31/2199	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21270	4/1/2015	12/31/2199	MALAR AUGMENTATION, PROSTHETIC MATERIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21275	4/1/2015	12/31/2199	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21280	4/1/2015	6/30/2021	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
21282	4/1/2015	6/30/2021	LATERAL CANTHOPEXY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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21295	4/1/2015	6/30/2021	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21296	4/1/2015	6/30/2021	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21299	4/1/2015	6/30/2021	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21499	4/1/2015	6/30/2021	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD STAGED OR RELATED PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
21899	4/1/2015	12/31/2199	UNLISTED PROCEDURE, NECK OR THORAX	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
22510	4/1/2015	12/31/2199	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR B	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
22511	4/1/2015	12/31/2199	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR B	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
22512	4/1/2015	12/31/2199	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR B	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
22513	4/1/2015	12/31/2199	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY I	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
22514	4/1/2015	12/31/2199	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY I	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
22515	4/1/2015	12/31/2199	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY I	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
22526	4/1/2015	12/31/2199	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
22527	4/1/2015	12/31/2199	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; ONE OR MORE ADDITIONAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
22856	9/1/2021	12/31/2199	UNDER SPINAL INSTRUMENTATION PROCEDURES ON SPINE (VERTEBRAL COLUMN)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
22858	9/1/2021	12/31/2199	UNDER SPINAL INSTGRUMENTATION PROCEDURES ON THE SPINE (VERTEBRAL COLUMN)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
22861	9/1/2021	12/31/2199	UNDER SPINAL INSTRUMENTATION PROCEDURES ON THE SPINE (VETEBRAL COLUMN)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
22864	9/1/2021	12/31/2199	UNDER SPINAL INSTUMENTATION PROCEDURES ON THE SPINE (VERTEBRAL COLUMN)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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22899	4/1/2015	12/31/2199	UNLISTED PROCEDURE, SPINE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
22999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
23929	4/1/2015	12/31/2199	UNLISTED PROCEDURE, SHOULDER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
24999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, HUMERUS OR ELBOW	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
25999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, FOREARM OR WRIST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
26989	4/1/2015	12/31/2199	UNLISTED PROCEDURE, HANDS OR FINGERS DISTINCT PROCEDURAL SERVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
27299	4/1/2015	12/31/2199	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
27599	4/1/2015	12/31/2199	UNLISTED PROCEDURE, FEMUR OR KNEE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
27687	6/1/2021	12/31/2199	UNDER+B8:B380 REPAIR, REVISION, AND/OR RECONSTRUCTION PROCEDURES ON THE LEG (TIBIA AND FIBULA) AND ANKLE JOINT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
27899	4/1/2015	12/31/2199	UNLISTED PROCEDURE, LEG OR ANKLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28008	4/1/2015	12/31/2199	FASCIOTOMY, FOOT AND/OR TOE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28010	4/1/2015	6/30/2021	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28011	4/1/2015	6/30/2021	TENOTOMY, PERCUTANEOUS, TOE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28035	4/1/2015	12/31/2199	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28039	4/1/2015	12/31/2199	EXCISION 1.5CM OR GREATER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28041	4/1/2015	12/31/2199	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28043	4/1/2015	12/31/2199	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28045	4/1/2015	12/31/2199	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28046	4/1/2015	12/31/2199	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28060	4/1/2015	12/31/2199	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28062	4/1/2015	12/31/2199	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28070	4/1/2015	12/31/2199	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28072	4/1/2015	12/31/2199	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28080	4/1/2015	12/31/2199	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28086	4/1/2015	12/31/2199	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28088	4/1/2015	12/31/2199	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28100	4/1/2015	12/31/2199	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28102	4/1/2015	12/31/2199	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28103	4/1/2015	12/31/2199	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28104	4/1/2015	12/31/2199	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28106	4/1/2015	12/31/2199	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28107	4/1/2015	12/31/2199	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS; WITH ALLOGRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28108	4/1/2015	12/31/2199	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28110	4/1/2015	12/31/2199	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28111	4/1/2015	12/31/2199	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28112	4/1/2015	12/31/2199	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28113	4/1/2015	12/31/2199	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28114	4/1/2015	12/31/2199	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (EG, CLAYTON TYPE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28116	4/1/2015	12/31/2199	OSTECTOMY, EXCISION OF TARSAL COALITION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28118	4/1/2015	12/31/2199	OSTECTOMY, CALCANEUS;	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28119	4/1/2015	12/31/2199	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28120	4/1/2015	12/31/2199	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TALAR BOSSING), TALUS OR CALCANEUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28122	4/1/2015	12/31/2199	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR BOSSING); TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS/RIGHT FOOT FIFTH DIGIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28124	4/1/2015	12/31/2199	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR BOSSING); PHALANX OF TOE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28126	4/1/2015	12/31/2199	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, SINGLE TOE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28130	4/1/2015	12/31/2199	TALECTOMY (ASTRAGALECTOMY)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28140	4/1/2015	12/31/2199	METATARSECTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28150	4/1/2015	12/31/2199	PHALANGECTOMY, TOE, EACH TOE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28153	4/1/2015	12/31/2199	RESECTION, HEAD OF PHALANX, TOE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28160	4/1/2015	12/31/2199	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28171	4/1/2015	12/31/2199	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28173	4/1/2015	12/31/2199	RADICAL RESECTION OF TUMOR, BONE; METATARSAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28175	4/1/2015	12/31/2199	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28200	4/1/2015	12/31/2199	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28202	4/1/2015	12/31/2199	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28208	4/1/2015	12/31/2199	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON/RIGHT FOOT FIFTH DIGIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28210	4/1/2015	12/31/2199	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28220	4/1/2015	12/31/2199	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28222	4/1/2015	12/31/2199	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28225	4/1/2015	12/31/2199	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON RIGHT FOOT, FIFTH DIGIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28226	4/1/2015	12/31/2199	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28230	4/1/2015	12/31/2199	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28232	4/1/2015	12/31/2199	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28234	4/1/2015	12/31/2199	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON LEFT FOOT, FIFTH DIGIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28238	4/1/2015	12/31/2199	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY TARSAL NAVICULAR BONE (EG, KIDNER TYPE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28240	4/1/2015	12/31/2199	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28250	4/1/2015	12/31/2199	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28260	4/1/2015	12/31/2199	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28261	4/1/2015	12/31/2199	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28262	4/1/2015	12/31/2199	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT CLUBFOOT DEFORMITY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28264	4/1/2015	12/31/2199	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28270	4/1/2015	12/31/2199	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28272	4/1/2015	12/31/2199	CAPSULOTOMY; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28280	4/1/2015	12/31/2199	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) (KELIKIAN TYPE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28285	4/1/2015	12/31/2199	HAMMERTOE OPERATION, ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28286	4/1/2015	12/31/2199	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28288	4/1/2015	12/31/2199	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28289	4/1/2015	12/31/2199	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28290	4/1/2015	9/30/2017	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28291	10/1/2017	12/31/2020	HALLUX RIGIDUS CORRECTION WITH IMPLANT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28292	4/1/2015	12/31/2199	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO TYPE PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28293	4/1/2015	9/30/2017	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28294	4/1/2015	12/31/2020	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28295	10/1/2017	12/31/2020	HALLUX VALGUS CORRECTION WITH PROXIMAL FIRST METATARSAL OSTEOTOMY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28296	4/1/2015	12/31/2199	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28297	4/1/2015	12/31/2199	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28298	4/1/2015	12/31/2199	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28299	4/1/2015	12/31/2199	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28300	4/1/2015	12/31/2199	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28302	4/1/2015	12/31/2199	OSTEOTOMY; TALUS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28304	4/1/2015	12/31/2199	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28305	4/1/2015	12/31/2199	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (EG, FOWLER TYPE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28306	4/1/2015	12/31/2199	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST METATARSAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28307	4/1/2015	12/31/2199	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST METATARSAL WITH AUTOGRAFT (OTHER THAN FIRST TOE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28308	4/1/2015	12/31/2199	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; OTHER THAN FIRST METATARSAL, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28309	4/1/2015	12/31/2199	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; MULTIPLE (EG, SWANSON TYPE CAVUS FOOT PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28310	4/1/2015	12/31/2199	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28312	4/1/2015	12/31/2199	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE LEFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28313	4/1/2015	12/31/2199	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG, OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28315	4/1/2015	12/31/2199	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28320	4/1/2015	12/31/2199	REPAIR, NONUNION OR MALUNION; TARSAL BONES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
28322	4/1/2015	12/31/2199	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28340	4/1/2015	12/31/2199	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28341	4/1/2015	12/31/2199	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28344	4/1/2015	12/31/2199	RECONSTRUCTION, TOE(S); POLYDACTYLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28345	4/1/2015	12/31/2199	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28360	4/1/2015	12/31/2199	RECONSTRUCTION, CLEFT FOOT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28705	4/1/2015	12/31/2199	PANTALAR ARTHRODESIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28715	4/1/2015	12/31/2199	TRIPLE ARTHRODESIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28725	4/1/2015	12/31/2199	SUBTALAR ARTHRODESIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28730	4/1/2015	12/31/2199	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28735	4/1/2015	12/31/2199	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28737	4/1/2015	12/31/2199	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAVICULAR-CUNEIFORM (EG, MILLER TYPE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28740	4/1/2015	12/31/2199	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
28750	4/1/2015	12/31/2199	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28755	4/1/2015	12/31/2199	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28760	4/1/2015	12/31/2199	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK, GREAT TOE, INTERPHALANGEAL JOINT (EG, JONES TYPE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28890	4/1/2015	4/30/2021	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTRASOUND GUIDANCE, INVOLVING THE PLANTAR FASCIA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
28899	4/1/2015	12/31/2199	UNLISTED PROCEDURE, FOOT OR TOES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
29799	4/1/2015	11/30/2019	UNLISTED PROCEDURE, CASTING OR STRAPPING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
29999	4/1/2015	6/30/2021	UNLISTED PROCEDURE, ARTHROSCOPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
30400	4/1/2015	12/31/2199	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
30410	4/1/2015	12/31/2199	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
30420	4/1/2015	12/31/2199	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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30430	4/1/2015	12/31/2199	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
30435	4/1/2015	12/31/2199	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
30450	4/1/2015	12/31/2199	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
30462	4/1/2015	12/31/2199	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
30465	4/1/2015	12/31/2199	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION) :REDUCED SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
30999	4/1/2015	6/30/2021	UNLISTED PROCEDURE, NOSE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
31299	4/1/2015	12/31/2199	UNLISTED PROCEDURE, ACCESSORY SINUSES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
31599	4/1/2015	12/31/2199	UNLISTED PROCEDURE, LARYNX	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
31899	4/1/2015	12/31/2199	UNLISTED PROCEDURE, TRACHEA, BRONCHI	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
32850	4/1/2015	4/30/2021	DONOR PNEUMONECTOMY(S) (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
32851	4/1/2015	12/31/2199	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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32852	4/1/2015	12/31/2199	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
32853	4/1/2015	12/31/2199	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
32854	4/1/2015	12/31/2199	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
32855	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE PULMONARY VENOUS/ATRIAL CUFF, PULMON	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
32856	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE PULMONARY VENOUS/ATRIAL CUFF, PULMON	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
32999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, LUNGS AND PLEURA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33270	9/1/2021	12/31/2199	UNDER PACEMAKER OR IMPLANTABLE DEFIBRILLATOR PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33271	9/1/2021	12/31/2199	UNDER PACEMAKER OR IMPLANTABLE DEFILBRILLATOR PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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33272	9/1/2021	12/31/2199	UNDER PACEMAKER OR IMPLANTABLE DEFIBRILLATOR PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33273	9/1/2021	12/31/2199	UNDER PACEMAKER OR IMPLANTABLE DEFIBRILLATOR PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33274	9/1/2021	12/31/2199	UNDER PACEMAKER OR IMPLANTABLE DEFIBRILLATOR PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33930	4/1/2015	4/30/2021	DONOR CARDIECTOMY- PNEUMONECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33933	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE AORTA, SUPERIOR VENA CAVA, INF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33935	4/1/2015	12/31/2199	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY- PNEUMONECTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33940	4/1/2015	4/30/2021	DONOR CARDIECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33944	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE AORTA, SUPERIOR VENA CAVA, INFERIOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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33945	4/1/2015	12/31/2199	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33975	4/1/2015	12/31/2199	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33976	3/4/2020	12/31/2020	INSERTION OF VENTRICULAR ASSIST DEVICE: EXTRACORPOREAL, SINGLE VENTRICLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33976	4/1/2021	12/31/2199	INSERTION OF VENTRICULAR ASSIST DEVICE: EXTRACORPOREAL, SINGLE VENTRICLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33979	4/1/2015	12/31/2199	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33980	4/1/2015	12/31/2199	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33981	3/4/2020	12/31/2020	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR, PUMP (S), SINGLE OR EACH PUMP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
33981	4/1/2021	12/31/2199	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR, PUMP(S), SINGLE OR EACH PUMP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
33982	3/4/2020	12/31/2020	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP (S) IMPLANTABLE INTRACOROPORERAL, SINGLE VENTRICLE, WITHOUT CARDIOPULMONARY BYPASS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
33982	4/1/2021	12/31/2199	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S) IMPLANTABLE INTRACOROPORERAL, SINGLE VENTRICLE, WITHOUT CARDIOPULMONARY BYPASS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
33983	3/4/2020	12/31/2020	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP (S);IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIOPULMONARY BYPASS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
33983	4/1/2021	12/31/2199	IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIOPULMONARY BYPASS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
33990	4/1/2015	12/31/2199	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
33991	4/1/2015	12/31/2199	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
33992	4/1/2015	12/31/2199	REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE AT SEPARATE AND DISTINCT SESSION FROM INSERTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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33993	4/1/2015	12/31/2199	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPARATE AND DISTIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
33999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, CARDIAC SURGERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
36299	4/1/2015	12/31/2199	UNLISTED PROCEDURE, VASCULAR INJECTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
36468	4/1/2015	4/30/2021	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
36469	4/1/2015	12/31/2020	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); FACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
36470	4/1/2015	12/31/2199	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
36471	4/1/2015	12/31/2199	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
36475	4/1/2015	12/31/2199	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
36476	4/1/2015	12/31/2199	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, E	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
36478	4/1/2015	12/31/2199	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
36479	4/1/2015	12/31/2199	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THRU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
37501	4/1/2015	12/31/2199	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
37765	4/1/2015	12/31/2199	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
37766	4/1/2015	12/31/2199	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
37780	4/1/2015	12/31/2199	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
37785	4/1/2015	12/31/2199	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
37799	4/1/2015	12/31/2199	UNLISTED PROCEDURE, VASCULAR SURGERY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38129	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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38204	4/1/2015	4/30/2021	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
38205	4/1/2015	4/30/2021	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
38206	4/1/2015	12/31/2199	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
38207	4/1/2015	4/30/2021	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
38208	4/1/2015	4/30/2021	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY FROZEN HARVEST, WITHOUT WASHING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
38209	4/1/2015	4/30/2021	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; WASHING OF HARVEST	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
38210	4/1/2015	4/30/2021	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL DEPLETION WITHIN HARVEST, T-CELL DEPLETION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
38211	4/1/2015	4/30/2021	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
38212	4/1/2015	4/30/2021	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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38213	4/1/2015	4/30/2021	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38214	4/1/2015	4/30/2021	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME) DEPLETION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38215	4/1/2015	4/30/2021	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA, MONONUCLEAR, OR BUFFY COAT LAYER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38230	4/1/2015	12/31/2199	BONE MARROW HARVESTING FOR TRANSPLANTATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38232	4/1/2015	12/31/2199	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38240	4/1/2015	12/31/2199	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC PROFESSIONAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38241	4/1/2015	12/31/2199	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; AUTOLOGOUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38242	4/1/2015	12/31/2199	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DONOR LYMPHOCYTE INFUSIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38243	4/1/2015	6/30/2021	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38243	7/1/2021	7/2/2021	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
38589	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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38999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
39499	4/1/2015	12/31/2199	UNLISTED PROCEDURE, MEDIASTINUM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
39599	4/1/2015	12/31/2199	UNLISTED PROCEDURE, DIAPHRAGM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
40500	4/1/2015	6/30/2021	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
40799	4/1/2015	6/30/2021	UNLISTED PROCEDURE, LIPS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
40899	4/1/2015	6/30/2021	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
41599	4/1/2015	6/30/2021	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
41899	4/1/2015	12/31/2199	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
42299	4/1/2015	6/30/2021	UNLISTED PROCEDURE, PALATE, UVULA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
42699	4/1/2015	6/30/2021	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
42999	4/1/2015	6/30/2021	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43289	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43499	4/1/2015	12/31/2199	UNLISTED PROCEDURE, ESOPHAGUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43631	4/1/2015	12/31/2199	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43633	4/1/2015	12/31/2199	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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43644	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43645	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43647	4/1/2015	6/30/2021	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43648	4/1/2015	6/30/2021	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43659	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43770	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND (GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43771	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
43772	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43773	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43774	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43775	4/1/2015	12/31/2199	RE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43842	4/1/2015	12/31/2199	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43843	4/1/2015	12/31/2199	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43845	4/1/2015	12/31/2199	GASTROPLASTY, ANY METHOD, FOR OBESITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
43846	4/1/2015	12/31/2199	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (LESS THAN 100 CM) ROUX-EN-Y GASTROENTEROSTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
43847	4/1/2015	12/31/2199	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43848	4/1/2015	12/31/2199	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC BAND (SEPARATE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43881	4/1/2015	6/30/2021	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43881	7/1/2021	7/2/2021	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43882	4/1/2015	6/30/2021	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43886	4/1/2015	12/31/2199	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43887	4/1/2015	12/31/2199	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43888	4/1/2015	12/31/2199	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
43999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, STOMACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
44132	4/1/2015	5/31/2021	DONOR ENTERECTOMY, OPEN, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; FROM CADAVER DONOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
44133	4/1/2015	12/31/2199	DONOR ENTERECTOMY, OPEN, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
44135	4/1/2015	12/31/2199	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
44136	4/1/2015	12/31/2199	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
44137	4/1/2015	12/31/2199	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
44238	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
44715	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING MOBILIZATION AND FASHIONING OF THE SUPERIOR MESENTERIC ARTERY AND VEIN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
44720	4/1/2015	12/31/2199	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
44721	4/1/2015	12/31/2199	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
44799	4/1/2015	12/31/2199	UNLISTED PROCEDURE, INTESTINE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
44899	4/1/2015	12/31/2199	UNLISTED PROCEDURE, MECKELS DIVERTICULUM AND THE MESENTERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
44979	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
45399	4/1/2015	12/31/2199	UNLISTED PROCEDURE, COLON	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
45499	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
45999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, RECTUM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
46505	4/1/2015	12/31/2199	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
46930	4/1/2015	12/31/2199	DESTRUCTION OF INTERNAL HEMORRHOID (S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY,	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
46999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, ANUS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47133	4/1/2015	12/31/2199	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; FROM CADAVER DONOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47135	4/1/2015	12/31/2199	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47136	4/1/2015	9/30/2017	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
47140	4/1/2015	5/31/2021	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY (SEGMENTS II AND III)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47141	4/1/2015	5/31/2021	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY (SEGMENTS II, III AND IV)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47142	4/1/2015	5/31/2021	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY (SEGMENTS V, VI, VII AND VIII)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47143	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47144	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
47145	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47146	4/1/2015	12/31/2199	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47147	4/1/2015	12/31/2199	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47379	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47399	4/1/2015	12/31/2199	UNLISTED PROCEDURE, LIVER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47579	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
47999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, BILIARY TRACT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
48550	4/1/2015	5/31/2021	DONOR PANCREATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT FROM CADAVER DONOR, WITH OR WITHOUT DUODENAL SEGMENT FOR TRANSPLANTATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
48551	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES, SPLENECTOMY, DUODENOTOMY, LIGATION OF BILE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
48552	4/1/2015	12/31/2199	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, VENOUS ANASTOMOSIS, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
48554	4/1/2015	12/31/2199	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
48556	4/1/2015	5/31/2021	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
48999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, PANCREAS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
49329	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
49580	4/1/2015	12/31/2199	REPAIR UMBILICAL HERNIA, YOUNGER THAN AGE 5 YEARS; REDUCIBLE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
49659	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
49999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50300	4/1/2015	5/31/2021	DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; FROM CADAVER DONOR, UNILATERAL OR BILATERAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
50320	4/1/2015	5/31/2021	DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; FROM LIVING DONOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50323	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT, DIAPHRAGMATIC AND RETROPERITONEAL ATTACHMENTS, EXCISION O	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50325	4/1/2015	12/31/2199	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT AND PREPARATION OF URETER(S), RENAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50327	4/1/2015	12/31/2199	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50328	4/1/2015	12/31/2199	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
50329	4/1/2015	12/31/2199	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOMOSIS, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50340	4/1/2015	12/31/2199	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50360	4/1/2015	12/31/2199	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50365	4/1/2015	12/31/2199	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50370	4/1/2015	12/31/2199	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50380	4/1/2015	12/31/2199	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50547	4/1/2015	5/31/2021	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY FROM LIVING DONOR (EXCLUDING PREPARATION AND MAINTENANCE OF ALLOGRAFT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50549	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
50949	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, URETER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
51999	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
53899	4/1/2015	12/31/2199	UNLISTED PROCEDURE, URINARY SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
54001	4/1/2015	12/31/2199	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
54150	4/1/2015	6/30/2021	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
54161	4/1/2015	12/31/2199	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
54163	4/1/2015	2/28/2021	REPAIR INCOMPLETE CIRCUMCISION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
54400	4/1/2015	5/31/2021	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
54401	4/1/2015	5/31/2021	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
54405	4/1/2015	5/31/2021	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND RESERVOIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
54406	4/1/2015	12/31/2199	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PROSTHESIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
54408	4/1/2015	5/31/2021	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
54410	4/1/2015	5/31/2021	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
54411	4/1/2015	5/31/2021	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS THROUGH AN INFECTED FIELD AT THE SAME OPERATIVE SESSION, INCLUDING IRRIGATION AND DEBRIDEMENT OF INFECTED TI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
54415	4/1/2015	6/30/2021	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT OF PROSTHESIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
54416	4/1/2015	5/31/2021	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
54417	4/1/2015	5/31/2021	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS THROUGH AN INFECTED FIELD AT THE SAME OPERATIVE SESSION, INCLUDING IRRIGATION AND DEBRIDEMENT OF	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
54699	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS MULTIPLE PROCEDURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
55200	4/1/2015	5/31/2021	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
55250	4/1/2015	6/30/2021	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
55300	4/1/2015	5/31/2021	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
55400	4/1/2015	12/31/2199	VASOVASOSTOMY, VASOVASORRHAPHY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
55559	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
55870	4/1/2015	5/31/2021	ELECTROEJACULATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
55899	4/1/2015	12/31/2199	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
55970	4/1/2015	5/31/2021	INTERSEX SURGERY; MALE TO FEMALE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
55980	4/1/2015	5/31/2021	INTERSEX SURGERY; FEMALE TO MALE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
56805	4/1/2015	12/31/2199	CLITOROPLASTY FOR INTERSEX STATE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
57288	4/1/2015	12/31/2199	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
57426	4/1/2015	12/31/2199	GRAFT, LAPAROSCOPIC APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58140	4/1/2015	12/31/2199	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OF 250 GRAMS OR LESS AND/OR REMOVAL OF SURFACE MYOMAS; ABDOMINAL APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
58145	4/1/2015	12/31/2199	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OF 250 GRAMS OR LESS AND/OR REMOVAL OF SURFACE MYOMAS; VAGINAL APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58146	4/1/2015	12/31/2199	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 GRAMS, ABDOMINAL APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58150	4/1/2015	12/31/2199	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58152	4/1/2015	12/31/2199	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58180	4/1/2015	12/31/2199	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58200	4/1/2015	12/31/2199	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
58210	4/1/2015	12/31/2199	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58260	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58262	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58263	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58267	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE, WITH OR WITHOUT ENDOSCOPIC CONTROL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58270	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58275	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58280	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR OF ENTEROCELE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58285	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58290	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
58291	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58292	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58293	4/1/2015	12/31/2020	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE) WITH OR WITHOUT ENDOSCOPIC CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58294	4/1/2015	12/31/2199	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENTEROCELE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58300	4/1/2015	2/28/2019	INSERTION OF INTRAUTERINE DEVICE (IUD)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58300	2/1/2021	12/31/2199	INSERTION OF INTRAUTERINE DEVICE (IUD)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58301	4/1/2015	6/30/2021	REMOVAL OF INTRAUTERINE DEVICE (IUD)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58321	4/1/2015	5/31/2021	ARTIFICIAL INSEMINATION; INTRA-CERVICAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58322	4/1/2015	5/31/2021	ARTIFICIAL INSEMINATION; INTRA-UTERINE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58323	4/1/2015	5/31/2021	SPERM WASHING FOR ARTIFICIAL INSEMINATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58340	4/1/2015	6/30/2021	INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
58345	4/1/2015	5/31/2021	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), WITH OR WITHOUT HYSTEOSALPINGOGRAPHY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58350	4/1/2015	5/31/2021	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58353	4/1/2015	6/30/2021	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEOSCOPIC GUIDANCE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58541	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58542	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58543	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58544	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58550	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) (LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
58552	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58553	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58554	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58565	4/1/2015	10/31/2018	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58570	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58571	4/1/2015	12/31/2199	R UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58572	4/1/2015	12/31/2199	R UTERUS GREATER THAN 250 G;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58573	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
58578	4/1/2015	6/30/2021	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
58579	4/1/2015	6/30/2021	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58600	4/1/2015	6/30/2021	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58605	4/1/2015	12/31/2199	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, POSTPARTUM, UNILATERAL OR BILATERAL, DURING SAME HOSPITALIZATION (SEPARATE PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58611	4/1/2015	6/30/2021	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN SECTION OR INTRA-ABDOMINAL SURGERY (NOT A SEPARATE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58615	4/1/2015	6/30/2021	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58670	4/1/2015	6/30/2021	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58671	4/1/2015	6/30/2021	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58672	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
58673	4/1/2015	12/31/2199	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58679	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58740	4/1/2015	12/31/2199	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58750	4/1/2015	5/31/2021	TUBOTUBAL ANASTOMOSIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58752	4/1/2015	5/31/2021	TUBOUTERINE IMPLANTATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58760	4/1/2015	5/31/2021	FIMBRIOPLASTY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58770	4/1/2015	12/31/2199	SALPINGOSTOMY (SALPINGONEOSTOMY)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58970	4/1/2015	5/31/2021	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58974	4/1/2015	5/31/2021	EMBRYO TRANSFER, INTRAUTERINE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58976	4/1/2015	5/31/2021	GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
58999	4/1/2015	12/31/2199	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
59840	4/1/2015	12/31/2199	INDUCED ABORTION, BY DILATION AND CURETTAGE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
59841	4/1/2015	12/31/2199	INDUCED ABORTION, BY DILATION AND EVACUATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
59850	4/1/2015	12/31/2199	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
59851	4/1/2015	12/31/2199	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR EVA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
59852	4/1/2015	12/31/2199	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED INTRA-AMNIOTI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
59855	4/1/2015	12/31/2199	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
59856	4/1/2015	12/31/2199	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
59857	4/1/2015	12/31/2199	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
59866	4/1/2015	5/31/2021	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
59897	4/1/2015	6/30/2021	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
59898	4/1/2015	6/30/2021	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
59899	4/1/2015	6/30/2021	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
60659	4/1/2015	12/31/2199	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
60699	4/1/2015	12/31/2199	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
61736	3/1/2022	12/31/2199	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF LESION, INTRACRANIAL, INCLUDING BURR HOLE(S), WITH MAGNETIC RESONANCE IMAGING GUIDANCE, WHEN PERFORMED; SINGLE TRAJECTORY FOR 1 SIMPLE LESION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
61737	3/1/2022	12/31/2199	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF LESION, INTRACRANIAL, INCLUDING BURR HOLE(S), WITH MAGNETIC RESONANCE IMAGING GUIDANCE, WHEN PERFORMED; MULTIPLE TRAJECTORIES FOR MULTIPLE OR COMPLEX LESION(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
62360	4/1/2015	6/30/2021	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
62361	4/1/2015	6/30/2021	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
62362	4/1/2015	6/30/2021	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
62367	4/1/2015	11/30/2019	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITHOUT REPROGRAMMING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
62368	4/1/2015	11/30/2019	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
62369	4/1/2015	11/30/2019	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLU	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
62370	4/1/2015	11/30/2019	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLU	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
62380	10/1/2017	12/31/2020	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, F	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
63650	4/1/2015	12/31/2199	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
63655	4/1/2015	12/31/2199	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
63685	4/1/2015	12/31/2199	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
63688	4/1/2015	12/31/2199	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64455	4/1/2015	4/30/2021	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG, MORTON'S NEUROMA)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64479	4/1/2015	4/30/2021	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64480	4/1/2015	4/30/2021	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64483	4/1/2015	4/30/2021	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, SINGLE LEVEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64484	4/1/2015	4/30/2021	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
64493	4/1/2015	12/10/2020	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64494	4/1/2015	12/10/2020	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64582	3/1/2022	12/31/2199	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64584	1/1/2022	12/31/2199	REMOVAL OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64590	4/1/2015	6/30/2021	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64595	4/1/2015	4/30/2021	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64650	4/1/2015	4/30/2021	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
64653	4/1/2015	4/30/2021	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
64999	4/1/2015	4/30/2021	UNLISTED PROCEDURE, NERVOUS SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
65771	4/1/2015	4/30/2021	RADIAL KERATOTOMY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
65772	4/1/2015	4/30/2021	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
65775	4/1/2015	4/30/2021	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
66985	4/1/2015	12/31/2199	INSERTION OF INTRAOCULAR LENS PROSTHESIS(SECONDARYIMPLANT),NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL:DISTINCT PROCEDURAL SERVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
66986	4/1/2015	12/31/2199	EXCHANGE OF INTRAOCULAR LENS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
66989	1/1/2022	12/31/2199	<p>EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITH INSERTION OF INTRAOCULAR (EG, TRABECULAR MESHWORK, SUPRACILIARY, SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, ONE OR MORE</p>	<p><u>Clinical Information and Documents to Support Medical Necessity</u></p>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
66991	1/1/2022	12/31/2199	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITH INSERTION OF INTRAOCULAR (EG, TRABECULAR MESHWORK, SUPRACILIARY, SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, ONE OR MORE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
66999	4/1/2015	4/30/2021	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67299	4/1/2015	4/30/2021	UNLISTED PROCEDURE, POSTERIOR SEGMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67399	4/1/2015	4/30/2021	UNLISTED PROCEDURE, OCULAR MUSCLE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67599	4/1/2015	4/30/2021	UNLISTED PROCEDURE, ORBIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67900	4/1/2015	12/31/2199	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67901	4/1/2015	12/31/2199	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67902	4/1/2015	12/31/2199	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
67903	4/1/2015	4/30/2021	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67904	4/1/2015	12/31/2199	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67906	4/1/2015	4/30/2021	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA) LEFT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67908	4/1/2015	4/30/2021	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLERS MUSCLE- LEVATOR RESECTION (EG, FASANELLA- SERVAT TYPE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67909	4/1/2015	4/30/2021	REDUCTION OF OVERCORRECTION OF PTOSIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67911	4/1/2015	4/30/2021	CORRECTION OF LID RETRACTION STAGED OR RELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67912	4/1/2015	4/30/2021	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOLD WEIGHT):BILATERAL PROCEDURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67950	4/1/2015	4/30/2021	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
67961	4/1/2015	4/30/2021	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
67966	4/1/2015	12/31/2199	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
67971	4/1/2015	12/31/2199	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRDS OF EYELID, ONE STAGE OR FIRST STAGE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
67973	4/1/2015	12/31/2199	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
67974	4/1/2015	12/31/2199	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
67975	4/1/2015	12/31/2199	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
67999	4/1/2015	4/30/2021	UNLISTED PROCEDURE, EYELIDS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
68399	4/1/2015	4/30/2021	UNLISTED PROCEDURE, CONJUNCTIVA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
68761	1/1/2021	12/31/2199	PUNCTAL PLUGS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
68899	4/1/2015	4/30/2021	UNLISTED PROCEDURE, LACRIMAL SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69090	4/1/2015	12/31/2199	EAR PIERCING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69300	4/1/2015	4/30/2021	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION LEFT SIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69399	4/1/2015	4/30/2021	UNLISTED PROCEDURE, EXTERNAL EAR AMBULATORY SURGICAL CENTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69710	4/1/2015	5/31/2021	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69711	4/1/2015	12/31/2199	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69714	4/1/2015	12/31/2199	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69715	4/1/2015	12/31/2021	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITH MASTOIDECTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
69716	1/1/2022	12/31/2199	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
69717	4/1/2015	12/31/2199	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
69718	4/1/2015	12/31/2021	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITH MASTOIDECTOMY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
69719	1/1/2022	12/31/2199	REVISION OR REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
69726	1/1/2022	12/31/2199	REMOVAL, OSSEOINTEGRATED IMPLANT, SKULL; WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
69727	1/1/2022	12/31/2199	REMOVAL, OSSEOINTEGRATED IMPLANT,SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69799	4/1/2015	4/30/2021	UNLISTED PROCEDURE, MIDDLE EAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69930	4/1/2015	12/31/2199	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY LEFT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69949	4/1/2015	4/30/2021	UNLISTED PROCEDURE, INNER EAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
69979	4/1/2015	4/30/2021	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
71271	9/1/2021	12/31/2199	COMPUTED TOMOGRAPHY, THORAX	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
75707	10/1/2020	10/2/2020	LONG TERM EEG MONITORING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76108	5/9/2018	12/31/2020		<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76145	3/1/2021	12/31/2199	MEDICAL PHYSICS DOSE EVALUATION FOR RADIATION EXPOSURE THAT EXCEEDS INSTITUTIONAL REVIEW THRESHOLD, INCLUDING REPORT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76496	4/1/2015	4/30/2021	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76497	4/1/2015	4/30/2021	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76498	4/1/2015	4/30/2021	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
76499	4/1/2015	4/30/2021	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76513	1/1/2021	12/31/2199	ULTRASOUND BIOMICROSCOPY, UMB	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76514	1/1/2021	12/31/2199	CORNEAL PACHYMETRY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76519	1/1/2021	12/31/2199	ULTRA-SOUND OPTICAL BIOMETRY A-SCAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76801	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER (14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76802	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER (<14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
76805	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
76810	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST	<u>Clinical Information and Documents to Support Medical Necessity</u>
76811	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	<u>Clinical Information and Documents to Support Medical Necessity</u>
76812	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARA	<u>Clinical Information and Documents to Support Medical Necessity</u>
76813	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; SINGLE OR FIRST GESTATION	<u>Clinical Information and Documents to Support Medical Necessity</u>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
76814	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARAT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
76815	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG, FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), ONE OR MORE FETUSES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
76816	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG, RE-EVALUATION OF FETAL SIZE BY MEASURING STANDARD GROWTH PARAMETERS AND AMNIOTIC FLUID VOLUME, RE-EVALUATION OF ORGAN SY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
76817	5/9/2018	12/31/2020	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL: CLIA-WAIVED TEST	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
76999	4/1/2015	4/30/2021	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
77003	1/1/2018	12/31/2020	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL, TRANSFORAMINAL EPIDURAL, SUBARACHNOID, PARAVERTEBRAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
77299	4/1/2015	4/30/2021	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
77336	3/1/2021	12/31/2199	MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES, AND SPECIAL SERVICES FOR RADIATION TREATMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
77370	3/1/2021	12/31/2199	MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES, AND SPECIAL SERVICES FOR RADIATION TREATMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
77371	5/1/2021	12/31/2199	CHG RADIATION DELIVERY STEROTACTIC CRANIAL COBALT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
77372	5/1/2021	12/31/2199	CHG RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
77373	5/1/2021	12/31/2199	CHG RADN RX DELIV, BODY, EACH FRACTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
77399	4/1/2015	4/30/2021	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
77423	5/1/2021	12/31/2199	NEUTRON BEAM TREATMENT DELIVERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
77520	9/1/2015	4/30/2021	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
77520	5/1/2021	12/31/2199	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
77522	9/1/2015	12/31/2020	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
77523	9/1/2015	12/31/2020	PROTON TREATMENT DELIVERY; INTERMEDIATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
77525	9/1/2015	4/30/2021	PROTON TREATMENT DELIVERY; COMPLEX	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
77525	5/1/2021	12/31/2199	PROTON TREATMENT DELIVERY; COMPLEX	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
77799	4/1/2015	4/30/2021	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78099	4/1/2015	4/30/2021	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78199	4/1/2015	4/30/2021	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78205	4/1/2015	12/31/2199	LIVER IMAGING (SPECT);	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78206	4/1/2015	12/31/2199	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78299	4/1/2015	4/30/2021	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78320	4/1/2015	12/31/2199	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78399	4/1/2015	4/30/2021	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
78451	4/1/2015	12/31/2199	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):SINGEL STUDY, AT REST OR STRESS(EX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78452	4/1/2015	12/31/2199	MULTIPLE STUDIES, AT REST AND/OR STRESS(EXERCISE OR PHARMACOLOGICAL)AND/OR REDISTRIBUTION AND /OR REST REINJECTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78469	4/1/2015	5/31/2021	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78491	4/1/2015	5/31/2021	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78492	4/1/2015	5/31/2021	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78494	4/1/2015	4/30/2021	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTITATIVE PROCESSING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78499	4/1/2015	4/30/2021	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
78599	4/1/2015	4/30/2021	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78608	4/1/2015	12/31/2199	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78609	4/1/2015	5/31/2021	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78647	4/1/2015	12/31/2199	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78699	4/1/2015	4/30/2021	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78710	4/1/2015	12/31/2199	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78799	4/1/2015	4/30/2021	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78803	4/1/2015	4/30/2021	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPECT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78804	4/1/2015	12/31/2199	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, REQUIRING TWO OR MORE DAYS IMAGING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
78807	4/1/2015	12/31/2199	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
78812	4/1/2015	12/31/2199	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-THIGH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78813	4/1/2015	12/31/2199	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78814	4/1/2015	12/31/2199	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LIMITED AREA (EG, CHEST, HEAD/NECK)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78815	4/1/2015	12/31/2199	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL BASE TO MID-THIGH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78816	4/1/2015	12/31/2199	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHOLE BODY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
78999	4/1/2015	4/30/2021	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
79999	4/1/2015	4/30/2021	UNLISTED RADIOPHARMACEUTICAL THERAPEUTIC PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81099	4/1/2015	4/30/2021	UNLISTED URINALYSIS PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
81161	7/30/2021	12/31/2199	DMD DUPLICATION/DELETION ANALYSIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81162	1/1/2019	12/31/2199	CODE CHANGED 1-1-2019 BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81163	1/1/2019	12/31/2199	(BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81164	1/1/2019	12/31/2199	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81165	1/1/2019	12/31/2199	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
81166	1/1/2019	12/31/2199	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81167	1/1/2019	12/31/2199	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81173	5/1/2021	12/31/2199	CHG AR GENE ANALYSIS FULL GENE SEQUENCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81185	5/1/2021	12/31/2199	CHG CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81189	5/1/2021	12/31/2199	CHG CSTB GENE ANALYSIS FULL GENE SEQUENCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81200	5/1/2021	12/31/2199	PR ASPA GENE ANALYSIS COMMON VARIANTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81211	10/1/2017	12/31/2018	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81212	10/1/2017	12/31/2199	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
81213	10/1/2017	12/31/2018	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN ... (DELETED) TRY USING THESE CODES INSTEAD: 81162, 81163, 81164.	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81214	10/1/2017	12/31/2018	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81215	10/1/2017	12/31/2020	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VAR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81216	10/1/2017	12/31/2199	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81217	10/1/2017	12/31/2199	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VAR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81220	4/1/2021	12/31/2199	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATORY) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81225	3/1/2021	12/31/2199	CYTOCHROME, GENE ANALYSIS, COMMON VARIANTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81226	3/1/2021	12/31/2199	CYTOCHROME, GENE ANALYSIS, COMMON VARIANTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
81227	3/1/2021	12/31/2199	CYTOCHROME, GENE ANALYSIS, COMMON VARIANTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81229	9/1/2021	12/31/2199	CYTOGENETIC CONSTITUTIONAL MICROARRAY ANALYSIS (CMA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81230	5/1/2021	12/31/2199	CHG CYP3A4 GENE ANALYSIS COMMON VARIANTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81231	3/1/2021	12/31/2199	CYTOCHROME, GENE ANALYSIS, COMMON VARIANTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81236	5/1/2021	12/31/2199	CHG EZH2 GENE ANALYSIS FULL GENE SEQUENCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81243	5/1/2021	12/31/2199	PR FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81244	5/1/2021	12/31/2199	CHG FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81250	5/1/2021	12/31/2199	PR G6PC ANALYSIS COMMON VARIANTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81251	4/1/2021	12/31/2199	TIER 1 MOLECULAR PATHOLOGY PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81251	5/1/2021	12/31/2199	PR GBA GLUCOSIDASE/BETA/ACID ANAL COMMON VARIANTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81252	5/1/2021	12/31/2199	PR GJB2 GENE ANALYSIS FULL GENE SEQUENCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81254	5/1/2021	12/31/2199	PR GJB6 GENE ANALYSIS COMMON VARIANTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81255	4/1/2021	12/31/2199	TIER 1 MOLECULAR PATHOLOGY PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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81257	4/1/2021	12/31/2199	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81260	4/1/2021	12/31/2199	TIER 1 MOLECULAR PATHOLOGY PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81265	5/1/2021	12/31/2199	PR COMPARATIVE ANAL STR MARKERS PATIENT & COMP SPEC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81291	3/1/2021	12/31/2199	TIER 1 MOLECULAR PATHOLOGY PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81302	5/1/2021	12/31/2199	PR MECP2 GENE ANALYSIS FULL SEQUENCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81321	5/1/2021	12/31/2199	PR PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81323	5/1/2021	12/31/2199	PR PTEN GENE ANALYSIS DUPLICATION/DELTION VARIANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81329	5/1/2021	12/31/2199	"CHG SMN 1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS"	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81331	5/1/2021	12/31/2199	PR SNRPN/UBE3A METHYLATION ANALYSIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81361	4/1/2021	12/31/2199	HBB (HEMOGLOBIN, SUBUNIT BETA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81380	3/1/2021	12/31/2199	HLA CLASS TYPING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81400	4/1/2021	12/31/2199	TIER 2 MOLECULAR PATHOLOGY PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81401	5/1/2021	12/31/2199	TIER 2 MOLECULAR PATHOLGY PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81402	3/1/2021	12/31/2199	TIER 2 MOLECULAR PATHOLOGY PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
81404	10/1/2017	4/30/2021	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81404	5/1/2021	12/31/2199	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81405	10/1/2017	12/31/2020	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATIO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81405	4/1/2021	12/31/2199	TIER 2 MOLECULAR PATHOLOGY PROCEDURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81406	10/1/2017	4/30/2021	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNA SEQUENCE ANALYSIS, MUTATI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81406	5/1/2021	12/31/2199	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNA SEQUENCE ANALYSIS, MUTATI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81407	5/1/2021	12/31/2199	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81408	4/1/2021	12/31/2199	UNDER TIER 2 MOLECULAR PATHOLOGY PROCEDURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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81410	4/1/2015	9/30/2017	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFBR1, TGFBR2, COL3A1, MY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81410	4/1/2021	12/31/2199	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, AND MYLK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81411	4/1/2015	5/31/2021	DUPLICATION /DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFBR1, TGFBR2, MYH11, AND COL3A1	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81411	8/21/2021	12/31/2199	DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFBR1, TGFBR2, MYH11 AND COL3A1	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81415	4/1/2015	5/31/2021	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
81416	4/1/2015	5/31/2021	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (LEG, PARENTS, SIBILINGS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81417	4/1/2015	12/31/2199	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUS OBTAINED EXOME SEQUENCE (EG, UPDATE KNOWLEDGE OR UNRELAED CONDITION/SYNDROME)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81420	4/1/2015	12/31/2021	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL DNA N MATERNAL BLOOD, MUST INCLUDE ANALYSIS OF CHROMOSOMES 13,18, AND 21	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81420	1/1/2022	12/31/2199	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL DNA N MATERNAL BLOOD, MUST INCLUDE ANALYSIS OF CHROMOSOMES 13,18, AND 21	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81422	5/1/2021	12/31/2199	CHG FETAL CHROMOSOMAL MICRODELTAJ GENOMIC SEQ ANALYS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81425	4/1/2015	12/31/2199	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
81426	4/1/2015	12/31/2199	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR GENOME(EG, PARENTS, SIBLINGS)(LIST SEPARATELY IN ADDITON TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81427	4/1/2015	12/31/2199	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUS OBTAINED GENOME SWQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITIOIN /SYNDROME))	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81430	4/1/2015	5/31/2021	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); GENOMIC SEQUENCE ANA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81431	4/1/2015	5/31/2021	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); DUPLICATION/DELETION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81435	4/1/2015	12/31/2199	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS) GENOMIC SEQUENCE ANALYSIS PANEL , MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC, BMPR1A, CDH1, MLH1, MSH2, MSH6	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
81436	4/1/2015	12/31/2199	DUPLICATION /DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 5 GREENES, INCLUDING MLH1, MSH2, EPCAM, SMAD4, AND STK11	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81440	4/1/2015	12/31/2199	NUCLEAR ENCODED MITOCHONDRIAL GENES (EG, NEUROLOGIC OR MYOPATHIC PHENOTYPES), GENOMIC SEQUENCE PANEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81443	5/1/2021	12/31/2199	CH GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81445	4/1/2015	12/31/2199	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81450	4/1/2015	12/31/2199	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA AND RNA ANALYSIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
81455	4/1/2015	12/31/2199	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA AND RNA ANALYSIS AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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81460	4/1/2015	12/31/2199	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE -LIKE EPOISODES(MELAS), MYOCLONIC EPILEPSY WITH RAGGED-RED FIBERS(MERFF), NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA (NARP), LEBER HEREDITARY OP	<u>Clinical Information and Documents to Support Medical Necessity</u>
81465	4/1/2015	12/31/2199	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG, KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLÉGIA) , INCLUDING HETEROPLASMY DETECTION, IF PERFORMED	<u>Clinical Information and Documents to Support Medical Necessity</u>
81470	4/1/2015	12/31/2199	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL,	<u>Clinical Information and Documents to Support Medical Necessity</u>

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81471	4/1/2015	12/31/2199	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); DUPLICATION/DELETION GENE ANALYSIS OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81479	4/1/2015	12/31/2199	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81507	4/1/2015	12/31/2020	FETAL ANEUPLOIDY (TRISOMY 21, 18, AND 13) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81507	7/1/2021	12/31/2021	FETAL ANEUPLOIDY (TRISOMY 21, 18, AND 13) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81507	1/1/2022	12/31/2199	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND 13) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81519	4/1/2022	12/31/2199	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY REAL TIME RT-PCR OF 21 GENES, ), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE SCORE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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81520	4/1/2022	12/31/2199	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CATURE OF 58 GENES (50 CONTENT 8 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
81599	4/1/2015	12/31/2199	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
83006	4/1/2015	12/31/2199	GROWTH STIMULATION EXPRESSED GENE 2 (ST2, INTERLEUKIN 1 RECEPTOR LIKE-1)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
83861	1/1/2021	12/31/2199	TEAR OSMOLARITY TESTING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
84999	4/1/2015	12/31/2199	UNLISTED CHEMISTRY PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
85999	4/1/2015	12/31/2199	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
86486	4/1/2015	12/31/2199	SKIN TEST; UNLISTED ANTIGEN, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
86849	4/1/2015	12/31/2199	UNLISTED IMMUNOLOGY PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
86999	4/1/2015	12/31/2199	UNLISTED TRANSFUSION MEDICINE PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
87999	4/1/2015	12/31/2199	UNLISTED MICROBIOLOGY PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
88099	4/1/2015	12/31/2199	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
88199	4/1/2015	12/31/2199	UNLISTED CYTOPATHOLOGY PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
88230	10/1/2021	10/2/2021	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
88233	10/1/2021	10/2/2021	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSUE BIOPSY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88235	10/1/2021	10/2/2021	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88239	10/1/2021	10/2/2021	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88245	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE (SCE), 20-25 CELLS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88248	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES (EG, FOR ATAXIA TELANGIECTASIA, FANCONI ANEMIA, FRAGILE X)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88249	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS (EG, DIEPOXYBUTANE, MITOMYCIN C, IONIZING RADIATION, UV RADIATION)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88261	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88262	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88264	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88271	10/1/2021	10/2/2021	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
88272	10/1/2021	10/2/2021	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG, FOR DERIVATIVES AND MARKERS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88273	10/1/2021	10/2/2021	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (EG, FOR MICRODELETIONS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88274	10/1/2021	10/2/2021	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88275	10/1/2021	10/2/2021	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88280	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88283	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88285	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88289	10/1/2021	10/2/2021	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88291	10/1/2021	10/2/2021	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88299	4/1/2015	12/31/2199	UNLISTED CYTOGENETIC STUDY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
88399	4/1/2015	12/31/2199	UNLISTED SURGICAL PATHOLOGY PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
89240	4/1/2015	12/31/2199	UNLISTED MISCELLANEOUS PATHOLOGY TEST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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89377	4/1/2015	12/31/2016	INACTIVE (DELETED) OR INVALID CODES (89377),	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
89398	4/1/2015	12/31/2199	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90378	4/1/2015	12/31/2199	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90399	4/1/2015	12/31/2199	UNLISTED IMMUNE GLOBULIN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90749	4/1/2015	12/31/2199	UNLISTED VACCINE/TOXOID	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90791	1/1/2021	9/1/2022	UNDER PSYCHIATRIC DIAGNOSTIC EVALUATION SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90791	9/1/2022	12/31/2199	PSYCHIATRIC DIAGNOSTIC EVALUATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90792	1/1/2021	9/1/2022	UNDER PSYCHIATRIC DIAGNOSTIC EVALUATION SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90792	9/1/2022	12/31/2199	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90832	1/1/2021	9/1/2022	UNDER PSYCHOTHERAPY SERVICES AND PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90832	9/1/2022	12/31/2199	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90833	1/1/2021	9/1/2022	UNDER PSYCHOTHERAPY SERVICES AND PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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90833	9/1/2022	12/31/2199	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90834	1/1/2021	9/1/2022	UNDER PSYCHOTHERAPY SERVICES AND PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90834	9/1/2022	12/31/2199	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90836	1/1/2021	9/1/2022	UNDER PSYCHOTHERAPY SERVICES AND PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90836	9/1/2022	12/31/2199	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90837	1/1/2021	9/1/2022	UNDER PSYCHOTHERAPY SERVICES AND PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90837	9/1/2022	12/31/2199	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
90838	1/1/2021	9/1/2022	UNDER PSYCHOTHERAPY SERVICES AND PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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90838	9/1/2022	12/31/2199	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
90846	1/1/2021	9/1/2022	90846 UNDER OTHER PSYCHOTHERAPY PROCEDURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
90846	9/1/2022	12/31/2199	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
90847	1/1/2021	9/1/2022	90847 UNDER OTHER PSYCHOTHERAPY PROCEDURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
90847	9/1/2022	12/31/2199	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
90853	1/1/2021	9/1/2022	90853 UNDER OTHER PSYCHOTHERAPY PROCEDURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
90853	9/1/2022	12/31/2199	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
90899	4/1/2015	12/31/2199	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
90901	4/1/2015	12/31/2199	BIOFEEDBACK TRAINING BY ANY MODALITY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
90911	4/1/2015	12/31/2019	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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91113	1/1/2022	12/31/2199	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), COLON, WITH INTERPRETATION AND REPORT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
91299	4/1/2015	12/31/2199	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92012	1/1/2021	12/31/2199	ADDITIONAL PATIENT EYE EXAMINATION EXCEEDING THE ANNUAL EYE EXAMINATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92014	1/1/2021	12/31/2199	ADDITIONAL PATIENT EYE EXAMINATION EXCEEDING THE ANNUAL EYE EXAMINATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92015	1/1/2021	12/31/2199	REFRACTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92020	1/1/2021	12/31/2199	GONIOSCOPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92025	1/1/2021	12/31/2199	CORNEAL TOPOGRAPHY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92060	1/1/2021	12/31/2199	SENSORI-MOTOR EXAMINATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92065	1/1/2021	12/31/2199	ORTHOPTICS/PLEOPTICS/VISION TRAINING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92071	4/1/2015	12/31/2199	MEDICAL NECESSITY CONTACT LENSES-CORNEAL DISEASE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92072	4/1/2015	12/31/2199	MEDICAL NECESSARY CONTACT LENSES-KERATOCONUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92081	1/1/2021	12/31/2199	VISUAL FIELDS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92082	1/1/2021	12/31/2199	VISION FILEDS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92083	1/1/2021	12/31/2199	VISION FIELDS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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92100	1/1/2021	12/31/2199	SERIAL TONOMETRY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92132	1/1/2021	12/31/2199	OPTICAL COHERENCE TOMOGRAPHY - ANTERIOR SEGMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92133	1/1/2021	12/31/2199	OPTIAL COHERENCE TOMOGRAPHY - OPTIC NERVE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92134	1/1/2021	12/31/2199	OPTICAL COHERENCE TOMOGRAPHY - RETINA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92136	1/1/2021	12/31/2199	ULTRA-SOUND OPTICAL BIOMETRY A-SCAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92201	9/1/2020	12/31/2020	OPHTHALMOSCOPY, EXTENDED WITH RETINAL DRAWING AND SCLERAL DEPRESSION OF PERIPHERAL RETINAL DISEASE (EG, FOR RETINAL TEAR, RETINAL DETACHMENT, RETINAL TUMOR) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92202	9/1/2020	12/31/2020	OPHTHALMOSCOPY, EXTENDED, WITH DRAWING OF OPTIC NERVE OR MACULA (E.G., FOR GLAUCOMA, MACULAR PATHOLOGY, TUMOR) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL.	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92250	1/1/2021	12/31/2199	FUNDUS PHOTOGRAPHY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92260	1/1/2021	12/31/2199	OPHTHALMODYNAMOMETRY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92265	1/1/2021	12/31/2199	OCULAR ELECTRO MYOGRAPHY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92270	1/1/2021	12/31/2199	ELECTRO-OCULOGRAPHY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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92273	1/1/2021	12/31/2199	ELECTRORETINOGRAPHY (ERG), INTERPRETATION AND REPORT; FULL FIELD (FFERG)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92274	1/1/2021	12/31/2199	ELECTRORETINOGRAPHY (ERG), INTERPRETATION AND REPORT MULTIFOCAL (MFERG)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92285	1/1/2021	12/31/2199	EXTERNAL OCULAR PHOTOGRAPHY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92286	1/1/2021	12/31/2199	SPECULAR MICROSCOPY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92310	4/1/2015	12/31/2199	FOR MEDICAL - PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS, BOTH EYES, EXCEPT FOR APHAKIA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92311	4/1/2015	12/31/2199	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92312	4/1/2015	12/31/2199	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, BOTH EYES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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92314	4/1/2015	12/31/2199	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS, BOTH EYES EXCEPT FOR APHA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92315	4/1/2015	6/30/2021	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, ONE EYE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92315	7/1/2021	12/31/2199	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, ONE EYE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92316	4/1/2015	12/31/2199	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, BOTH EYES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
92317	4/1/2015	6/30/2021	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEOSCLERAL LENS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92317	7/1/2021	12/31/2199	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEOSCLERAL LENS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92325	4/1/2015	12/31/2199	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92326	4/1/2015	12/31/2199	REPLACEMENT OF CONTACT LENS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92340	4/1/2015	12/31/2199	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92341	4/1/2015	12/31/2199	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92342	4/1/2015	12/31/2199	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92352	4/1/2015	12/31/2199	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92353	4/1/2015	12/31/2199	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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92354	4/1/2015	12/31/2199	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92355	4/1/2015	12/31/2199	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92358	4/1/2015	12/31/2199	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING MATERIALS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92370	4/1/2015	12/31/2199	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92371	4/1/2015	12/31/2199	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92499	4/1/2015	12/31/2199	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92507	4/1/2015	12/31/2199	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92508	4/1/2015	12/31/2199	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, 2 OR MORE INDIVIDUALS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92517	3/1/2022	12/31/2199	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING WITH INTERPRETATION AND REPORT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92518	3/1/2022	12/31/2199	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING WITH INTERPRETATION AND REPORT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
92519	3/1/2022	12/31/2199	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING WITH INTERPRETATION AND REPORT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92521	1/1/2017	6/20/2018	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92522	1/1/2017	6/20/2018	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA);	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92523	1/1/2017	6/20/2018	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA);	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92524	1/1/2017	6/20/2018	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92526	4/1/2015	12/31/2199	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92601	4/1/2015	2/29/2020	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH PROGRAMMING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92602	4/1/2015	2/29/2020	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92603	4/1/2015	2/29/2020	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
92604	4/1/2015	2/29/2020	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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92605	4/1/2015	12/31/2199	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92606	4/1/2015	5/24/2018	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92607	4/1/2015	12/31/2199	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92608	4/1/2015	5/24/2018	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92609	4/1/2015	12/31/2199	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92610	1/1/2017	6/20/2018	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92618	4/1/2015	5/31/2021	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92626	6/1/2019	12/31/2020	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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92627	6/1/2019	12/31/2020	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92630	6/1/2019	3/31/2020	AUDITORY REHABILITATION; PRELINGUAL HEARING LOSS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92633	6/1/2019	12/31/2020	AUDITORY REHABILITATION; POSTLINGUAL HEARING LOSS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92700	4/1/2015	12/31/2199	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92920	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR BRANCH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92921	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92924	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY ARTERY OR BRANCH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
92925	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92928	4/1/2015	12/31/2199	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY ARTERY OR BRANCH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92929	4/1/2015	12/31/2199	EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92933	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH CORONARY ANGIOPLASTY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92934	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH CORONARY ANGIOPLASTY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
92937	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL MAMMARY , FREE ARTERIAL, VENOUS), ANY COMBINATION OF INTRACORONARY STENT, ATHERECTOMY AND ANGIOPLASTY, INCLUDING DISTAL POTECTION WHEN PERFORMED;SINGLE VESSEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92938	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92941	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92943	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY ARTERY BRANCH, OR CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION OF INTACORONARY STENT, ATHERECTOMY AND ANGIOPLASTY; SINGLE VESSEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
92944	4/1/2015	12/31/2199	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY ARTERY BRANCH, OR BYPASS GRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
93287	9/1/2021	12/31/2199	UNDER PACEMAKER OR IMPLANTABLE DEFIBRILLATOR PROCEDURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
93290	9/1/2021	12/31/2199	UNDER PACEMAKER OR IMPLANTABLE DEFIBRILLATOR PROCEDURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
93750	3/4/2020	12/31/2020	INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN ANALYSIS OF DEVICE PARAMETERS (EG, DRIVELINES, ALARMS, POWER SURGES), REVIEW OF DEVICE FUNCTION (EG, FLOW AND VOLUME STATUS, SEPTUM STATUS, RECOVERY), WITH PROGRAMMING, IF PERFORMED, AND REPORT.	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
93797	10/1/2019	12/31/2020	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
93798	10/1/2019	12/31/2020	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
93799	4/1/2015	12/31/2199	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
93998	4/1/2015	12/31/2199	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
94799	4/1/2015	12/31/2199	UNLISTED PULMONARY SERVICE OR PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
95076	4/1/2015	6/30/2021	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG, FOOD, DRUG OR OTHER SUBSTANCE); INITIAL 120 MINUTES OF TESTING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
95079	4/1/2015	5/31/2021	EACH ADDITIONAL 60 MINUTES OF TESTING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
95199	4/1/2015	12/31/2199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
95705	10/1/2020	12/31/2199	LONG TERM EEG MONITORING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
95706	10/1/2020	12/31/2199	LONG TERM EEG MONITORING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
95930	1/1/2021	12/31/2199	VISUAL EVOKED POTENTIAL (CNS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
95990	4/1/2015	12/16/2019	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL (INTRATHECAL, EPIDURAL) OR BRAIN (INTRAVENTRICULAR);	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
95991	4/1/2015	8/31/2021	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL (INTRATHECAL, EPIDURAL) OR BRAIN (INTRAVENTRICULAR); ADMINISTERED BY PHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
95999	4/1/2015	12/31/2199	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE PROFESSIONAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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96101	4/1/2015	12/31/2018	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96102	4/1/2015	12/31/2018	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI AND WAIS), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERP	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96103	4/1/2015	12/31/2018	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96105	4/1/2015	12/31/2199	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
96110	4/1/2015	12/18/2020	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT:SIGNIFICANT SEPARATELY IDENTIFIABLE E/M SERVICE BY SAME PHYSICAN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96111	4/1/2015	9/30/2017	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS, EG, BAYLEY SCALES OF INFANT DEVELOPMEN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96116	4/1/2015	2/14/2019	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES),	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96116	1/1/2021	9/1/2022	UNDER NEUROBEHAVIORAL STATUS EXAMINATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
96116	9/1/2022	12/31/2199	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGEMENT, [EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES]), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT; FIRST HOUR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96118	4/1/2015	12/31/2018	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96119	4/1/2015	12/31/2018	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT,	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
96120	4/1/2015	12/31/2018	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96121	1/1/2021	9/1/2022	UNDER NEUROBEHAVIORAL STATUS EXAMINATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96121	9/1/2022	12/31/2199	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96125	4/1/2015	5/31/2021	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING ASSESSMENT) PER HOUR OF A QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE TO FACE TIME ADMINISTERING TEST TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96130	1/1/2019	12/31/2020	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TEATMENT PLANNING AND REPOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96130	1/1/2021	9/1/2022	UNDER PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
96130	9/1/2022	12/31/2199	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED, FIRST HOUR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96131	1/1/2019	12/31/2020	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96131	1/1/2021	9/1/2022	UNDER PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96131	9/1/2022	12/31/2199	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96132	1/1/2021	9/1/2022	UNDER PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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96132	9/1/2022	12/31/2199	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; FIRST HOUR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96133	1/1/2021	9/1/2022	UNDER PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96133	9/1/2022	12/31/2199	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96136	1/1/2019	2/14/2019	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96136	1/1/2021	9/1/2022	UNDER PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
96136	9/1/2022	12/31/2199	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96137	1/1/2019	12/31/2020	EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96137	1/1/2021	9/1/2022	UNDER PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96137	9/1/2022	12/31/2199	EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96138	1/1/2019	12/31/2020	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96139	1/1/2019	12/31/2020	EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96146	1/1/2019	12/31/2020	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION, WITH SINGLE AUTOMATED, STANDARDIZED INSTRUMENT VIA ELECTRONIC PLATFORM, WITH AUTOMATED RESULT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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96163	10/1/2017	6/19/2018		<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
96167	10/1/2017	6/19/2018	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE; INITIAL 30 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
96365	4/1/2020	12/31/2020	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
96366	4/1/2020	12/31/2020	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
96450	1/1/2018	12/31/2020	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
96549	4/1/2015	12/31/2199	UNLISTED CHEMOTHERAPY PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
96900	4/1/2015	12/31/2199	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
96910	4/1/2015	6/30/2021	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
96912	4/1/2015	12/31/2199	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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96913	4/1/2015	12/31/2199	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO EIGHT HOURS OF CARE UNDER DIRECT SUPERVISION OF THE PHYSICIAN (INCLUDES APPLICATION OF MEDIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96920	4/1/2015	12/31/2199	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96921	4/1/2015	12/31/2199	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96922	4/1/2015	12/31/2199	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
96999	4/1/2015	12/31/2199	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97001	4/1/2015	9/30/2017	PHYSICAL THERAPY EVALUATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97002	4/1/2015	9/30/2017	PHYSICAL THERAPY RE-EVALUATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97003	4/1/2015	9/30/2017	OCCUPATIONAL THERAPY EVALUATION: SERVICE DELIVERED UNDER AN OUTPATIENT OCCUPATIONAL SPEECH-LANGUAGE PATHOLOGY PLAN OF CARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97004	4/1/2015	9/30/2017	OCCUPATIONAL THERAPY RE-EVALUATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97005	4/1/2015	9/30/2017	ATHLETIC TRAINING EVALUATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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97006	4/1/2015	9/30/2017	ATHLETIC TRAINING RE-EVALUATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97012	4/1/2021	12/31/2199	PR MECHANICAL TRACTION THERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97014	4/1/2021	12/31/2199	PR ELECTRIC STIMULATION THERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97016	4/1/2021	12/31/2199	PR VASOPNEUMATIC DEVICE THERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97018	4/1/2021	12/31/2199	PR PARAFFIN BATH THERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97022	4/1/2021	12/31/2199	PR WHIRLPOOL THERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97024	4/1/2021	12/31/2199	PR DIATHERMY TREATMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97026	4/1/2021	12/31/2199	PR INFRARED THERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97028	4/1/2021	12/31/2199	PR ULTRAVIOLET THERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97032	10/1/2019	3/31/2021	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97032	4/1/2021	12/27/2021	APPLCIATION OF A MODIALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97033	10/1/2019	12/31/2020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
97033	4/1/2021	12/31/2199	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97034	10/1/2019	12/31/2020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97034	4/1/2021	12/31/2199	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97035	10/1/2019	12/31/2020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES DISTINCT PROCEDURAL SERVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97035	4/1/2021	12/31/2199	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES DISTINCT PROCEDURAL SERVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97036	10/1/2019	12/31/2020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97036	4/1/2021	12/31/2199	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97039	4/1/2015	12/31/2020	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
97110	4/1/2015	12/31/2199	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY SPEECH THERAPY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97112	4/1/2015	12/31/2199	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING A	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97113	4/1/2015	12/31/2199	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES:NON PHYSICIAN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97116	4/1/2015	12/31/2199	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING) OF SPEECH THERAPY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97124	4/1/2015	12/31/2199	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97139	4/1/2015	5/31/2021	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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97140	4/1/2015	12/31/2199	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), ONE OR MORE REGIONS, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97150	4/1/2015	12/31/2199	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)RELATED TRAUMA OR INJURY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97151	2/1/2022	12/31/2199	ADAPTIVE BEHAVIOR ASSESSMENT PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97153	2/1/2022	12/31/2199	ADAPTIVE BEHAVIOR ASSESSMENT PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97154	2/1/2022	12/31/2199	ADAPTIVE BEHAVIOR ASSESSMENT PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97155	2/1/2022	12/31/2199	ADAPTIVE BEHAVIOR ASSESSMENT PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97156	2/1/2022	12/31/2199	ADAPTIVE BEHAVIOR ASSESSMENT PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97158	2/1/2022	12/31/2199	ADAPTIVE BEHAVIOR ASSESSMENT PROCEDURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97161	4/1/2015	6/30/2018	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97162	10/1/2017	6/20/2018	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT P	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
97163	10/1/2017	6/20/2018	PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
97164	10/1/2018	12/31/2199	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97165	10/1/2017	6/20/2018	OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97166	10/1/2017	6/20/2018	OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97167	10/1/2017	6/20/2018	OCCUPATIONAL THERAPY EVALUATION: HIGH COMPLEXITY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97168	10/1/2018	12/31/2199	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97530	4/1/2015	12/31/2199	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES; EMERGENCY TREATMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97532	4/1/2015	12/31/2020	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
97533	4/1/2015	5/31/2021	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97535	4/1/2015	12/31/2199	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIV	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97537	4/1/2015	12/31/2199	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97542	12/1/2018	12/31/2199	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97545	4/1/2015	5/31/2021	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97546	4/1/2015	5/31/2021	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
97605	4/1/2015	5/31/2021	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97606	4/1/2015	5/31/2021	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97607	4/1/2015	5/31/2021	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL EQUIPMENT INCLUDING PROVISION OF EXUDATE MANAGEMENT COLLECTION SYSTEM, TOPICAL APPLICATION(S) WOUND ASSESSMENT AND INSTRUCTIONS FOR ONGOIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97608	4/1/2015	5/31/2021	TOTAL WOUND(S) SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97610	1/1/2017	6/19/2018	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDING TOPICAL APPLICATION(S), WHEN PERFORMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97750	4/1/2021	12/31/2199	PR PHYSICAL PERFORMANCE TEST	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
97760	10/1/2019	12/31/2020	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97761	10/1/2019	12/31/2020	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97761	4/1/2021	12/31/2199	PR PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97763	1/1/2018	12/31/2020	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT AND/OR TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES), AN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97799	4/1/2015	12/31/2199	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97810	4/1/2015	5/31/2021	ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97811	4/1/2015	5/31/2021	ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH RE-INSERTION OF NEEDLE(S) (LIST SEPARATELY IN ADDITION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
97813	4/1/2015	5/31/2021	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
97814	4/1/2015	5/31/2021	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH RE-INSERTION OF NEEDLE(S) (LIST SEPARATELY IN ADDITION TO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
98940	4/1/2015	7/3/2018	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS:RT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
98941	4/1/2015	7/3/2018	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
98942	4/1/2015	7/3/2018	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
98943	4/1/2015	6/30/2020	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99090	4/1/2015	12/31/2020	ANALYSIS OF INFORMATION DATA STORED IN COMPUTERS (EG, ECGS, BLOOD PRESSURES, HEMATOLOGIC DATA)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99183	4/1/2015	12/31/2199	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99199	4/1/2015	12/31/2199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
99202	1/1/2021	12/31/2199	UNDER NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99203	7/13/2021	12/31/2199	UNDER NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99204	7/13/2021	12/31/2199	UNDER NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99205	7/13/2021	12/31/2199	UNDER NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99213	7/13/2021	12/31/2199	UNDER NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99217	7/13/2021	12/31/2199	UNDER NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99366	2/1/2022	12/31/2199	DIRECT (FACE-TO-FACE) CONTACT WITH PATIENT AND/OR FAMILY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99415	7/13/2021	12/31/2199	UNDER NEW PATIENT OFFICE OR OTHER OUTPATIENT SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
99417	1/1/2021	12/31/2199	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE MINIMUM REQUIRED TIME OF THE PRIMARY PROCEDURE WHICH HAS BEEN SELECTED USING TOTAL TIME, REQUIRING TOTAL TIME WITH OR WITHOUT DIRECT PATIENT CONTACT BEYOND THE USUAL SERVICE, ON THE DATE OF THE PRIMARY SERVICES, EACH 15 MINUTES OF TOTAL TIME (LIST SEPARATELY IN ADDITION TO CODES 99205, 99215 FOR OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGMENT SERVICES)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
99487	6/1/2021	12/31/2199	CHRONIC COMPLEX CARE MANAGEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99489	6/1/2021	12/31/2199	COMPLEX CHRONIC CARE MANAGEMENT SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99500	4/1/2015	2/28/2021	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART RATE, NON-STRESS TEST, UTERINE MONITORING, AND GESTATIONAL DIABETES MONITORING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99500	3/1/2021	5/31/2021	UNDER HOME VISIT SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99501	4/1/2015	5/31/2021	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99502	4/1/2015	5/31/2021	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99503	4/1/2015	12/31/2199	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN THERAPY, RESPIRATORY ASSESSMENT, APNEA EVALUATION)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99504	4/1/2015	11/30/2018	HOME VISIT FOR MECHANICAL VENTILATION CARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99505	4/1/2015	5/31/2021	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99506	4/1/2015	2/28/2021	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99506	3/1/2021	5/31/2021	UNDER HOME VISIT SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
99507	4/1/2015	5/31/2021	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAINAGE, AND ENTERAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99509	4/1/2015	5/31/2021	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99510	4/1/2015	5/31/2021	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99511	4/1/2015	5/31/2021	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99512	4/1/2015	5/31/2021	HOME VISIT FOR HEMODIALYSIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99600	4/1/2015	5/31/2021	UNLISTED HOME VISIT SERVICE OR PROCEDURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99601	4/1/2015	2/28/2021	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS);	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99601	3/1/2021	5/31/2021	UNDER HOME INFUSION PROCEDURES AND SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99602	4/1/2015	2/28/2021	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
99602	3/1/2021	5/31/2021	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0080	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY VOLUNTEER (INDIVIDUAL OR ORGANIZATION), WITH NO VESTED INTEREST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
A0090	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY INDIVIDUAL (FAMILY MEMBER, SELF, NEIGHBOR) WITH VESTED INTEREST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0100	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION; TAXI	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0110	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION AND BUS, INTRA- OR INTERSTATE CARRIER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0120	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER TRANSPORTATION SYSTEMS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0130	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0140	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL), INTRA- OR INTERSTATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0160	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION: PER MILE - CASEWORKER OR SOCIAL WORKER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0170	4/1/2015	12/31/2199	TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0180	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING - RECIPIENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0190	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS - RECIPIENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0200	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING - ESCORT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A0210	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS - ESCORT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
A0425	4/1/2015	12/31/2199	GROUND MILEAGE, PER STATUTE MILE:AMBULANCE SERVICEFURNISHED DIRECTLY BY A PROVIDER OF SERVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0426	4/1/2015	12/31/2199	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NONEMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0428	4/1/2015	12/31/2199	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NONEMERGENCY TRANSPORT (BLS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0430	4/1/2015	12/31/2199	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0431	4/1/2015	12/31/2199	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0432	4/1/2015	12/31/2199	PARAMEDIC INTERCEPT (PI), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD-PARTY PAYERS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0433	4/1/2015	12/31/2199	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0434	4/1/2015	12/31/2199	SPECIALTY CARE TRANSPORT (SCT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0435	4/1/2015	12/31/2199	FIXED WING AIR MILEAGE, PER STATUTE MILE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0436	4/1/2015	12/31/2199	ROTARY WING AIR MILEAGE, PER STATUTE MILE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A0888	4/1/2015	12/31/2199	NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE FACILITY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
A0999	4/1/2015	12/31/2199	UNLISTED AMBULANCE SERVICE SPECIAL COVERAGE INSTRUCTIONS MCM 2120.1, MCM 2125.1	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4206	3/1/2022	12/31/2199	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4207	3/1/2022	12/31/2199	SYRINGE WITH NEEDLE, STERILE 2 CC, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4208	3/1/2022	12/31/2199	SYRINGE WITH NEEDLE, STERILE 3 CC, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4208	3/1/2022	12/31/2199	SYRINGE WITH NEEDLE, STERILE 3 CC, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4209	3/1/2022	12/31/2199	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4212	3/1/2022	12/31/2199	NONCORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4221	3/1/2022	12/31/2199	SUPPLIES FOR MAINTENANCE OF NONINSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4222	3/1/2022	12/31/2199	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
A4223	3/1/2022	12/31/2199	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4233	11/1/2018	3/31/2021	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4234	11/1/2018	3/31/2021	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4235	11/1/2018	3/31/2021	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4236	11/1/2018	3/31/2021	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4245	3/1/2022	6/30/2022	ALCOHOL WIPES, PER BOX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4247	2/1/2022	2/2/2022	BETADINE OR IODINE SWABS/WIPES, PER BOX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4248	3/1/2022	12/31/2199	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4252	11/1/2018	3/31/2021	IRRIGATION KITS, NONSTERILE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
A4256	11/1/2018	3/31/2021	NORMAL, LOW, AND HIGH CALIBRATOR SOLUTION/CHIPS :GLUCOSE MONITOR SUPPLY FOR DIABETIC BENEFICIARY NOT TREATED WITH INSULIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4258	11/1/2018	3/31/2021	SPRING-POWERED DEVICE FOR LANCET, EACH :GLUCOSE MONITOR SUPPLY FOR DIABETIC BENEFICIARY NOT TREATED WITH INSULIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4259	11/1/2018	11/2/2018	LANCETS, PER BOX OF 100;GLUCOSE MONITOR SUPPLY FORFOR DIABETIC BENEFICIARY NOT TREATED WITH INSULIN.	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4261	4/1/2015	12/31/2199	CERVICAL CAP FOR CONTRACEPTIVE USE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4264	4/1/2015	10/31/2018	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4266	4/1/2015	12/31/2199	DIAPHRAGM FOR CONTRACEPTIVE USE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4267	4/1/2015	12/31/2199	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4268	4/1/2015	12/31/2199	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4269	4/1/2015	12/31/2199	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4275	11/1/2018	12/31/2020		<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
A4300	3/1/2022	12/31/2199	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4310	2/1/2022	2/2/2022	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4311	2/1/2022	2/2/2022	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4312	2/1/2022	2/2/2022	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4436	1/1/2022	12/31/2199	IRRIGATION SUPPLY; SLEEVE, REUSABLE, PER MONTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4437	1/1/2022	12/31/2199	-IRRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4523	11/1/2018	12/31/2020	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4595	4/1/2015	9/30/2017	TENS SUPPLIES, 2 LEAD, PER MONTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4640	4/1/2015	12/31/2199	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4649	3/1/2022	12/31/2199	SURGICAL SUPPLY; MISCELLANEOUS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A4927	11/1/2018	10/1/2019	GLOVES, STERILE OR NON-STERILE, PER PAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
A5200	10/1/2018	3/31/2021	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A6550	4/1/2015	12/31/2199	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A7025	4/1/2015	12/31/2199	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A7026	4/1/2015	12/31/2199	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A8000	4/1/2015	9/30/2017	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A8001	4/1/2015	9/30/2017	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A8002	4/1/2015	9/30/2017	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A8003	4/1/2015	9/30/2017	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A8004	4/1/2015	9/30/2017	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A9270	4/1/2015	12/31/2199	NONCOVERED ITEM OR SERVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
A9272	4/1/2015	12/31/2199	WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, ANY TYPE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A9274	4/1/2015	9/30/2017	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A9274	9/1/2021	9/2/2021	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A9276	4/1/2015	12/31/2199	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A9277	4/1/2015	12/31/2199	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A9278	4/1/2015	9/30/2017	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A9278	9/1/2021	12/31/2199	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
A9279	4/1/2015	12/31/2199	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHERWISE CLASSIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
A9280	4/1/2015	12/31/2199	REIMBURSEMENT INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE (COVERAGE UNDER REVIEW)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A9281	4/1/2015	12/31/2199	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A9282	4/1/2015	12/31/2199	WIG, ANY TYPE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A9283	4/1/2015	12/31/2199	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A9300	4/1/2015	12/31/2199	EXERCISE EQUIPMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A9513	10/1/2019	12/31/2199	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC-99M MEBROFENIN, PER MCI	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A9900	4/1/2015	12/31/2199	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
A9999	4/1/2015	12/31/2199	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4034	10/1/2018	10/2/2018	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4035	10/1/2018	10/2/2018	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4036	10/1/2018	10/2/2018	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4087	9/1/2019	9/2/2019	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
B4088	9/1/2019	9/2/2019	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4100	10/1/2018	10/2/2018	FOOD THICKENER, ADMINISTERED ORALLY, PER OZ. MEDICAID LEVEL OF CARE 1, AS DEFINED BY EACH STATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4102	4/1/2015	12/31/2199	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4103	4/1/2015	12/31/2199	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4104	4/1/2015	12/31/2199	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4105	3/1/2021	3/2/2021	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4149	4/1/2015	12/31/2199	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4150	4/1/2015	12/31/2199	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
B4152	4/1/2015	12/31/2199	ENTERAL FORMULAE; CATEGORY II; INTACT PROTEIN/PROTEIN ISOLATES (CALORICALLY DENSE), ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT; DME SALE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4153	4/1/2015	12/31/2199	ENTERAL FORMULAE; CATEGORY III; HYDROLIZED PROTEIN/AMINO ACIDS, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4154	4/1/2015	12/31/2199	ENTERAL FORMULAE; CATEGORY IV; DEFINED FORMULA FOR SPECIAL METABOLIC NEED, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT SALE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4155	4/1/2015	12/31/2199	ENTERAL FORMULAE; CATEGORY V; MODULAR COMPONENTS, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT DME SALE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4157	4/1/2015	12/31/2199	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
B4158	4/1/2015	12/31/2199	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4159	4/1/2015	12/31/2199	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THRO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4160	4/1/2015	12/31/2199	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, M	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4161	4/1/2015	12/31/2199	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
B4162	4/1/2015	12/31/2199	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4164	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4168	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4172	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOMEMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4176	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4178	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOMEMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4180	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML=1 UNIT) - HOMEMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4185	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4187	3/1/2020	12/31/2199	OMEGA VEN, 10 GRAMS LIPIDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
B4189	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN - PREMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4193	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN - PREMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4197	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN - PREMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4199	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN - PREMIX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
B4216	4/1/2015	12/31/2199	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOMEMIX PER DAY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
B4220	4/1/2015	12/31/2199	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4222	4/1/2015	12/31/2199	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B4224	4/1/2015	12/31/2199	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B5000	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL - AMIROSYN RF, NEPHRAMINE, RENAMINE -	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B5100	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC - FREAMINE HBC, HEPATAMINE - PREMIX	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B5200	4/1/2015	12/31/2199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS - BRANCH CHAIN AMINO ACIDS - PREMIX	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B9000	4/1/2015	9/30/2017	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
B9002	4/1/2015	12/31/2199	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B9004	4/1/2015	12/31/2199	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B9006	4/1/2015	12/31/2199	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B9998	4/1/2015	12/31/2199	NOC FOR ENTERAL SUPPLIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
B9999	4/1/2015	12/31/2199	NOC FOR PARENTERAL SUPPLIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C1732	4/1/2015	12/31/2199	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9014	1/1/2018	12/31/2018	INJECTION, CERLIPONASE ALFA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9028	1/1/2018	1/1/2019	INJ. INOTUZUMAB OZOGAMICIN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9032	7/1/2018	12/31/2018	VORETIGENE NEPARVOVEC-RZYL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9036	3/1/2019	12/31/2020	INJECTION, PATISIRAN, 0.1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9038	3/1/2019	12/31/2020	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9045	8/1/2019	12/31/2020	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9052	7/1/2019	12/31/2020	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9053	7/1/2020	7/1/2020	INJECTION, CRIZANLIZUMAB-TMCA, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9055	7/1/2020	10/1/2020	INJECTION, BREXANOLONE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
C9061	10/1/2020	10/1/2020	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9071	1/1/2021	4/1/2021	VILTOLARSEN, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9071	8/1/2022	12/31/2199	INJECTION, VILTOLARSEN, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9072	3/1/2021	12/31/2199	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9073	1/1/2021	1/2/2021	TECARTUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9075	7/1/2021	9/30/2021	INJECTION, CASIMERSEN, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9075	8/1/2022	12/31/2199	INJECTION, CASIMERSEN, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9077	8/6/2021	9/30/2021	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9078	8/6/2021	10/1/2021	INJECTION, TRILACICLIB, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9079	8/6/2021	9/30/2021	INJECTION, EVINACUMAB-DGNB, 5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9081	10/1/2021	12/31/2021	IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS ANTI-BCMA CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9082	10/1/2021	1/1/2022	INJECTION, DOSTARLIMAB-GXLY, 100 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9083	10/1/2021	1/1/2022	INJECTION, AMIVANTAMAB-VMJW, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
C9084	10/1/2021	12/31/2199	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9085	3/1/2022	4/1/2022	INJECTION, AVALGLUCOSIDASE ALFANGPT, 4 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9086	3/1/2022	4/1/2022	INJECTION, ANIFROLUMAB-FNIA, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9093	4/1/2022	12/31/2199	INJECTION, RANIBIZUMAB, VIA SUSTAINED RELEASE INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9136	4/1/2015	9/30/2017	INJECTION, FACTOR VIII, FC FUSION PROTEIN, (RECOMBINANT), PER I.U.	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9349	4/1/2015	9/30/2017	PURAPLY, AND PURAPLY ANTIMICROBIAL, ANY TYPE, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9399	4/1/2020	12/31/2199	VYONDYS 53	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9443	4/1/2015	9/30/2017	INJECTION, DALBAVANCIN, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9444	4/1/2015	9/30/2017	INJECTION, ORITAVANCIN, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9446	4/1/2015	9/30/2017	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9447	4/1/2015	9/30/2019	INJECTION, PHENYLEPHRINE AND KETOROLAC, 4 ML VIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9466	11/10/2018	12/31/2018	INJECTION, BENRALIZUMAB, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9484	10/1/2017	12/31/2017	INJECTION, ETEPLIRSEN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
C9489	10/1/2017	12/31/2017	INJECTION, NUSINERSEN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
D0191	4/1/2015	12/31/2020	ASSESSMENT OF A PATIENT. A LIMITED CLINICAL INSPECTION THAT IS PERFORMED TO IDENTIFY POSSIBLE SIGNS OF ORAL OR SYSTEMIC DISEASE, MALFORMATION, OR INJURY, AND THE POTENTIAL NEED FOR REFERRAL FOR DIAGNOSIS AND TREATMENT.	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0210	4/1/2015	12/31/2020	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0220	4/1/2015	12/31/2020	INTRAORAL-PERIAPICAL-FIRST FILM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0230	4/1/2015	12/31/2020	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0240	4/1/2015	12/31/2020	INTRAORAL-OCCLUSAL FILM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0250	4/1/2015	12/31/2020	EXTRAORAL-FIRST FILM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0260	4/1/2015	12/31/2020	EXTRAORAL-EACH ADDITIONAL FILM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0270	4/1/2015	12/31/2020	BITEWING-SINGLE FILM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0272	4/1/2015	12/31/2020	CODE TERMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0273	4/1/2015	12/31/2020	CODE TERMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0274	4/1/2015	12/31/2020	BITEWINGS-FOUR FILMS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0277	4/1/2015	12/31/2020	VERTICAL BITEWINGS - 7 TO 8 FILMS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0290	4/1/2015	12/31/2020	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
D0321	4/1/2015	12/31/2020	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0340	4/1/2015	12/31/2020	CEPHALOMETRIC FILM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0364	4/1/2015	12/31/2020	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0365	4/1/2015	12/31/2020	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0366	4/1/2015	12/31/2020	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH O	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0367	4/1/2015	12/31/2020	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0368	4/1/2015	12/31/2020	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0369	4/1/2015	12/31/2020	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0370	4/1/2015	12/31/2020	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0371	4/1/2015	12/31/2020	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
D0380	4/1/2015	12/31/2020	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
D0381	4/1/2015	12/31/2020	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D0382	4/1/2015	12/31/2020	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D0383	4/1/2015	3/31/2021	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D0384	4/1/2015	3/31/2021	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D0385	4/1/2015	3/31/2021	MAXILLOFACIAL MRI IMAGE CAPTURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D0386	4/1/2015	3/31/2021	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D2710	4/1/2015	12/31/2020	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D2799	4/1/2015	12/31/2020	PROVISIONAL CROWN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D2929	4/1/2015	12/31/2020	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D2940	4/1/2015	12/31/2020	SEDATIVE FILLING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D2990	4/1/2015	3/31/2021	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
D9223	10/1/2017	12/31/2020	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0147	4/1/2015	9/30/2017	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0163	4/1/2019	2/28/2021	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS:COMPLEXHIGH TECH LEVEL OF CARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0165	4/1/2019	2/28/2021	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0165	3/1/2021	3/2/2021	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0168	10/1/2019	10/2/2019	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0170	4/1/2015	4/2/2015	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0171	4/1/2015	12/31/2199	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0172	4/1/2015	4/2/2015	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0175	4/1/2015	12/31/2199	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0181	4/1/2015	12/31/2199	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0182	4/1/2015	12/31/2199	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0184	4/1/2015	12/31/2199	DRY PRESSURE MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0185	4/1/2015	12/31/2199	GEL/GEL LIKE PRESS PAD STAN MATRS L SALE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0186	4/1/2015	12/31/2199	AIR PRESSURE MATTRESS RENTAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0187	4/1/2015	12/31/2199	WATER PRESSURE MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0193	4/1/2015	12/31/2199	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0194	4/1/2015	12/31/2199	AIR FLUIDIZED BED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0196	4/1/2015	12/31/2199	GEL PRESSURE MATTRESS RENTAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0197	4/1/2015	12/31/2199	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0198	4/1/2015	12/31/2199	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0199	4/1/2015	12/31/2199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0200	4/1/2015	5/31/2021	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0203	4/1/2015	5/31/2021	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0205	4/1/2015	5/31/2021	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0210	4/1/2015	12/31/2199	ELECTRIC HEAT PAD, STANDARD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0215	4/1/2015	5/31/2021	ELECTRIC HEAT PAD, MOIST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0217	4/1/2015	12/31/2199	WATER CIRCULATING HEAT PAD WITH PUMP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0218	9/2/2015	3/31/2020	FLUID CIRCULATING BOLD PAD WITH PUMP, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0221	4/1/2015	5/31/2021	INFRARED HEATING PAD SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0231	4/1/2015	5/31/2021	NONCONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND POWER CORD) FOR USE WITH WARMING CARD AND WOUND COVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0232	4/1/2015	5/31/2021	WARMING CARD FOR USE WITH THE NONCONTACT WOUND WARMING DEVICE AND NONCONTACT WOUND WARMING WOUND COVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0235	4/1/2015	12/31/2199	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0239	4/1/2015	5/31/2021	HYDROCOLLATOR UNIT, PORTABLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0240	10/1/2018	2/28/2021	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0240	3/1/2021	12/31/2199	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0243	3/1/2021	3/2/2021	TOILET RAIL, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0244	4/1/2015	2/28/2021	RAISED TOILET SEAT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0244	3/1/2021	3/2/2021	RAISED TOILET SEAT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0245	4/1/2015	2/28/2021	TUB STOOL/BENCH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0245	3/1/2021	3/2/2021	TUB STOOL OR BENCH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0250	4/1/2015	12/31/2199	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0251	4/1/2015	5/31/2021	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0255	4/1/2015	12/31/2199	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0256	4/1/2015	5/31/2021	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0260	4/1/2015	12/31/2199	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0261	4/1/2015	5/31/2021	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0265	4/1/2015	12/31/2199	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0266	4/1/2015	5/31/2021	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0270	4/1/2015	5/31/2021	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0271	4/1/2015	12/31/2199	MATTRESS, INNERSPRING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0272	4/1/2015	5/31/2021	MATTRESS, FOAM RUBBER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0273	4/1/2015	5/31/2021	BED BOARD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0274	4/1/2015	5/31/2021	OVER-BED TABLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0277	4/1/2015	12/31/2199	POWERED PRESSURE-REDUCING AIR MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0280	4/1/2015	12/31/2199	BED CRADLE, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0290	4/1/2015	5/31/2021	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0291	4/1/2015	5/31/2021	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0292	4/1/2015	5/31/2021	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0293	4/1/2015	5/31/2021	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0294	4/1/2015	5/31/2021	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0295	4/1/2015	5/31/2021	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0296	4/1/2015	5/31/2021	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0297	4/1/2015	5/31/2021	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0300	4/1/2015	12/31/2199	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0301	4/1/2015	5/31/2021	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0302	4/1/2015	5/31/2021	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0303	4/1/2015	12/31/2199	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0304	4/1/2015	12/31/2199	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0305	4/1/2015	12/31/2199	BEDSIDE RAILS, HALF-LENGTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0310	4/1/2015	12/31/2199	BEDSIDE RAILS, FULL-LENGTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0315	4/1/2015	12/31/2199	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0316	4/1/2015	12/31/2199	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0328	4/1/2015	12/31/2199	PED HOSPITAL BED, MANUAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0329	4/1/2015	12/31/2199	PED HOSPITAL BED, SEMI/ELECT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0350	4/1/2015	12/31/2199	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0352	4/1/2015	12/31/2199	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0370	4/1/2015	12/31/2199	AIR PRESSURE ELEVATOR FOR HEEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0371	4/1/2015	12/31/2199	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0372	4/1/2015	12/31/2199	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0373	4/1/2015	12/31/2199	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS :SALE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0424	4/1/2015	12/31/2199	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0425	4/1/2015	5/31/2021	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0430	4/1/2015	5/31/2021	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0431	4/1/2015	5/31/2021	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING OXYGEN CONSERVING DEVICE IS BEING USED WITH AN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0431	6/1/2021	12/31/2199	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING OXYGEN CONSERVING DEVICE IS BEING USED WITH AN PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL: INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0433	4/1/2015	12/31/2199	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS REGULATORK FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING WITH OR WITHOUT SUPPLY RSERVOIR AND CONTENTS GAUGE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0434	4/1/2015	12/31/2199	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING;OXYGEN CONSERVING DEVICE IS BEI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0435	4/1/2015	5/31/2021	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING, AND REFILL ADAPTER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0439	4/1/2015	12/31/2199	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0440	4/1/2015	5/31/2021	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0441	4/1/2015	12/31/2199	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED), ONE MONTH'S SUPPLY = 1 UNIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0442	4/1/2015	12/31/2199	OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE LIQUID SYSTEM ARE OWNED), ONE MONTH'S SUPPLY = 1 UNIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0443	4/1/2015	12/31/2199	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), ONE MONTH'S SUPPLY = 1 UNIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0444	4/1/2015	12/31/2199	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), ONE MONTH'S SUPPLY = 1 UNIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0445	4/1/2015	12/31/2199	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NONINVASIVELY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0446	4/1/2015	5/31/2021	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0447	1/1/2019	12/31/2199	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0450	4/1/2015	9/30/2017	VOLUME VENTILATOR, STATIONARY OR PORTABLE, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0455	4/1/2015	5/31/2021	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0457	4/1/2015	12/31/2199	CHEST SHELL (CUIRASS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0459	4/1/2015	12/31/2199	CHEST WRAP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0460	4/1/2015	9/30/2017	NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0461	4/1/2015	9/30/2017	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NONINVASIVE INTERFACE (E.G., MASK)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0462	4/1/2015	9/30/2017	ROCKING BED, WITH OR WITHOUT SIDE RAILS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0463	4/1/2015	9/30/2017	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0464	4/1/2015	9/30/2017	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NONINVASIVE INTERFACE (E.G., MASK)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0465	5/11/2018	12/31/2199	HOME VENT INVASIVE INTERFACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0466	5/11/2018	12/31/2199	HOME VENT NON-INVASIVE INTER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0467	1/1/2019	12/31/2199	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0470	4/1/2015	12/31/2199	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE A	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0471	4/1/2015	12/31/2199	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0472	4/1/2015	12/31/2199	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0480	4/1/2015	12/31/2199	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL SALE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0481	4/1/2015	5/31/2021	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0482	4/1/2015	12/31/2199	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0483	4/1/2015	12/31/2199	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0484	4/1/2015	5/31/2021	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NONELECTRIC, ANY TYPE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0485	4/1/2015	5/31/2021	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0486	4/1/2015	5/31/2021	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0500	4/1/2015	12/31/2199	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0550	4/1/2015	12/31/2199	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0555	4/1/2015	5/31/2021	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0560	4/1/2015	5/31/2021	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0561	4/1/2015	12/31/2199	HUMIDIFIER, NONHEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0562	4/1/2015	12/31/2199	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0565	4/1/2015	12/31/2199	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0572	4/1/2015	5/31/2021	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0574	4/1/2015	12/31/2199	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0575	4/1/2015	12/31/2199	NEBULIZER, ULTRASONIC, LARGE VOLUME	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0580	4/1/2015	12/31/2199	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0585	4/1/2015	12/31/2199	NEBULIZER, WITH COMPRESSOR AND HEATER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0600	4/1/2015	12/31/2199	SUCTION PUMP HOME MODEL PORTABLE SPEICAL COVERAGE INSTRUCTIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0601	4/1/2015	12/31/2199	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE REPEAT PROCEDURE BY SAME PHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0605	4/1/2015	5/31/2021	VAPORIZER, ROOM TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0606	4/1/2015	12/31/2199	POSTURAL DRAINAGE BOARD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0616	4/1/2015	12/31/2199	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0618	4/1/2015	12/31/2199	APNEA MONITOR, WITHOUT RECORDING FEATURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0619	4/1/2015	12/31/2199	APNEA MONITOR, WITH RECORDING FEATURE:NEW EQUIPMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0620	4/1/2015	5/31/2021	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0621	4/1/2015	12/31/2199	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0625	4/1/2015	12/31/2199	PATIENT LIFT, KARTOP, BATHROOM OR TOILET	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0627	4/1/2015	12/31/2199	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0628	4/1/2015	9/30/2017	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0629	4/1/2015	12/31/2199	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0630	4/1/2015	12/31/2199	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0635	4/1/2015	12/31/2199	PATIENT LIFT, ELECTRIC, WITH SEAT OR SLING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0636	4/1/2015	5/31/2021	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0637	4/1/2015	12/31/2199	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0638	4/1/2015	12/31/2199	STANDING FRAME SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0639	4/1/2015	12/31/2199	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0640	4/1/2015	12/31/2199	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0641	10/1/2015	12/31/2199	STANDING FRAME SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0642	4/1/2015	12/31/2199	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0650	4/1/2015	12/31/2199	PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0651	4/1/2015	12/31/2199	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0652	4/1/2015	12/31/2199	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0655	4/1/2015	12/31/2199	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0660	4/1/2015	12/31/2199	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0665	4/1/2015	12/31/2199	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0666	4/1/2015	12/31/2199	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0667	4/1/2015	12/31/2199	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0668	4/1/2015	12/31/2199	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0669	4/1/2015	12/31/2199	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR SALE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0670	4/1/2015	12/31/2199	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0671	4/1/2015	12/31/2199	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0672	4/1/2015	12/31/2199	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0673	4/1/2015	12/31/2199	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0675	4/1/2015	12/31/2199	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0676	4/1/2015	12/31/2199	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0691	4/1/2015	12/31/2199	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA TWO SQUARE FEET OR LESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0692	4/1/2015	12/31/2199	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0693	4/1/2015	12/31/2199	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, SIX FOOT PANEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0694	4/1/2015	12/31/2199	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN SIX FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0700	4/1/2015	12/31/2199	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0710	4/1/2015	10/31/2019	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0720	4/1/2015	12/31/2199	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0730	4/1/2015	12/31/2199	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0731	4/1/2015	12/31/2199	FORM-FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0740	4/1/2015	12/31/2199	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0744	4/1/2015	12/31/2199	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0745	4/1/2015	12/31/2199	NM STIM ELEC SHOCK UNIT SPECIAL COVERAGE INSTRUCTIONS CIM 35-77	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0746	4/1/2015	12/31/2199	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0747	4/1/2015	12/31/2199	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0748	4/1/2015	12/31/2199	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0749	4/1/2015	12/31/2199	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0755	4/1/2015	12/31/2199	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRAORAL/NONINVASIVE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0760	4/1/2015	12/31/2199	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NONINVASIVE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0761	4/1/2015	12/31/2199	NONTHERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWER ELECTROMAGNETIC ENERGY TREATMENT DEVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0762	4/1/2015	12/31/2199	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0764	4/1/2015	12/31/2199	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PRO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0765	4/1/2015	5/31/2021	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0766	4/1/2015	5/31/2021	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0769	4/1/2015	5/31/2021	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0776	4/1/2015	12/31/2199	IV POLE CARRIER DISCRETION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0779	4/1/2015	12/31/2199	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0780	4/1/2015	12/31/2199	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E0781	4/1/2015	12/31/2199	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0782	4/1/2015	12/31/2199	INFUSION PUMP, IMPLANTABLE, NONPROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0783	4/1/2015	12/31/2199	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0784	4/1/2015	12/31/2199	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0785	4/1/2015	12/31/2199	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0786	4/1/2015	12/31/2199	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0791	4/1/2015	12/31/2199	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTICHANNEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0830	4/1/2015	12/31/2199	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0840	4/1/2015	12/31/2199	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0849	4/1/2015	12/31/2199	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0850	4/1/2015	12/31/2199	TRACTION STAND, FREESTANDING, CERVICAL TRACTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0855	4/1/2015	12/31/2199	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0856	4/1/2015	12/31/2199	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIRE BLADDER(S)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0860	4/1/2015	12/31/2199	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0870	4/1/2015	12/31/2199	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0880	4/1/2015	12/31/2199	TRACTION STAND, FREESTANDING, EXTREMITY TRACTION (E.G., BUCK'S)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0890	4/1/2015	12/31/2199	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0900	7/1/2019	7/2/2019	TRACTION STAND, FREESTANDING, PELVIC TRACTION (E.G., BUCK'S)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0910	4/1/2015	12/31/2199	TRAPEZE BARS, ALSO KNOWN AS PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0911	4/1/2015	12/31/2199	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0912	4/1/2015	12/31/2199	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0920	4/1/2015	12/31/2199	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0930	4/1/2015	12/31/2199	FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0935	4/1/2015	12/31/2199	PASSIVE MOTION EXERCISE DEVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0936	4/1/2015	12/31/2199	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0940	4/1/2015	12/31/2199	TRAPEZE BAR, FREESTANDING, COMPLETE WITH GRAB BAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0941	4/1/2015	12/31/2199	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0942	4/1/2015	12/31/2199	CERVICAL HEAD HARNESS/HALTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0944	4/1/2015	12/31/2199	PELVIC BELT/HARNESS/BOOT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0945	4/1/2015	12/31/2199	EXTREMITY BELT/HARNESS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0946	4/1/2015	12/31/2199	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0947	4/1/2015	12/31/2199	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0948	4/1/2015	12/31/2199	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0950	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, TRAY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0951	4/1/2015	12/31/2199	HEEL LOOP/HOLDER, WITH OR WITHOUT ANKLE STRAP, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0952	4/1/2015	12/31/2199	TOE LOOP/HOLDER, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0955	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0956	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0958	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0959	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0960	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0961	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0966	4/1/2015	5/31/2021	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0967	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0968	4/1/2015	5/31/2021	COMMODE SEAT, WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0969	4/1/2015	12/31/2199	NARROWING DEVICE, WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0970	4/1/2015	12/31/2199	NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEGREST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0971	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0973	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0974	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0978	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, SAFETY BELT/PELVIC STRAP, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0980	4/1/2015	12/31/2199	SAFETY VEST, WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0981	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0982	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0983	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0984	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0985	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0986	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0988	4/1/2015	12/31/2199	LEVER-ACTIVATED WHEEL DRIVE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0990	7/1/2019	7/2/2019	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0992	4/1/2015	12/31/2199	SOLID SEAT INSRT RENTAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E0994	4/1/2015	12/31/2199	ARMREST, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E0995	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1002	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1003	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1004	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1005	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1006	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1007	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1008	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1009	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1010	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1011	4/1/2015	12/31/2199	MODIFICATION TO PEDIATRIC WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1014	4/1/2015	12/31/2199	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1015	4/1/2015	12/31/2199	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1016	4/1/2015	12/31/2199	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1017	4/1/2015	12/31/2199	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1018	4/1/2015	12/31/2199	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1020	4/1/2015	12/31/2199	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1028	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1029	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1030	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1031	4/1/2015	12/31/2199	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS FIVE INCHES OR GREATER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1035	4/1/2015	12/31/2199	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1036	4/1/2015	12/31/2199	POSITIONING CHAIR (SUBMIT BRAND NAME, MODEL NUMBER AND SPECIFICATIONS) (SPECIAL COVERAGE INSTRUCTIONS APPLY)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1037	4/1/2015	12/31/2199	TRANSPORT CHAIR, PEDIATRIC SIZE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1038	4/1/2015	12/31/2199	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1039	4/1/2015	12/31/2199	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1050	4/1/2015	12/31/2199	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS DME RENTAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1060	4/1/2015	12/31/2199	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1070	4/1/2015	12/31/2199	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1083	4/1/2015	12/31/2199	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1084	4/1/2015	12/31/2199	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1085	4/1/2015	12/31/2199	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1086	4/1/2015	12/31/2199	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1087	4/1/2015	12/31/2199	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1088	4/1/2015	12/31/2199	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1089	4/1/2015	12/31/2199	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1090	4/1/2015	12/31/2199	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1092	4/1/2015	12/31/2199	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1093	4/1/2015	12/31/2199	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1100	4/1/2015	12/31/2199	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1110	4/1/2015	12/31/2199	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1161	3/1/2019	12/31/2199	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1170	4/1/2015	12/31/2199	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1171	4/1/2015	12/31/2199	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOTRESTS OR LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1172	4/1/2015	12/31/2199	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, WITHOUT FOOTRESTS OR LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1180	4/1/2015	12/31/2199	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1190	4/1/2015	12/31/2199	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1195	4/1/2015	12/31/2199	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1200	4/1/2015	12/31/2199	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1220	4/1/2015	12/31/2199	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1221	4/1/2015	12/31/2199	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1222	4/1/2015	12/31/2199	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1223	4/1/2015	12/31/2199	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1224	4/1/2015	12/31/2199	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1225	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1226	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1227	4/1/2015	12/31/2199	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1228	4/1/2015	12/31/2199	SPECIAL BACK HEIGHT FOR WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1229	4/1/2015	12/31/2199	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1230	4/1/2015	12/31/2199	POWER OPERATED VEHICLE (THREE- OR FOUR-WHEEL NONHIGHWAY), SPECIFY BRAND NAME AND MODEL NUMBER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1231	4/1/2015	12/31/2199	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM NEW EQUIPMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1232	4/1/2015	12/31/2199	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1233	4/1/2015	12/31/2199	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM NEW EQUIPMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1234	4/1/2015	12/31/2199	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1235	4/1/2015	12/31/2199	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1236	4/1/2015	12/31/2199	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1237	4/1/2015	12/31/2199	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1238	4/1/2015	12/31/2199	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1239	4/1/2015	12/31/2199	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1240	4/1/2015	12/31/2199	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGREST	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1250	4/1/2015	12/31/2199	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1260	4/1/2015	12/31/2199	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1270	4/1/2015	12/31/2199	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1280	4/1/2015	12/31/2199	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1285	4/1/2015	12/31/2199	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1290	4/1/2015	12/31/2199	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1295	4/1/2015	12/31/2199	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEGRESTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1296	4/1/2015	12/31/2199	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1297	4/1/2015	12/31/2199	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1298	4/1/2015	12/31/2199	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1300	4/1/2015	12/31/2199	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1310	4/1/2015	12/31/2199	WHIRLPOOL, NONPORTABLE (BUILT-IN TYPE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1353	4/1/2015	12/31/2199	REGULATOR SPECIAL COVERAGE INSTRUCTIONS CIM 60-4	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1354	4/1/2015	12/31/2199	MOUTH PIECE (SPECIAL COVERAGE INSTRUCTIONS APPLY)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1355	4/1/2015	12/31/2199	STAND/RACK	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1356	4/1/2015	12/31/2199	BREATHING CIRCUITS (SPECIAL COVERAGE INSTRUCTIONS APPLY)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1357	4/1/2015	12/31/2199	BATTERY CHARGER, PORT CONC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1358	4/1/2015	12/31/2199	DC POWER ADAPTER, PORT CONC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1372	4/1/2015	12/31/2199	IMMERSION EXTERNAL HEATER FOR NEBULIZER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1390	4/1/2015	5/31/2021	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1390	6/1/2021	12/31/2199	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1391	4/1/2015	12/31/2199	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1392	4/1/2015	12/31/2199	PORTABLE OXYGEN CONCENTRATOR, RENTAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1399	4/1/2015	12/31/2199	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1405	4/1/2015	12/31/2199	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1406	4/1/2015	5/31/2021	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1699	4/1/2015	12/31/2199	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1700	4/1/2015	12/31/2199	JAW MOTION REHABILITATION SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1701	4/1/2015	12/31/2199	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1702	4/1/2015	12/31/2199	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1800	4/1/2015	12/31/2199	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1801	4/1/2015	12/31/2199	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1802	4/1/2015	12/31/2199	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1805	4/1/2015	12/31/2199	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1806	4/1/2015	12/31/2199	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1810	4/1/2015	12/31/2199	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL:DME RENTAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1811	4/1/2015	12/31/2199	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1812	4/1/2015	12/31/2199	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1815	4/1/2015	12/31/2199	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION, INCLUDES SOFT INTERFACE MATERIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1816	4/1/2015	12/31/2199	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1818	4/1/2015	12/31/2199	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E1820	4/1/2015	12/31/2199	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E1821	4/1/2015	12/31/2199	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1825	4/1/2015	12/31/2199	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1830	4/1/2015	12/31/2199	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1831	4/1/2015	12/31/2199	STATIC STR TOE DEV EXT/FLEX	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1840	4/1/2015	12/31/2199	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1841	4/1/2015	12/31/2199	MULTIDIRECTIONAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH RANGE OF MOTION ADJUSTABILITY, INCLUDES CUFFS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E1902	4/1/2015	12/31/2199	COMMUNICATION BOARD, NONELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2000	4/1/2015	12/31/2199	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2100	4/1/2015	12/31/2199	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2101	4/1/2015	12/31/2199	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2120	4/1/2015	12/31/2199	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2201	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2202	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2203	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2204	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2205	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2206	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2207	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2208	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2209	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2210	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2211	9/1/2015	3/31/2020	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2212	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2213	9/1/2015	3/31/2020	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2214	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2215	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2216	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2217	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2218	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2219	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2220	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2221	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2222	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2224	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2225	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2226	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2227	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2228	4/1/2015	12/31/2199	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH E2230	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2230	4/1/2015	5/31/2021	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2231	4/1/2015	5/31/2021	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2291	4/1/2015	12/31/2199	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2292	4/1/2015	12/31/2199	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2293	4/1/2015	12/31/2199	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2294	4/1/2015	12/31/2199	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2295	4/1/2015	5/31/2021	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2300	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2301	4/1/2015	5/31/2021	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2310	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2311	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION S	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2312	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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E2313	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2321	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2322	4/1/2015	5/31/2021	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2323	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2324	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2325	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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E2326	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2327	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2328	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2329	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2330	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2331	4/1/2015	5/31/2021	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2340	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2341	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2342	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20-OR 21 IN.	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2343	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2351	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2358	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2359	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2360	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, 22 NF NONSEALED LEAD ACID BATTERY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2361	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL CELL, ABSORBED GLASSMAT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2362	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, GROUP 24 NONSEALED LEAD ACID BATTERY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2363	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2364	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, U-1 NONSEALED LEAD ACID BATTERY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2365	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2366	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NONSEALED, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2367	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NONSEALED, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2368	4/1/2015	12/31/2199	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2369	4/1/2015	12/31/2199	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2370	4/1/2015	12/31/2199	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2371	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT), EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2372	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, GROUP 27 NONSEALED LEAD ACID BATTERY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2373	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING H	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2374	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2375	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2376	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2377	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2378	4/1/2015	12/31/2199	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2381	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2382	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2383	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2384	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2385	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2386	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2387	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2388	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2389	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2390	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2391	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2392	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2394	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2395	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2396	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2397	4/1/2015	5/31/2021	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2402	4/1/2015	12/31/2199	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2500	4/1/2015	12/31/2199	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRERECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	<u>Clinical Information and Documents to Support Medical Necessity</u>
E2502	4/1/2015	12/31/2199	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRERECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	<u>Clinical Information and Documents to Support Medical Necessity</u>
E2504	4/1/2015	12/31/2199	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRERECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	<u>Clinical Information and Documents to Support Medical Necessity</u>
E2506	4/1/2015	12/31/2199	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRERECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	<u>Clinical Information and Documents to Support Medical Necessity</u>
E2508	4/1/2015	12/31/2199	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	<u>Clinical Information and Documents to Support Medical Necessity</u>
E2510	4/1/2015	12/31/2199	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	<u>Clinical Information and Documents to Support Medical Necessity</u>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2511	4/1/2015	12/31/2199	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2512	4/1/2015	12/31/2199	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2599	4/1/2015	12/31/2199	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2601	9/2/2015	3/31/2020	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2602	4/1/2015	12/31/2199	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2603	4/1/2015	12/31/2199	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2604	4/1/2015	12/31/2199	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2605	4/1/2015	12/31/2199	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2606	4/1/2015	12/31/2199	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2607	4/1/2015	12/31/2199	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2608	4/1/2015	12/31/2199	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2609	4/1/2015	12/31/2199	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2610	4/1/2015	5/31/2021	WHEELCHAIR SEAT CUSHION, POWERED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2611	4/1/2015	12/31/2199	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2612	4/1/2015	12/31/2199	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2613	4/1/2015	12/31/2199	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2614	4/1/2015	12/31/2199	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
E2615	4/1/2015	12/31/2199	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2616	4/1/2015	12/31/2199	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2617	4/1/2015	12/31/2199	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2619	4/1/2015	12/31/2199	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2620	4/1/2015	12/31/2199	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2621	4/1/2015	12/31/2199	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2622	4/1/2015	12/31/2199	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2623	4/1/2015	12/31/2199	ADJ SKIN PRO WC CUS WD>=22IN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2624	4/1/2015	12/31/2199	ADJ SKIN PRO/POS CUS<22IN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2625	4/1/2015	12/31/2199	ADJ SKIN PRO/POS WC CUS>=22	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
E2626	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2627	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2628	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2629	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2630	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2631	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2632	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E2633	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E8000	4/1/2015	5/31/2021	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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E8001	4/1/2015	12/31/2199	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
E8002	4/1/2015	5/31/2021	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0027	4/1/2015	5/31/2021	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING HUHNER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0104	10/3/2020	10/3/2020	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0105	10/3/2020	10/3/2020	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0121	10/3/2020	10/3/2020	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0127	4/1/2015	6/30/2021	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0128	4/1/2015	5/31/2021	DIRECT (FACE-TO-FACE WITH PATIENT) SKILLED NURSING SERVICES OF A REGISTERED NURSE PROVIDED IN A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY, EACH 10 MINUTES BEYOND THE FIRST 5 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0129	4/1/2015	5/31/2021	OCCUPATIONAL THERAPY REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL THERAPIST, FURNISHED AS A COMPONENT OF A PARTIAL HOSPITALIZATION TREATMENT PROGRAM, PER DAY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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G0151	4/1/2015	5/31/2021	SERVICES OF PHYSICAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0152	4/1/2015	5/31/2021	SERVICES OF OCCUPATIONAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0153	4/1/2015	5/31/2021	SERVICES OF SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH SETTING, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0154	4/1/2015	9/30/2017	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0155	4/1/2015	5/31/2021	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH SETTING, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0156	4/1/2015	12/31/2199	SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0157	4/1/2015	5/31/2021	HHC PT ASSISTANT EA 15	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0158	4/1/2015	5/31/2021	HHC OT ASSISTANT EA 15	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0159	4/1/2015	5/31/2021	PERCUTANEOUS THROMBECTOMY AND/OR REVISION, ARTERIOVENOUS FISTULA, AUTOGENOUS OR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0160	4/1/2015	5/31/2021	CRYOSURGICAL ABLATION OF LOCALIZED PROSTATE CANCER, PRIMARY TREATMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0161	4/1/2015	5/31/2021	ULTRASONIC GUIDANCE FOR INTERSTITIAL PLACEMENT OF CRYOSURGICAL PROBES; TECHNICAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0162	4/1/2015	9/30/2017	HHC RN E&M PLAN SVS, 15 MIN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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G0162	4/1/2021	12/31/2199	RN E&M SVS, 15 MIN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0163	4/1/2015	9/30/2017	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR RECURRENCE OF COLORECTAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0164	4/1/2015	9/30/2017	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR STAGING AND	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0166	4/1/2015	12/31/2199	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0186	4/1/2015	6/30/2021	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL NEOVASCULARIZATION); PHOTOCOAGULATION, FEEDER VESSEL TECHNIQUE (ONE OR MORE SESSIONS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0237	4/1/2015	5/31/2021	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE-TO-FACE, ONE-ON-ONE, EACH 15 MINUTES (INCLUDES MONITORING)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0238	4/1/2015	5/31/2021	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE-ON-ONE, FACE-TO-FACE, PER 15 MINUTES (INCLUDES MONITORING)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0239	4/1/2015	5/31/2021	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
G0248	4/1/2015	5/31/2021	DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH MECHANICAL HEART VALVE(S) WHO MEETS MEDICARE COVERAGE CRITERIA, UNDER THE DIRECTION OF A PHYSICIAN; INCLUDES: DEMONSTRATING USE A	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0249	4/1/2015	5/31/2021	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT WITH MECHANICAL HEART VALVE(S) WHO MEETS MEDICARE COVERAGE CRITERIA; INCLUDES PROVISION OF MATERIALS FOR USE IN THE HOME AN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0276	4/1/2015	5/31/2021	PILD/PLACEBO CONTROL CLIN TR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0281	4/1/2015	5/31/2021	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS, AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0282	4/1/2015	5/31/2021	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0283	4/1/2015	2/28/2021	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
G0299	10/1/2017	12/31/2199	INSERTION OR REPOSITIONING OF ELECTRODE LEAD FOR SINGLE CHAMBER PACING CARDIOVERTER DEFIBRILLATOR AND INSERTION OF PULSE GENERATOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0300	10/1/2017	12/31/2199	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR DUAL CHAMBER PACING CARDIOVERTER DEFIBRILLATOR AND INSERTION OF PULSE GENERATOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0337	4/1/2015	5/31/2021	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0339	4/1/2015	12/31/2199	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION OR FIRST SESSION OF FRACTIONATED TREATMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0340	4/1/2015	12/31/2199	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING, FRACTIONATED TREATMENT, ALL LESIONS, PER SESSION, SECOND THROUGH FIF	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0341	4/1/2015	5/31/2021	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
G0342	4/1/2015	5/31/2021	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
G0343	4/1/2015	5/31/2021	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0490	10/1/2017	12/31/2199	HOME VISIT RN, LPN BY RHC/FQ	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0491	10/1/2017	12/31/2199	DIALYSIS ACU KIDNEY NO ESRD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0492	10/1/2017	12/31/2199	MD/OTH EVAL ACUT KID NO ESRD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0494	10/1/2017	12/31/2199	LPN CARE EA 15MIN HH/HOSPICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0495	10/1/2017	12/31/2199	RN CARE TRAIN/EDU IN HH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0496	10/1/2017	12/31/2199	LPN CARE TRAIN/EDU IN HH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G0501	10/1/2017	12/31/2199	RESOURCE-INTEN SVC DURING OV	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G1012	10/1/2017	12/31/2199	CLINICAL DECISION SUPPORT MECHANISM AGILEMD, AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA PROGRAM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
G9678	10/1/2017	12/31/2199	ONCOLOGY CARE MODEL SERVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
H0012	1/1/2021	9/1/2022	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
H0012	9/1/2022	12/31/2199	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
H0016	1/1/2021	9/1/2022	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
H0016	9/1/2022	12/31/2199	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
H0031	1/1/2021	9/1/2022	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
H0031	9/1/2022	12/31/2199	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
H0047	1/1/2021	9/1/2022	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
H0047	9/1/2022	12/31/2199	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
H0050	1/1/2021	9/1/2022	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
H0050	9/1/2022	12/31/2199	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
H2015	11/1/2016	12/31/2199	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
H2023	11/1/2016	12/31/2199	SUPPORTED EMPLOYMENT, PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
H2025	11/1/2016	12/31/2199	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
H2035	1/1/2021	9/1/2022	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
H2035	9/1/2022	12/31/2199	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0122	5/1/2021	12/31/2199	ERAVACYCLINE (XERAVA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0129	5/1/2021	12/31/2199	ABATACEPT (ORENCIA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0172	2/1/2022	2/2/2022	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0178	8/15/2021	12/31/2199	INJECTION, AFLIBERCEPT, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0180	3/1/2022	12/31/2199	INJECTION, AGALSIDASE BETA, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0219	4/1/2022	12/31/2199	INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0220	5/1/2021	12/31/2199	ALGLUCOSIDASE ALFA (MYOZYME)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0221	3/1/2022	12/31/2199	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0222	5/1/2021	12/31/2199	PATISIRAN (ONPATTRO)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0223	11/1/2020	12/31/2199	INJECTION, GIVOSIRAN, 0.5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J0256	4/1/2015	12/31/2199	INJECTION, ALPHA 1-PROTEINASE INHIBITOR - HUMAN, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0257	4/1/2015	12/31/2199	GLASSIA INJECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0291	5/1/2021	12/31/2199	PLAZOMICIN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0470	5/1/2021	12/31/2199	DIMERCAPROL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0490	3/1/2022	12/31/2199	BENLYSTA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0491	4/1/2022	12/31/2199	INJECTION, ANIFROLUMAB-FRIA, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0517	1/1/2019	12/31/2199	INJECTION, BENRALIZUMAB, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0567	3/1/2022	12/31/2199	INJECTION, CERLIPONASE ALFA, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0584	1/1/2019	12/31/2199	INJECTION, BUROSUMAB-TWZA 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0585	4/1/2015	2/29/2020	BOTULINUM TOXIN TYPE A, PER UNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0585	3/1/2020	12/31/2199	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0586	3/1/2020	12/31/2199	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0587	3/1/2020	12/31/2199	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0588	3/1/2020	12/31/2199	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0597	4/1/2015	5/31/2021	C-1 ESTERASE, BERINERT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0598	4/1/2015	12/31/2199	C-1 ESTERASE, CINRYZE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J0600	5/1/2021	12/31/2199	EDETATE CALCIUM DISODIUM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0699	10/1/2021	12/31/2199	INJECTION, CEFIDEROCOL, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0741	10/1/2021	12/31/2199	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0791	11/1/2020	12/31/2199	INJECTION, CRIZANLIZUMAB-TMCA, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0881	5/1/2021	12/31/2199	HEMATOPOIETIC INJECTIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0882	5/1/2021	12/31/2199	HEMATOPOIETIC INJECTIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0885	4/1/2015	12/31/2199	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0887	4/1/2015	12/31/2199	EPOETIN BETA ESRD USE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0888	4/1/2015	12/31/2199	EPOETIN BETA NON ESRD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0895	5/1/2021	12/31/2199	DEFEROXAMINE MESYLATE (DESFERAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J0896	9/1/2020	12/31/2199	LUSPATERCEPT-AAMT RELOZYL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1040	3/1/2019	12/31/2199	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG WAIVER OF LIABILITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1050	4/1/2015	12/31/2199	INJ MEDROXYPROGESTERONE ACETATE 100 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1212	5/1/2021	12/31/2199	DIMETHYL SULFOXIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J1300	6/4/2018	12/31/2199	INJECTION, DURATRAD, UP TO 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1301	1/1/2019	12/31/2199	INJECTION, EDARAVONE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1303	7/1/2020	8/31/2021	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1303	9/1/2021	9/2/2021	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1305	10/1/2021	12/31/2199	INJECTION, EVINACUMAB-DGNB, 5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1322	4/1/2015	12/31/2199	ELOSULFASE ALFA, INJECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1426	11/1/2021	12/31/2199	CAMIERSEN (AMONDYS 45)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1427	11/1/2021	12/31/2199	INJECTION, VILTOLARSEN, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1428	1/1/2018	12/31/2199	INJ, ETEPLIRSEN, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1429	7/1/2020	12/31/2199	VYONDYS 53	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1437	7/10/2021	12/31/2199	INJECTION, FERRIC DERISOMALTOSE, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1439	3/1/2022	12/31/2199	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1442	11/1/2021	11/2/2021	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1447	11/1/2021	11/2/2021	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1448	10/1/2021	12/31/2199	INJECTION, TRILACICLIB, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1458	6/4/2018	12/31/2199	INJECTION, GALSULFASE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J1557	4/1/2015	12/31/2199	GAMMAPLEX INJECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1561	4/1/2015	12/31/2199	INJ IMMUNE GLOBULIN IV PER 500 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1566	4/1/2015	12/31/2199	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), 500 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1568	4/1/2015	12/31/2199	OCTAGAM INJECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1569	4/1/2015	12/31/2199	GAMMAGARD LIQUID INJECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1572	4/1/2015	12/31/2199	FLEBOGAMMA INJECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1632	4/1/2021	12/31/2199	INJECTION, BREXANOLONE, 1MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1640	5/1/2021	12/31/2199	PANHEMATIN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1725	4/1/2015	12/31/2020	HYDROXYPROGESTERONE CAPROATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1726	1/1/2018	12/31/2199	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1729	1/1/2018	12/31/2199	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1742	5/1/2021	12/31/2199	IBUTILIDE FUMARATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1743	5/1/2021	12/31/2199	IDURSULFASE (ELAPRASE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1745	4/1/2015	2/28/2021	INJECTION, INFLIXIMAB, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1745	3/1/2021	3/2/2021	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J1746	5/1/2021	12/31/2199	BALIZUMAB-UIYK (TROGARZO)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1756	3/1/2022	12/31/2199	INJECTION, IRON SUCROSE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1786	4/1/2015	12/31/2199	IMUGLUCERASE INJECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1823	1/1/2021	12/31/2199	INJ. INEBILZUMAK-CDON, 1MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1826	4/1/2015	12/31/2199	INTERFERON BETA-1A INJ	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1830	4/1/2015	12/31/2199	INTERFERON BETA-1B PER 0.25 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1931	3/1/2022	12/31/2199	INJECTION, LARONIDASE, 0.1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1950	4/1/2015	12/31/2199	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J1951	8/6/2021	12/31/2199	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2182	6/1/2020	12/31/2199	INJECTION, MEPOLIZUMAB, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2250	3/1/2019	12/31/2199	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2326	1/1/2018	12/31/2199	INJ, NUSINERSEN, 0.1MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2356	8/1/2022	12/31/2199	INJECTION, TEZPELUMAB-EKKO, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2357	4/1/2015	12/31/2199	INJECTION, OMALIZUMAB, 5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2505	11/1/2021	12/31/2021	INJECTION, PEGFILGRASTIM, 6 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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J2506	1/1/2022	12/31/2199	INJECTION, PEGFILGRASTIM, 6 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2724	3/1/2022	12/31/2199	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2786	10/3/2020	12/31/2199	INJECTION, RESLIZUMAB, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2820	5/1/2021	12/31/2199	SARGRAMOSTIM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2840	3/1/2022	12/31/2199	INJECTION, SEBELIPASE ALFA, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2916	3/1/2022	12/31/2199	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J2941	4/1/2015	5/31/2021	INJECTION, SOMATROPIN, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3010	3/1/2019	12/31/2199	INJECTION, FENTANYL CITRATE, 0.1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3031	5/1/2021	12/31/2199	FREMANEZUMAB-VFRM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3060	3/1/2022	12/31/2199	INJECTION, TALIGLUCERASE ALFA, 10 UNITS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3240	5/1/2021	12/31/2199	THYROTROPIN ALPHA FOR INJECTION (THYROGEN)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3241	4/1/2021	12/31/2199	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J3245	5/1/2021	12/31/2199	TILDRAKIZUMAB (ILUMYA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3304	5/1/2021	12/31/2199	TRIAMCINOLONE ACETONIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3385	3/1/2022	12/31/2199	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3397	5/1/2021	12/31/2199	MEPSEVII (VESTRONIDASE ALFA-VJBK)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3398	1/1/2019	12/31/2199	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3399	11/1/2020	12/31/2199	ONASEMNOGENE ABEPARVOVEC-XIOI (ZOLGENSMA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3490	4/1/2020	5/30/2021	VYONDYS 53, SPRAVATO, ZULRESSO	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3490	6/1/2021	12/31/2199	AMONDYS 45	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J3590	7/1/2020	12/31/2199	UNCLASSIFIED BIOLOGICS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7030	4/1/2015	3/1/2019	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7040	4/1/2015	10/31/2019	INFUSION NORMAL SALINE SOLUTION STERILE 500 ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7042	4/1/2015	4/30/2021	5% DEXTROSE/NORMAL SALINE 500 ML = 1 UNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7050	4/1/2015	2/4/2021	INFUSION, NORMAL SALINE SOLUTION, 250 CC HOME TO HOSPITAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7060	4/1/2015	10/31/2019	5% DEXTROSE/WATER 500 ML = 1 UNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7070	4/1/2015	12/31/2199	INFUSION, D5W, 1000 CC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J7100	4/1/2015	5/31/2021	INFUSION, DEXTRAN 40, 500 ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7110	4/1/2015	5/31/2021	INFUSION, DEXTRAN 75, 500 ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7120	4/1/2015	2/29/2020	RINGERS LACTATE INFUSION, UP TO 1000 CC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7168	8/6/2021	12/31/2199	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7170	1/1/2019	5/31/2021	PRESCRIPTION, LEGEND, DRUG, CONTRACEPTIVES (COVERAGE UNDER REVIEW)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7170	8/1/2022	12/31/2199	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7175	10/1/2017	12/31/2199	INJ, FACTOR X, (HUMAN), 1IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7177	1/1/2019	5/31/2021	INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7179	10/1/2017	12/31/2199	VONVENDI INJ 1 IU VWF:RCO	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7180	4/1/2015	12/31/2199	PRESCRIPTION, LEGEND, DRUG, FOR MENTAL OR NERVOUS CONDITION (COVERAGE UNDER REVIEW)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7181	4/1/2015	12/31/2199	INJECTION, FACTOR XIII RECOMB A-SUBUNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7182	4/1/2015	12/31/2199	INJECTION, FACTOR VIII RECOMB NOVOEIGHT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7183	4/1/2015	12/31/2199	WILATE INJECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7185	4/1/2015	12/31/2199	XYNTHA INJECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J7186	4/1/2015	12/31/2199	ANTIHEMOPHILIC VII/VWF COMP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7187	4/1/2015	12/31/2199	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF:RCO	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7189	4/1/2015	12/31/2199	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7190	4/1/2015	12/31/2199	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7191	4/1/2015	5/31/2021	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7192	4/1/2015	12/31/2199	FACTOR VIII PER IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7193	4/1/2015	12/31/2199	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NONRECOMBINANT) PER IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7194	4/1/2015	12/31/2199	FACTOR IX, COMPLEX, PER I.U.	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7195	4/1/2015	12/31/2199	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7200	4/1/2015	12/31/2199	FACTOR IX RECOMBINAN RIXUBIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7201	4/1/2015	12/31/2199	FACTOR IX ALPROLIX RECOMB	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7202	10/1/2017	12/31/2199	FACTOR IX IDELVION INJ	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7203	1/1/2019	5/31/2021	INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7298	1/1/2019	2/28/2019	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J7300	4/1/2015	12/31/2199	INTRAUTERINE COPPER CONTRACEPTIVE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7301	4/1/2015	12/31/2199	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7302	4/1/2015	9/30/2017	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7303	4/1/2015	5/31/2021	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7304	4/1/2015	5/31/2021	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7306	4/1/2015	5/31/2021	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7307	4/1/2015	12/31/2199	ETONOGESTREL IMPLANT SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7311	5/1/2021	12/31/2199	FLUOCINOLONE ACETONIDE (RETISERT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7327	4/1/2015	5/31/2021	MONOVISC INJECTION PER DOSE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7330	4/1/2015	5/31/2021	WHITE FACED (BALD-FACED) HORNET VENOM PROTEIN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J7999	10/1/2017	12/31/2199	COMPOUNDED DRUG, NOC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J8999	4/1/2015	12/31/2199	PRESCRIPTION DRUG\ORAL\CHEMOTHERAPEUTIC\NOS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9027	6/4/2018	8/31/2020	INJECTION, CLOFARABINE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9027	5/1/2021	12/31/2199	INJECTION, CLOFARABINE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J9035	12/1/2020	12/31/2199	INJECTION, BEVACIZUMAB, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9039	1/1/2020	12/31/2199	INJECTION, BLINATUMOMAB, 1 MICROGRAM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9055	4/1/2015	12/31/2199	INJECTION, CETUXIMAB, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9061	5/1/2022	12/31/2199	INJECTION, AMIVANTAMAB-VMJW, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9071	4/1/2022	12/31/2199	INJECTION, CYCLOPHOSAMIDE (AUROMEDICS), 5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9118	5/1/2021	12/31/2199	CALASPARGASE PEGOL-MKNL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9119	5/1/2021	12/31/2199	CEMIPLIMAB-RWLC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9144	7/17/2021	12/31/2199	INJECTION, DARATUMUMAB, 10MG AND HYALURONIDASE-FIHJ	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9168	8/6/2021	12/31/2199	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR LX ACTIVITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9177	11/1/2020	12/31/2199	ENFORTUBAM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9204	5/1/2021	12/31/2199	MOGAMULIZUMAB-KPKC (POTELIGEO)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9210	5/1/2021	12/31/2199	INJECTION, EMAPALUMAB-LZSG, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9212	4/1/2015	12/31/2199	INTERFERON 3 MILLION IU VIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9213	4/1/2015	12/31/2199	INTERFERON,ALFA-2A,RECOMBINANT,3 MILLION UNITS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9214	4/1/2015	12/31/2199	INTERFERON,ALFA-2B,RECOMBINANT,1 MILLION UNITS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9215	4/1/2015	12/31/2199	INTERFERON, ALFA-N3, 250,000 IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J9216	4/1/2015	12/31/2199	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9217	4/1/2015	12/31/2199	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9218	4/1/2015	12/31/2199	LEUPROLIDE ACETATE, PER 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9219	5/1/2021	5/31/2022	LEUPROLIDE ACETATE (LUPRON DEPOT)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9226	8/1/2021	12/31/2199	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9229	1/1/2019	12/31/2199	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9245	5/1/2021	12/31/2199	MELPHALAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9247	10/1/2021	12/31/2199	INJECTION, MELPHALAN FLUFENAMIDE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9269	5/1/2021	12/31/2199	INJECTION, TAGRAXOFUSP-ERZS, 10 MCG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9271	7/10/2021	12/31/2199	INJECTION, PEMBROLIZUMAB, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9272	5/1/2022	12/31/2199	INJECTION, DOSTARLIMAB-GXLY, 100 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9273	4/1/2022	12/31/2199	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9312	9/4/2021	12/31/2199	INJECTION, RITUXIMAB, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9313	5/1/2021	12/31/2199	MOXETUMOMAB PASUDOTOX-TDFK (LUMOXITI)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9318	10/1/2021	12/31/2199	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
J9319	10/1/2021	12/31/2199	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9348	8/6/2021	12/31/2199	INJECTION, NAXITAMAB-GQGK, 1MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9353	8/6/2021	12/31/2199	INJECTION, MARGETUXIMAB-CMKB, 5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9354	5/1/2021	12/31/2199	ADO-TRASTUZUMAB ENTANSINE (KADCYLA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9355	5/1/2021	12/31/2199	TRASTUZUMAB	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9357	5/1/2021	12/31/2199	VALRUBICIN STERILE SOLUTION FOR INTRAVESICAL INSTILLATION (VALSTAR)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9358	5/1/2021	12/31/2199	FAM-TRASTUZUMAB DERUXTECAN-NXKI	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9359	4/1/2022	12/31/2199	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9600	5/1/2021	5/31/2022	PORFIMER (PHOTOFRIN)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
J9999	1/1/2018	12/31/2199	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0001	4/1/2015	12/31/2199	STANDARD WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0001	10/1/2017	12/31/2199	STANDARD WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0002	4/1/2015	12/31/2199	STANDARD HEMI (LOW SEAT) WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0003	4/1/2015	12/31/2199	LIGHTWEIGHT WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0004	4/1/2015	12/31/2199	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0005	4/1/2015	12/31/2199	ULTRALIGHTWEIGHT WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0006	4/1/2015	12/31/2199	HEAVY-DUTY WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0007	4/1/2015	12/31/2199	EXTRA HEAVY-DUTY WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0008	4/1/2015	12/31/2199	CUSTOM MANUAL WHEELCHAIR/BASE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0009	4/1/2015	12/31/2199	OTHER MANUAL WHEELCHAIR/BASE NEW EQUIPMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0010	4/1/2015	12/31/2199	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0011	4/1/2015	12/31/2199	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0012	4/1/2015	12/31/2199	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0013	4/1/2015	12/31/2199	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0014	4/1/2015	12/31/2199	OTHER MOTORIZED/POWER WHEELCHAIR BASE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0015	4/1/2015	12/31/2199	DETACHABLE, NONADJUSTABLE HEIGHT ARMREST, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0017	4/1/2015	12/31/2199	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0018	4/1/2015	12/31/2199	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0019	4/1/2015	12/31/2199	ARM PAD, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0020	4/1/2015	12/31/2199	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0037	4/1/2015	12/31/2199	HIGH MOUNT FLIP-UP FOOTREST, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0038	4/1/2015	12/31/2199	LEG STRAP, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0039	4/1/2015	12/31/2199	LEG STRAP, H STYLE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0040	9/1/2015	3/31/2020	ADJUSTABLE ANGLE FOOTPLATE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0041	4/1/2015	12/31/2199	LARGE SIZE FOOTPLATE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0042	4/1/2015	12/31/2199	STANDARD SIZE FOOTPLATE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0043	4/1/2015	11/30/2019	FOOTREST, LOWER EXTENSION TUBE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0044	4/1/2015	12/31/2199	FOOTREST, UPPER HANGER BRACKET, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0045	4/1/2015	12/31/2199	FOOTREST, COMPLETE ASSEMBLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0046	4/1/2015	12/31/2199	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0047	4/1/2015	12/31/2199	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0050	4/1/2015	12/31/2199	RATCHET ASSEMBLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0051	4/1/2015	12/31/2199	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0052	4/1/2015	12/31/2199	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0053	4/1/2015	12/31/2199	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0056	4/1/2015	12/31/2199	SEAT HEIGHT LESS THAN 17' OR EQUAL TO OR GREATER THAN 21' FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0065	4/1/2015	12/31/2199	SPOKE PROTECTORS, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0069	4/1/2015	12/31/2199	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0070	4/1/2015	12/31/2199	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0071	4/1/2015	12/31/2199	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0072	4/1/2015	12/31/2199	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMIPNEUMATIC TIRE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0073	4/1/2015	12/31/2199	CASTER PIN LOCK, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0077	4/1/2015	12/31/2199	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0098	4/1/2015	12/31/2199	DRIVE BELT FOR POWER WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0105	4/1/2015	12/31/2199	IV HANGER, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0108	4/1/2015	12/31/2199	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0195	4/1/2015	12/31/2199	ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0455	4/1/2015	12/31/2199	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0462	4/1/2015	12/31/2199	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0552	4/1/2015	12/31/2199	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0553	4/1/2020	4/2/2020	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0554	4/1/2020	12/31/2199	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0601	4/1/2015	12/31/2199	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0602	4/1/2015	12/31/2199	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0603	4/1/2015	12/31/2199	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0604	4/1/2015	12/31/2199	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0605	4/1/2015	12/31/2199	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0606	4/1/2015	12/31/2199	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0607	4/1/2015	12/31/2199	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0608	4/1/2015	12/31/2199	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0609	4/1/2015	12/31/2199	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0669	4/1/2015	12/31/2199	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM SADMERC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0672	4/1/2015	12/31/2199	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0730	4/1/2015	12/31/2199	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0733	4/1/2015	12/31/2199	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0738	4/1/2015	12/31/2199	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0739	9/1/2015	3/31/2020	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15MIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0739	7/27/2021	12/31/2199	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15MIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0740	4/1/2015	12/31/2199	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15MIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0743	4/1/2015	12/31/2199	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0744	4/1/2015	12/31/2199	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0745	4/1/2015	12/31/2199	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP HOME MODEL, PORTABLE, PAD SIZE MORE THAN 16 SQUARE INCHES BUT LESS THAN OR EQUAL TO 48 INCHES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0746	4/1/2015	12/31/2199	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE GREATER THAN 48 SQUARE INCHES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0800	4/1/2015	12/31/2199	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0801	4/1/2015	12/31/2199	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0802	4/1/2015	12/31/2199	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0806	4/1/2015	12/31/2199	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0807	4/1/2015	12/31/2199	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0808	4/1/2015	12/31/2199	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0812	4/1/2015	12/31/2199	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0813	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0814	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0815	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0816	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0820	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0821	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0822	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0823	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0824	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0825	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0826	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0827	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0828	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0829	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0830	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0831	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0835	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0836	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0837	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0838	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0839	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0840	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLEPOWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0841	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWEROPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0842	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWEROPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UPTO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0843	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0848	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0849	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0850	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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K0851	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0852	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0853	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0854	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0855	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0856	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0857	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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K0858	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0859	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0860	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0861	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0862	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0863	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
K0864	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0868	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0869	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0870	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0871	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0877	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0878	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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K0879	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0880	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0884	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0885	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0886	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
K0890	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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K0891	4/1/2015	12/31/2199	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0898	4/1/2015	12/31/2199	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0899	4/1/2015	12/31/2199	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0900	4/1/2015	12/31/2199	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0901	4/1/2015	9/30/2017	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
K0902	4/1/2015	9/30/2017	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L0112	4/1/2015	12/31/2199	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0113	4/1/2015	12/31/2199	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0174	1/1/2018	12/31/2199	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0180	4/1/2015	6/30/2021	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0190	4/1/2015	12/31/2199	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0200	4/1/2015	7/31/2021	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0430	1/1/2019	12/31/2020	SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL, CUSTOM FITTED (DEWALL POSTURE PROTECTOR ONLY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L0452	12/10/2020	12/31/2199	THORACIC-LUMBAR-SACRAL ORTHOSIS (TLSO), FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0456	1/1/2018	1/2/2018	TLISO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0458	1/1/2019	12/31/2199	TLISO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0460	1/1/2019	12/31/2199	TLISO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0462	1/1/2019	12/31/2199	TLISO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L0464	1/1/2019	12/31/2199	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FRO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0480	1/1/2019	12/31/2199	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPUL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0482	1/1/2019	1/2/2019	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0484	1/1/2019	12/31/2199	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPUL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L0486	1/1/2019	12/31/2199	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0488	1/1/2019	12/31/2199	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0491	1/1/2019	12/31/2199	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L0631	1/1/2019	12/31/2199	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON TH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0632	1/1/2019	12/31/2199	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON TH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0635	1/1/2019	12/31/2199	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION T	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0636	1/1/2019	12/31/2199	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L0637	1/1/2019	12/31/2199	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LAT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0638	1/1/2019	12/31/2199	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LAT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0639	1/1/2019	12/31/2199	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES IN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0640	1/1/2019	12/31/2199	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES IN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L0700	1/1/2019	12/31/2199	CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L0710	1/1/2019	12/31/2199	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L0810	1/1/2019	12/31/2199	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L0820	1/1/2019	12/31/2199	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L0830	1/1/2019	12/31/2199	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L0859	1/1/2019	12/31/2199	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L0980	1/1/2018	5/31/2021	PERONEAL STRAPS, PAIR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L0984	1/1/2021	1/2/2021	PR PROTECT BODY SOCK EA PRE OTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1000	1/1/2019	12/31/2199	CTLSO (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1005	1/1/2019	12/31/2199	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1060	1/1/2021	1/2/2021	PR THORACIC PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1200	1/1/2019	2/28/2021	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L1200	3/1/2021	12/31/2199	THORACIC-LUMBAR-SACRAL-ORTHOISIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1210	1/1/2021	1/2/2021	PR LATERAL THORACIC EXTENSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1240	1/1/2021	1/2/2021	PR LUMBAR DEROTATION PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1270	1/1/2021	1/2/2021	PR ABDOMINAL PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1290	1/1/2021	1/2/2021	PR LATERAL TROCHANTERIC PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1300	1/1/2019	12/31/2199	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL LEFT SIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1310	1/1/2019	12/31/2199	OTHER SCOLIOSIS PROCEDURE, POSTOPERATIVE BODY JACKET	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1499	12/1/2020	12/31/2199	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1500	1/1/2019	12/31/2020	THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO), MOBILITY FRAME (NEWINGTON, PARAPODIUM TYPES)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1510	1/1/2019	12/31/2020	THKAO, STANDING FRAME, WITH OR WITHOUT TRAY AND ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1520	1/1/2019	12/31/2020	THKAO, SWIVEL WALKER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1680	1/1/2018	12/31/2199	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L1680	1/1/2019	12/31/2199	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1685	1/1/2019	12/31/2199	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1686	1/1/2019	11/30/2020	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1686	12/1/2020	12/31/2199	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1690	1/1/2019	12/31/2199	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT; RIGHT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1700	1/1/2019	12/31/2199	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1710	1/1/2019	12/31/2199	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1720	1/1/2019	12/31/2199	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L1730	1/1/2019	1/2/2019	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED RIGHT SIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1755	1/1/2019	12/31/2199	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1812	1/1/2018	7/31/2021	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1830	1/1/2018	11/30/2019	KO, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1830	1/1/2021	1/2/2021	KO, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1832	11/1/2020	2/28/2021	KNEE ORTHOSIS (KO), ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1833	1/1/2018	12/31/2199	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L1836	1/1/2018	12/31/2199	KO, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1840	1/1/2019	12/31/2199	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1843	1/1/2019	12/31/2199	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1844	1/1/2019	12/31/2199	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CU	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L1845	1/1/2019	12/31/2199	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L1846	1/1/2019	12/31/2199	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1848	1/1/2018	12/31/2199	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1851	10/1/2017	12/31/2199	KO SINGLE UPRIGHT PREFAB OTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1852	10/1/2017	10/2/2017	KO DOUBLE UPRIGHT PREFAB OTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1855	1/1/2018	12/31/2020	KO, MOLDED PLASTIC, THIGH AND CALF SECTIONS, WITH DOUBLE UPRIGHT KNEE JOINTS, CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1858	1/1/2018	12/31/2020	KO, MOLDED PLASTIC, POLYCENTRIC KNEE JOINTS, PNEUMATIC KNEE PADS (CTI), CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1860	1/1/2019	12/31/2199	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1870	1/1/2018	12/31/2020	KO, DOUBLE UPRIGHT, THIGH AND CALF LACERS, WITH KNEE JOINTS, CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1880	1/1/2018	12/31/2020	KO, DOUBLE UPRIGHT, NONMOLDED THIGH AND CALF CUFFS/LACERS WITH KNEE JOINTS, CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L1885	1/1/2018	12/31/2199	KNEE ORTHOSIS, SINGLE OR DOUBLE UPRIGHT, THIGH AND CALF, WITH FUNCTIONAL ACTIVE RESISTANCE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1900	1/1/2018	12/31/2199	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1901	1/1/2018	12/31/2020	ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G., NEOPRENE, LYCRA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1902	1/1/2018	4/30/2021	ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT NEW EQUIPMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1904	1/1/2018	12/31/2199	ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1906	1/1/2018	12/31/2199	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1907	1/1/2018	12/31/2020	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1907	1/1/2021	1/2/2021	PR AFO SUPRAMALLEOLAR CUSTOM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1910	1/1/2018	12/31/2199	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L1932	1/1/2019	12/31/2199	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1940	1/1/2021	1/2/2021	PR AFO MOLDED TO PATIENT PLASTI	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1945	1/1/2019	12/31/2199	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1951	1/1/2019	12/31/2199	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1960	1/1/2018	12/31/2020	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1960	1/1/2021	1/2/2021	PR AFO POS SOLID ANK PLASTIC MO	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L1970	1/1/2021	1/2/2021	PR AFO PLASTIC MOLDED W/ANKLE J	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2000	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L2005	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2006	4/1/2020	12/31/2199	KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND/OR STANCE PHASE MICROPROCESSOR CONTROL WITH ADJUSTABILITY, INCLUDES ALL COMPONENTS (E.G., SENSORS, BATTERIES, CHARGER), ANY TYPE ACTIVATION, WITH OR WITHOUT ANKLE JOINT(S), CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2010	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2020	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2030	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L2034	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2036	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2037	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2038	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2108	1/1/2019	12/31/2199	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2126	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L2128	1/1/2019	12/31/2199	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L2132	1/1/2019	12/31/2199	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2134	1/1/2019	12/31/2199	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2136	1/1/2019	12/31/2199	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2200	1/1/2021	1/2/2021	PR LIMITED ANKLE M	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2210	1/1/2021	1/2/2021	PR DORSIFLEXION ASSIST EACH JOI	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2270	1/1/2018	12/31/2020	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION (T) STRAP, PADDED/LINED OR MALLEOLUS PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2270	1/1/2021	1/2/2021	PR VARUS/VALGUS STRAP PADDED/LI	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2275	1/1/2018	12/31/2020	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2275	1/1/2021	1/2/2021	PR PLASTIC MOD LOW EXT PAD/LINE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2280	1/1/2018	12/31/2020	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2280	1/1/2021	1/2/2021	PR MOLDED INNER BOOT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L2340	1/1/2018	1/2/2018	ADDITION TO LOWER EXTREMITY, PRETIBIAL SHELL, MOLDED TO PATIENT MODEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2350	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR PTB, AFO ORTHOSES)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2390	1/1/2021	1/2/2021	PR OFFSET KNEE JOINT EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2525	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2624	12/1/2020	12/31/2199	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2627	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2628	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2780	1/1/2021	1/2/2021	PR NON-CORROSIVE FINISH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2820	1/1/2018	12/31/2020	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2820	1/1/2021	1/2/2021	PR SOFT INTERFACE BELOW KNEE SE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L2840	1/1/2018	12/31/2020	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L2840	1/1/2021	1/2/2021	PR TIBIAL LENGTH SOCK FX OR EQU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3000	4/1/2015	12/31/2020	PR FT INSERT UCB BERKELEY SHELL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3000	1/1/2021	1/2/2021	PR FT INSERT UCB BERKELEY SHELL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3001	4/1/2015	12/31/2199	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3002	4/1/2015	7/31/2021	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3003	4/1/2015	12/31/2199	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3010	4/1/2015	12/31/2020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3010	1/1/2021	1/2/2021	PR FOOT LONGITUDINAL ARCH SUPPO	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3020	9/2/2015	12/31/2020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3020	1/1/2021	1/2/2021	PR FOOT LONGITUD/METATARSAL SUP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3030	4/1/2015	12/31/2199	FT INSERT FORMED TO PT FT EA SPECIAL COVERAGE INSTRUCTIONS (QUANTITY ALERT) CIM 70-3, MCM 2323	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L3031	4/1/2015	12/31/2199	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3040	4/1/2015	12/31/2199	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3050	4/1/2015	6/30/2021	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH RIGHT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3060	4/1/2015	3/15/2021	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3070	4/1/2015	12/31/2199	FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE, LONGITUDINAL, EACH: LT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3080	4/1/2015	12/31/2199	FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE, METATARSAL, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3090	4/1/2015	12/31/2199	FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3100	3/9/2018	3/31/2020	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3140	1/1/2018	12/31/2199	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES LEFT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3150	1/1/2018	4/30/2021	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3160	1/1/2018	12/31/2199	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L3170	1/1/2018	12/31/2199	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3201	4/1/2015	12/31/2199	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3202	4/1/2015	12/31/2199	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3203	4/1/2015	12/31/2199	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3204	4/1/2015	12/31/2199	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3206	4/1/2015	12/31/2199	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3207	4/1/2015	12/31/2199	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3208	1/1/2018	12/31/2199	SURGICAL BOOT, EACH, INFANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3209	1/1/2018	12/31/2199	SURGICAL BOOT, EACH, CHILD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3212	4/1/2015	12/31/2199	BENESCH BOOT, PAIR, INFANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3213	4/1/2015	12/31/2199	BENESCH BOOT, PAIR, CHILD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3214	4/1/2015	12/31/2199	BENESCH BOOT, PAIR, JUNIOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3215	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3216	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3217	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3219	4/1/2015	5/31/2021	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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L3221	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3222	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3224	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3225	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3230	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3250	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3251	4/1/2015	12/31/2199	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3252	4/1/2015	12/31/2199	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3253	4/1/2015	12/31/2199	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR), CUSTOM FITTED, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3254	4/1/2015	12/31/2199	NONSTANDARD SIZE OR WIDTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3255	4/1/2015	12/31/2199	NONSTANDARD SIZE OR LENGTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3257	4/1/2015	12/31/2199	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3300	4/1/2015	12/31/2199	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L3310	4/1/2015	12/31/2199	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3320	4/1/2015	12/31/2199	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3330	4/1/2015	12/31/2199	LIFT, ELEVATION, METAL EXTENSION (SKATE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3332	4/1/2015	4/30/2021	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3334	4/1/2015	12/31/2199	LIFT, ELEVATION, HEEL, PER INCH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3340	4/1/2015	12/31/2199	HEEL WEDGE, SACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3350	4/1/2015	4/2/2015	HEEL WEDGE SPECIAL COVERAGE INSTRUCTIONS CIM 70-3, MCM 2323	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3360	4/1/2015	12/31/2199	SOLE WEDGE, OUTSIDE SOLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3370	4/1/2015	12/31/2199	SOLE WEDGE, BETWEEN SOLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3380	4/1/2015	12/31/2199	CLUBFOOT WEDGE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3390	4/1/2015	12/31/2199	OUTFLARE WEDGE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3400	4/1/2015	12/31/2199	METATARSAL BAR WEDGE, ROCKER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3410	4/1/2015	12/31/2199	METATARSAL BAR WEDGE, BETWEEN SOLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3420	4/1/2015	4/2/2015	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3430	4/1/2015	12/31/2199	HEEL, COUNTER, PLASTIC REINFORCED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3440	4/1/2015	12/31/2199	HEEL, COUNTER, LEATHER REINFORCED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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L3450	4/1/2015	12/31/2199	HEEL, SACH CUSHION TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3455	4/1/2015	12/31/2199	HEEL, NEW LEATHER, STANDARD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3460	4/1/2015	12/31/2199	HEEL, NEW RUBBER, STANDARD RIGHT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3465	4/1/2015	12/31/2199	HEEL, THOMAS WITH WEDGE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3470	4/1/2015	12/31/2199	HEEL, THOMAS EXTENDED TO BALL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3480	4/1/2015	12/31/2199	HEEL, PAD AND DEPRESSION FOR SPUR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3485	4/1/2015	12/31/2199	HEEL, PAD, REMOVABLE FOR SPUR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3500	4/1/2015	12/31/2199	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3510	4/1/2015	12/31/2199	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3520	4/1/2015	12/31/2199	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3530	4/1/2015	12/31/2199	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3540	4/1/2015	12/31/2199	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3550	4/1/2015	12/31/2199	ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3560	4/1/2015	12/31/2199	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3570	4/1/2015	12/31/2199	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L3580	4/1/2015	12/31/2199	ORTHOPEdic SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE NEW EQUIPMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3590	4/1/2015	12/31/2199	ORTHOPEdic SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3595	4/1/2015	12/31/2199	ORTHOPEdic SHOE ADDITION, MARCH BAR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3600	4/1/2015	12/31/2199	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3610	4/1/2015	12/31/2199	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3620	4/1/2015	12/31/2199	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3630	4/1/2015	12/31/2199	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3640	4/1/2015	12/31/2199	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3649	4/1/2015	12/31/2199	ORTHOPEdic SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L3674	1/1/2019	12/31/2199	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3730	1/1/2019	12/31/2199	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM FABRICATED LT SIDE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3740	1/1/2019	12/31/2199	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3760	12/1/2020	12/2/2020	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3765	1/1/2019	12/31/2199	EWHFO, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L3766	1/1/2019	12/31/2199	EWHFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3807	1/1/2018	12/31/2020	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3807	1/1/2021	1/2/2021	PR WHFO W/O JOINTS PRE CST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3808	10/4/2020	2/28/2021	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3900	1/1/2019	12/31/2199	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3901	1/1/2019	12/31/2199	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3904	1/1/2019	12/31/2199	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L3905	1/1/2019	12/31/2199	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3906	1/1/2018	12/31/2020	WRIST HAND ORTHOSIS, WRIST GAUNTLET, CUSTOM-FABRICATED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3906	1/1/2021	1/2/2021	PR WHO W/O JOINTS CF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3960	1/1/2019	12/31/2199	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3961	1/1/2019	12/31/2199	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3965	1/1/2019	12/31/2020	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3966	1/1/2019	12/31/2020	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L3967	1/1/2019	12/31/2199	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3968	1/1/2019	12/31/2020	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3971	1/1/2019	1/2/2019	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L3973	1/1/2019	1/2/2019	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT IN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L3975	1/1/2019	1/2/2019	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3976	1/1/2019	1/2/2019	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3977	1/1/2019	1/2/2019	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3978	1/1/2019	1/2/2019	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L3999	4/1/2015	12/31/2199	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L4000	1/1/2019	1/2/2019	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTL SO OR SO)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L4631	1/1/2019	1/2/2019	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5010	1/1/2019	1/2/2019	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5020	1/1/2019	1/2/2019	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5050	1/1/2019	1/2/2019	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5060	1/1/2019	1/2/2019	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5100	1/1/2019	1/2/2019	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5105	1/1/2019	1/2/2019	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5150	1/1/2019	1/2/2019	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5160	1/1/2019	1/2/2019	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5200	1/1/2019	12/31/2199	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5210	1/1/2019	1/2/2019	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5220	1/1/2019	12/31/2199	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5230	1/1/2019	1/2/2019	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5250	1/1/2019	1/2/2019	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5270	1/1/2019	1/2/2019	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5280	1/1/2019	1/2/2019	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5301	1/1/2019	1/2/2019	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5311	1/1/2019	12/31/2020	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5312	1/1/2019	1/2/2019	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5321	1/1/2019	12/31/2199	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5331	1/1/2019	12/31/2199	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5341	1/1/2019	1/2/2019	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5400	1/1/2019	1/2/2019	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5420	1/1/2019	1/2/2019	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE AK OR KNEE DISARTICULATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5500	1/1/2019	1/2/2019	INITIAL, BELOW KNEE PTB TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5505	1/1/2019	1/2/2019	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT PLASTER SOCKET, DIRECT FORMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5510	1/1/2019	1/2/2019	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5520	1/1/2019	1/2/2019	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5530	1/1/2019	1/2/2019	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5535	1/1/2019	1/2/2019	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5540	1/1/2019	1/2/2019	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5560	1/1/2019	1/2/2019	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5570	1/1/2019	1/2/2019	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5580	1/1/2019	1/2/2019	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5585	1/1/2019	1/2/2019	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5590	1/1/2019	1/2/2019	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5595	1/1/2019	1/2/2019	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5600	1/1/2019	1/2/2019	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5610	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5611	1/1/2019	10/31/2020	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4-BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5611	11/1/2020	12/31/2199	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5612	1/1/2019	12/31/2020		<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5613	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5614	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5616	1/1/2019	12/26/2018	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5622	8/1/2019	12/1/2021	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5626	8/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5631	8/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5639	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5643	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5644	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5646	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5648	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5649	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5650	8/1/2019	12/31/2199	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5651	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5671	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5673	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5681	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING ME	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5683	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5700	1/1/2019	1/2/2019	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5701	1/1/2019	1/2/2019	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5702	1/1/2019	1/2/2019	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5703	1/1/2019	1/2/2019	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5705	1/1/2019	1/2/2019	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5706	1/1/2019	1/2/2019	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5707	1/1/2019	1/2/2019	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5710	1/1/2019	1/2/2019	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5711	1/1/2019	1/2/2019	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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L5712	1/1/2019	1/2/2019	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5714	1/1/2019	1/2/2019	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5716	1/1/2019	12/31/2199	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5718	1/1/2019	12/31/2199	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5722	1/1/2019	12/26/2018	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5724	1/1/2019	12/31/2199	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5726	1/1/2019	12/31/2199	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS, FLUID SWING PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5728	1/1/2019	12/31/2199	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5780	1/1/2019	12/31/2199	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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L5790	1/1/2019	1/2/2019	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5795	1/1/2019	1/2/2019	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5810	1/1/2019	1/2/2019	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5811	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5812	1/1/2019	1/2/2019	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5814	1/1/2019	12/1/2021	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5816	1/1/2019	1/2/2019	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5818	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5822	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5824	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5826	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5828	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5830	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/SWING PHASE CONTROL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5840	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5845	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5848	1/1/2019	12/31/2199	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5855	8/1/2019	12/31/2199	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5856	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5857	1/1/2019	12/31/2199	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5858	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5920	8/1/2019	12/31/2199	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5925	11/1/2020	12/31/2199	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5930	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5950	1/1/2019	12/31/2199	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5960	1/1/2019	10/31/2020	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5960	11/1/2020	12/31/2199	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5961	1/1/2019	1/2/2019	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5962	1/1/2019	1/2/2019	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5964	1/1/2019	1/2/2019	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5966	1/1/2019	1/2/2019	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5968	1/1/2019	1/2/2019	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5970	1/1/2019	1/2/2019	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5971	1/1/2019	1/2/2019	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L5972	1/1/2019	1/2/2019	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5973	1/1/2019	1/2/2019	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5974	1/1/2019	1/2/2019	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5975	1/1/2019	1/2/2019	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5976	1/1/2019	12/31/2199	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5978	1/1/2019	1/2/2019	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5979	1/1/2019	12/31/2199	ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5980	1/1/2019	12/31/2199	ALL LOWER EXTREMITY PROSTHESES, FLEX-FOOT SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5981	1/1/2019	12/31/2199	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5982	1/1/2019	1/2/2019	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5986	8/1/2019	12/31/2199	ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ROTATION UNIT (MCP OR EQUAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5987	1/1/2019	12/31/2199	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L5988	1/1/2019	1/2/2019	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5990	1/1/2019	1/2/2019	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L5999	4/1/2015	12/31/2199	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6000	1/1/2019	1/2/2019	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6010	1/1/2019	1/2/2019	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6020	1/1/2019	1/2/2019	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6025	1/1/2019	12/31/2020	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6050	1/1/2019	1/2/2019	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6055	1/1/2019	1/2/2019	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6100	1/1/2019	1/2/2019	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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L6110	1/1/2019	12/31/2199	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6120	1/1/2019	1/2/2019	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6130	1/1/2019	1/2/2019	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6200	1/1/2019	1/2/2019	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6205	1/1/2019	1/2/2019	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6250	1/1/2019	1/2/2019	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6300	1/1/2019	1/2/2019	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6310	1/1/2019	1/2/2019	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L6320	1/1/2019	1/2/2019	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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L6350	1/1/2019	1/2/2019	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6360	1/1/2019	12/31/2199	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6370	1/1/2019	1/2/2019	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6380	1/1/2019	1/2/2019	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6382	1/1/2019	1/2/2019	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6384	1/1/2019	1/2/2019	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6400	1/1/2019	1/2/2019	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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L6450	1/1/2019	1/2/2019	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6500	1/1/2019	1/2/2019	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6550	1/1/2019	1/2/2019	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6570	1/1/2019	1/2/2019	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6580	1/1/2019	1/2/2019	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON,	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6582	1/1/2019	1/2/2019	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L6584	1/1/2019	1/2/2019	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6586	1/1/2019	1/2/2019	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6588	1/1/2019	1/2/2019	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, N	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6590	1/1/2019	1/2/2019	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER,	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L6621	1/1/2019	1/2/2019	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6624	1/1/2019	1/2/2019	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6638	1/1/2019	1/2/2019	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6646	1/1/2019	1/2/2019	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6648	1/1/2019	1/2/2019	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6693	1/1/2019	1/2/2019	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6694	1/1/2019	1/2/2019	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L6695	1/1/2019	1/2/2019	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6696	1/1/2019	1/2/2019	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6697	1/1/2019	1/2/2019	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6698	1/1/2019	1/2/2019	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6704	1/1/2019	1/2/2019	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6707	1/1/2019	1/2/2019	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L6708	1/1/2019	12/31/2199	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6709	1/1/2019	1/2/2019	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6711	1/1/2019	1/2/2019	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6712	1/1/2019	1/2/2019	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6713	1/1/2019	1/2/2019	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6714	1/1/2019	1/2/2019	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6715	1/1/2019	1/2/2019	TERMINAL DEVICE, HOOK, DORRANCE OR EQUAL, MODEL #5XA	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6721	1/1/2019	12/31/2199	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6722	1/1/2019	1/2/2019	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6881	1/1/2019	1/2/2019	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L6882	1/1/2019	1/2/2019	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6883	1/1/2019	1/2/2019	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6884	1/1/2019	1/2/2019	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6885	1/1/2019	1/2/2019	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6900	1/1/2019	1/2/2019	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6905	1/1/2019	1/2/2019	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6910	1/1/2019	1/2/2019	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L6920	1/1/2019	1/2/2019	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6925	1/1/2019	1/2/2019	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEV	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6930	1/1/2019	1/2/2019	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6935	1/1/2019	1/2/2019	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L6940	1/1/2019	1/2/2019	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL O	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6945	1/1/2019	1/2/2019	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6950	1/1/2019	1/2/2019	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6955	1/1/2019	1/2/2019	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L6960	1/1/2019	1/2/2019	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6965	1/1/2019	1/2/2019	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6970	1/1/2019	1/2/2019	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES A	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L6975	1/1/2019	1/2/2019	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L7007	1/1/2019	1/2/2019	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7008	1/1/2019	1/2/2019	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7009	1/1/2019	1/2/2019	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7040	1/1/2019	1/2/2019	PREHENSILE ACTUATOR, SWITCH CONTROLLED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7045	1/1/2019	1/2/2019	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7170	1/1/2019	1/2/2019	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7180	1/1/2019	1/2/2019	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7181	1/1/2019	1/2/2019	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7185	1/1/2019	1/2/2019	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7186	1/1/2019	1/2/2019	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7190	1/1/2019	1/2/2019	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7191	1/1/2019	1/2/2019	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L7260	1/1/2019	12/31/2020	ELECTRONIC WRIST ROTATOR, OTTO BOCK OR EQUAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7261	1/1/2019	12/31/2020	ELECTRONIC WRIST ROTATOR, FOR UTAH ARM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7266	1/1/2019	12/31/2020	SERVO CONTROL, STEEPER OR EQUAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7272	1/1/2019	12/31/2020	ANALOGUE CONTROL, UNB OR EQUAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7274	1/1/2019	12/31/2020	PROPORTIONAL CONTROL, 6-12 VOLT, LIBERTY, UTAH OR EQUAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7366	1/1/2019	1/2/2019	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7404	1/1/2019	1/2/2019	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7405	1/1/2019	1/2/2019	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7900	4/1/2015	5/31/2021	MALE VACUUM ERECTION SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L7902	4/1/2015	5/31/2021	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8000	4/1/2015	6/30/2021	BREAST PROSTHESIS, MASTECTOMY BRA LEFT SIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8001	4/1/2015	6/30/2021	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8002	4/1/2015	6/30/2021	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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L8010	4/1/2015	6/30/2021	BREAST PROSTHESIS, MASTECTOMY SLEEVE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8015	4/1/2015	6/30/2021	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST-MASTECTOMY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8020	4/1/2015	6/30/2021	BREAST PROSTHESIS, MASTECTOMY FORM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8030	4/1/2015	6/30/2021	BREAST PROSTHESIS, SILICONE OR EQUAL LEFT SIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8031	4/1/2015	6/30/2021	BREAST PRS0596	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8032	4/1/2015	6/30/2021	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8035	4/1/2015	12/31/2199	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8039	4/1/2015	6/30/2021	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8040	4/1/2015	12/31/2199	NASAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8041	4/1/2015	12/31/2199	MIDFACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8041	1/1/2019	12/31/2199	MIDFACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8042	4/1/2015	12/31/2199	ORBITAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8043	4/1/2015	12/31/2199	UPPER FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8044	4/1/2015	12/31/2199	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8045	4/1/2015	12/31/2199	AURICULAR PROSTHESIS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L8046	4/1/2015	12/31/2199	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8047	4/1/2015	12/31/2199	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8048	4/1/2015	5/31/2021	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8049	4/1/2015	5/31/2021	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8300	4/1/2015	12/31/2199	TRUSS, SINGLE WITH STANDARD PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8310	4/1/2015	12/31/2199	TRUSS, DOUBLE WITH STANDARD PADS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8320	4/1/2015	12/31/2199	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8330	4/1/2015	12/31/2199	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8499	4/1/2015	6/30/2021	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8500	4/1/2015	12/31/2199	ARTIFICIAL LARYNX, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8501	4/1/2015	6/30/2021	TRACHEOSTOMY SPEAKING VALVE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8505	4/1/2015	5/31/2021	ARTIFICIAL LARYNX REPLACEMENT BATTERY/ACCESSORY, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8507	4/1/2015	12/31/2199	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L8509	4/1/2015	12/31/2199	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8510	4/1/2015	12/31/2199	VOICE AMPLIFIER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8511	4/1/2015	5/31/2021	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8512	4/1/2015	5/31/2021	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, REPLACEMENT ONLY, PER 10	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8513	4/1/2015	5/31/2021	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8514	4/1/2015	5/31/2021	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8515	4/1/2015	5/31/2021	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8600	4/1/2015	5/31/2021	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8610	4/1/2015	12/31/2199	OCULAR IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8613	4/1/2015	12/31/2199	OSSICULAR IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8614	4/1/2015	12/31/2199	COCHLEAR DEVICE/SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L8615	4/1/2015	12/31/2199	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8616	4/1/2015	12/31/2199	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8617	4/1/2015	12/31/2199	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8618	4/1/2015	12/31/2199	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8619	4/1/2015	12/31/2199	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8624	1/1/2021	1/2/2021	PR LITH ION BATT CID, EAR LEVEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8625	1/1/2019	1/2/2019	TRAPEZIUM IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8627	1/1/2019	12/31/2199	LUNATE IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8628	1/1/2019	1/2/2019	CARPUS IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8680	4/1/2015	12/31/2199	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8681	4/1/2015	12/31/2199	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8682	4/1/2015	12/31/2199	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L8683	4/1/2015	12/31/2199	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L8684	4/1/2015	12/31/2199	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT, REPLACEMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L8685	4/1/2015	12/31/2199	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L8686	4/1/2015	12/31/2199	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L8687	4/1/2015	12/31/2199	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L8688	4/1/2015	12/31/2199	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L8689	4/1/2015	12/31/2199	EXTERNAL RECHARGING SYSTEM FOR IMPLANTED NEUROSTIMULATOR, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
L8690	4/1/2015	12/31/2199	TESTICLE IMPLANT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
L8691	4/1/2015	12/31/2199	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8692	4/1/2015	12/31/2199	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8693	4/1/2015	12/31/2199	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8694	1/1/2019	1/2/2019	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8695	4/1/2015	12/31/2199	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L8699	4/1/2015	5/31/2021	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
L9900	4/1/2015	5/31/2021	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS L CODE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
M0075	4/1/2015	5/31/2021	CELLULAR THERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
M0076	4/1/2015	5/31/2021	PROLOTHERAPY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
M0100	4/1/2015	5/31/2021	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
M0240	7/30/2021	12/31/2199	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB, INCLUDES INFUSION OR INJECTION AND POST ADMINISTRATION MONITORING, SUBSEQUENT REPEAT DOSES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
M0241	7/30/2021	12/31/2199	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB, INCLUDES INFUSION OR INJECTION, AND POST ADMINISTRATION MONITORING IN THE HOME OR RESIDENCE. THIS INCLUDES A BENEFICIARY'S HOME THAT HAS BEEN MADE PROVIDER-BASED TO THE HOSPITAL DURING THE COVID-19 PUBLIC HEALTH EMERGENCY, SUBSEQUENT REPEAT DOSE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
M0244	5/6/2021	12/31/2199	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB, INCLUDES INFUSION OR INJECTION AND POST ADMINISTRATION MONITORING IN THE HOME OR RESIDENCE; THIS INCLUDES A BENEFICIARY'S HOME THAT HAS BEEN MADE PROVIDER-BASED TO THE HOSPITAL DURING THE COVID-19 PUBLIC HEALTH EMERGENCY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
M0246	5/6/2021	12/31/2199	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING IN THE HOME OR RESIDENCE; THIS INCLUDES A BENEFICIARY'S HOME THAT HAS BEEN MADE PROVIDER-BASED TO THE HOSPITAL DURING THE COVID-19 PUBLIC HEALTH EMERGENCY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
M0248	5/26/2021	12/31/2199	INTRAVENOUS INFUSION, SOTROVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING IN THE HOME OR RESIDENCE; THIS INCLUDES A BENEFICIARY'S HOME THAT HAS BEEN MADE PROVIDER-BASED TO THE HOSPITAL DURING THE COVID-19 PUBLIC HEALTH EMERGENCY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
M0300	4/1/2015	5/31/2021	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
M0301	4/1/2015	5/31/2021	FABRIC WRAPPING OF ABDOMINAL ANEURYSM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0081	4/1/2015	5/31/2021	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0083	4/1/2015	5/31/2021	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (E.G., SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0084	4/1/2015	5/31/2021	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q0085	4/1/2015	5/31/2021	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHNIQUE(S) (E.G., SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0091	4/1/2015	5/31/2021	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0092	4/1/2015	5/31/2021	SET-UP PORTABLE X-RAY EQUIPMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0111	4/1/2015	5/31/2021	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0112	4/1/2015	5/31/2021	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0113	4/1/2015	5/31/2021	PINWORM EXAMINATIONS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0114	4/1/2015	5/31/2021	FERN TEST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0115	4/1/2015	5/31/2021	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0138	4/1/2015	3/31/2021	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0139	4/1/2015	3/31/2021	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0139	3/1/2022	12/31/2199	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q0144	4/1/2015	5/31/2021	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0161	4/1/2015	5/31/2021	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0162	4/1/2015	5/31/2021	CATHERIZATION FOR COLLECTION OF SPECIMEN(S), SINGLE PATIENT, ALL PLACES OF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0163	4/1/2015	1/20/2021	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0164	4/1/2015	3/31/2021	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 4	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0166	4/1/2015	3/31/2021	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q0167	4/1/2015	3/31/2021	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48-HOUR DOSAG	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0169	4/1/2015	3/31/2021	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0173	4/1/2015	3/31/2021	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO E	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0174	4/1/2015	5/31/2021	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q0175	4/1/2015	3/31/2021	PERPHENZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48-HOUR DOSAG	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0177	4/1/2015	3/31/2021	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48-HO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0180	4/1/2015	3/31/2021	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24-H	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0181	4/1/2015	3/31/2021	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48-HOUR D	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0478	4/1/2015	5/31/2021	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q0479	4/1/2015	5/31/2021	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0480	4/1/2015	12/31/2199	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0481	4/1/2015	12/31/2199	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0482	4/1/2015	12/31/2199	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0483	4/1/2015	12/31/2199	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0484	4/1/2015	12/31/2199	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0485	4/1/2015	3/31/2021	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0486	4/1/2015	3/31/2021	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0487	4/1/2015	3/31/2021	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q0488	4/1/2015	12/31/2199	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0489	4/1/2015	12/31/2199	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0490	4/1/2015	12/31/2199	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0491	4/1/2015	12/31/2199	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0492	4/1/2015	3/31/2021	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0493	4/1/2015	3/31/2021	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0494	4/1/2015	3/31/2021	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0495	4/1/2015	12/31/2199	BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q0496	4/1/2015	12/31/2199	BATTERY FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q0497	4/1/2015	3/31/2021	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0498	4/1/2015	3/31/2021	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0499	4/1/2015	3/31/2021	BELT/VEST FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0500	4/1/2015	3/31/2021	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0501	4/1/2015	3/31/2021	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0502	4/1/2015	12/31/2199	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0503	4/1/2015	12/31/2199	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0504	4/1/2015	12/31/2199	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0506	4/1/2015	12/31/2199	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q0507	4/1/2015	3/31/2021	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0508	4/1/2015	3/31/2021	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0509	4/1/2015	5/31/2021	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UNDER MEDICARE PART A	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0510	4/1/2015	5/31/2021	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING TRANSPLANT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0511	4/1/2015	5/31/2021	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0512	4/1/2015	5/31/2021	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION IN A 30-DAY PERIOD	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0513	4/1/2015	5/31/2021	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 30 DAYS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0514	4/1/2015	5/31/2021	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 90 DAYS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q0515	4/1/2015	5/31/2021	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q1004	4/1/2015	5/31/2021	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q1005	4/1/2015	5/31/2021	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2004	4/1/2015	3/31/2021	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN, PER 500 ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2009	4/1/2015	3/31/2021	INJECTION, FOSPHENYTOIN, 50 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2017	4/1/2015	12/31/2199	INJECTION, TENIPOSIDE, 50 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2026	4/1/2015	3/31/2021	INJECTION, RADIESSE, 0.1 ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2028	4/1/2015	5/31/2021	INJECTION, SCULPTRA, 0.5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2034	4/1/2015	4/30/2021	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2035	4/1/2015	4/30/2021	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (AFLURIA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2036	4/1/2015	4/30/2021	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLULAVAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q2037	4/1/2015	4/30/2021	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULQ2039	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q2038	4/1/2015	3/31/2021	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q2039	4/1/2015	4/30/2021	INFLUENZA VIRUS VACCINE, NOT OTHERWISE SPECIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q2040	1/1/2018	12/31/2018	TISAGENLECLEUCEL, UP TO 250 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q2041	4/1/2018	12/31/2199	AXICABTAGENE CILOLEUCEL CAR+	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q2042	1/1/2019	12/31/2199	TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q2043	4/1/2015	12/31/2199	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
Q2049	4/1/2015	5/31/2021	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q2050	4/1/2015	3/31/2021	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2052	4/1/2015	3/31/2021	SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME UNDER THE MEDICARE INTRAVENOUS IMMUNE GLOBULIN (IVIG) DEMONSTRATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2053	11/1/2021	12/31/2199	BREXUCABTAGENE AUTOLEUCEL (TECARTUS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2054	10/1/2021	12/31/2199	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q2055	1/1/2022	12/31/2199	IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS ANTI-BCMA CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q3001	4/1/2015	5/31/2021	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q3014	4/1/2015	11/30/2020	TELEHEALTH ORIGINATING SITE FACILITY FEE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q3027	4/1/2015	3/31/2021	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q3028	4/1/2015	3/31/2021	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q3031	4/1/2015	3/31/2021	COLLAGEN SKIN TEST	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q4001	4/1/2015	4/30/2021	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4002	4/1/2015	4/30/2021	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS UNUSUAL PROCEDURAL SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4003	4/1/2015	4/30/2021	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4004	4/1/2015	4/30/2021	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4005	4/1/2015	4/30/2021	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER UNUSUAL PROCEDURAL SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4006	4/1/2015	4/30/2021	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4007	4/1/2015	4/30/2021	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4008	4/1/2015	4/30/2021	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4009	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4010	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4011	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4012	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4013	4/1/2015	4/30/2021	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q4014	4/1/2015	4/30/2021	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4015	4/1/2015	4/30/2021	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4016	4/1/2015	4/30/2021	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4017	4/1/2015	4/30/2021	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4019	4/1/2015	4/30/2021	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4020	4/1/2015	4/30/2021	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4021	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4022	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4023	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4024	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4025	4/1/2015	4/30/2021	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4026	4/1/2015	4/30/2021	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q4027	4/1/2015	4/30/2021	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4028	4/1/2015	4/30/2021	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4029	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4030	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS:LFT SIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4031	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4032	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS LEFT SIDE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4033	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4034	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4035	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4036	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4037	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4039	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4040	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q4041	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4042	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4043	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4044	4/1/2015	4/30/2021	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4045	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4046	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4047	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4048	4/1/2015	4/30/2021	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4049	4/1/2015	12/31/2199	FINGER SPLINT, STATIC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4050	4/1/2015	5/31/2021	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4051	4/1/2015	5/31/2021	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4074	4/1/2015	5/31/2021	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4081	4/1/2015	12/31/2199	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q4082	4/1/2015	5/31/2021	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4100	4/1/2015	3/31/2021	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4101	4/1/2015	3/31/2021	APLIGRAF, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4102	4/1/2015	3/31/2021	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4103	4/1/2015	3/31/2021	OASIS BURN MATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4104	4/1/2015	3/31/2021	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4105	4/1/2015	3/31/2021	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERATION MATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4106	4/1/2015	3/31/2021	DERMAGRAFT, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4107	4/1/2015	3/31/2021	GRAFTJACKET, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4108	4/1/2015	3/31/2021	INTEGRA MATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4109	4/1/2015	12/31/2020	TISSUEMEND SKIN SUB	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4110	4/1/2015	3/31/2021	PRIMATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4111	4/1/2015	3/31/2021	GAMMAGRAFT, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4112	4/1/2015	12/31/2199	CYMETRA, INJECTABLE, 1 CC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q4113	4/1/2015	12/31/2199	GRAFTJACKET XPRESS, INJECTABLE, 1 CC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4114	4/1/2015	12/31/2199	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1 CC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4115	4/1/2015	3/31/2021	ALLOSKIN, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4116	4/1/2015	3/31/2021	ALLODERM, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4117	4/1/2015	5/31/2021	HYALOMATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4118	4/1/2015	5/31/2021	MATRISTEM MICROMATRIX, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4119	4/1/2015	12/31/2020	MATRISTEM WOUND MATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4120	4/1/2015	12/31/2020	MATRISTEM BURN MATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4121	4/1/2015	3/31/2021	THERASKIN, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4122	4/1/2015	3/31/2021	DERMACELL, DERMACELL AWM OR DERMACELL AWM POROUS, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4123	4/1/2015	3/31/2021	ALLOSKIN RT, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4124	4/1/2015	3/31/2021	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4125	4/1/2015	5/31/2021	ARTHROFLEX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4126	4/1/2015	3/31/2021	MEMODERM, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4127	4/1/2015	3/31/2021	TALYMED, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q4128	4/1/2015	3/31/2021	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4129	4/1/2015	1/1/2017	UNITE BIOMATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4130	4/1/2015	12/31/2199	STRATTICE TM, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4131	4/1/2015	12/31/2018	EPIFIX OR EPICORD, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4132	4/1/2015	5/31/2021	GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4133	4/1/2015	5/31/2021	GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4134	4/1/2015	12/31/2199	HMATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4135	4/1/2015	12/31/2199	MEDISKIN, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4136	4/1/2015	12/31/2199	EZ-DERM, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4137	4/1/2015	5/31/2021	AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODEXCEL, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4138	4/1/2015	12/31/2199	BIODFENCE DRYFLEX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4139	4/1/2015	12/31/2199	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1 CC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4140	4/1/2015	12/31/2199	BIODFENCE, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4141	4/1/2015	12/31/2199	ALLOSKIN AC, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4142	4/1/2015	12/31/2199	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q4143	4/1/2015	12/31/2199	REPRIZA, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4145	4/1/2015	5/31/2021	EPIFIX, INJECTABLE, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4146	4/1/2015	12/31/2199	TENSIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4147	4/1/2015	12/31/2199	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4148	4/1/2015	12/31/2199	NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4149	4/1/2015	12/31/2199	EXCELLAGEN, 0.1 CC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4150	4/1/2015	12/31/2199	ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4151	4/1/2015	5/31/2021	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4152	4/1/2015	12/31/2199	DERMAPURE, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4153	4/1/2015	12/31/2199	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4154	4/1/2015	5/31/2021	BIOVANCE, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4155	4/1/2015	12/31/2199	NEOXFLO OR CLARIXFLO, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4156	4/1/2015	12/31/2199	NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4157	4/1/2015	12/31/2199	REVITALON, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4158	4/1/2015	12/31/2199	KERECIS OMEGA3, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q4159	4/1/2015	12/31/2199	AFFINITY, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q4160	4/1/2015	5/31/2021	NUSHIELD, PER SQUARE CENTIMETER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5001	4/1/2015	12/31/2199	HOSPICE CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5002	4/1/2015	12/31/2199	HOSPICE CARE PROVIDED IN ASSISTED LIVING FACILITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5003	4/1/2015	12/31/2199	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED NURSING FACILITY (NF)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5004	4/1/2015	12/31/2199	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5005	4/1/2015	12/31/2199	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5006	4/1/2015	12/31/2199	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5007	4/1/2015	12/31/2199	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5008	4/1/2015	12/31/2199	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5009	4/1/2015	12/31/2199	HOSPICE CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5010	4/1/2015	5/31/2021	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5101	11/1/2021	11/2/2021	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5103	3/1/2021	3/2/2021	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5104	3/1/2021	3/2/2021	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q5108	11/1/2021	11/2/2021	PEGFILGRASTIM (FULINJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5110	5/1/2021	5/2/2021	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5115	11/1/2020	9/3/2021	RITUXIMAB-ABBS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5115	9/4/2021	9/5/2021	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5119	11/1/2020	12/31/2199	RUXIENCE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5120	11/1/2020	11/2/2020	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5122	7/10/2021	7/11/2021	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q5123	8/6/2021	12/31/2199	INJECTION, RITUXIMAB-ARX, BIOSIMILAR (RIABNI), 10 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9951	4/1/2015	12/31/2199	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9953	4/1/2015	12/31/2199	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9954	4/1/2015	12/31/2199	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9955	4/1/2015	12/31/2199	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9956	4/1/2015	12/31/2199	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9957	4/1/2015	12/31/2199	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q9958	4/1/2015	12/31/2199	HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9959	4/1/2015	12/31/2199	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9960	4/1/2015	12/31/2199	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9961	4/1/2015	12/31/2199	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9962	4/1/2015	12/31/2199	HIGH OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9963	4/1/2015	12/31/2199	HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9964	4/1/2015	12/31/2199	HIGH OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9965	4/1/2015	12/31/2199	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9966	4/1/2015	12/31/2199	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9967	4/1/2015	12/31/2199	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
Q9968	4/1/2015	12/31/2199	INJECTION, NON-RADIOACTIVE, NONQ9969	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
Q9969	4/1/2015	12/31/2199	TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER STUDY DOSE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0013	1/1/2021	9/1/2022	ESKETAMINE (SPRAVATO)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0013	9/1/2022	12/31/2199	ESKETAMINE, NASAL SPRAY, 1 MG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0122	4/1/2015	5/31/2021	INJECTION, MENOTROPINS, 75 IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0126	4/1/2015	5/31/2021	INJECTION, FOLLITROPIN ALFA, 75 IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0128	4/1/2015	5/31/2021	INJECTION, FOLLITROPIN BETA, 75 IU	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0132	4/1/2015	5/31/2021	INJECTION, GANIRELIX ACETATE, 250 MCG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0145	4/1/2015	12/31/2199	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0148	4/1/2015	3/31/2021	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0199	4/1/2015	5/31/2021	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUPPLIES (E.G., PATIENT COUNSELING, OFFICE VISITS, CONFIRMATION OF PREGNANCY BY HCG, ULTRASOUND TO CONF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0209	4/1/2015	5/31/2021	WHEELCHAIR VAN, MILEAGE, PER MILE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S0215	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION; MILEAGE, PER MILE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S0255	4/1/2015	5/31/2021	HOSPICE REFERRAL VISIT (ADVISING PATIENT AND FAMILY OF CARE OPTIONS) PERFORMED BY NURSE, SOCIAL WORKER, OR OTHER DESIGNATED STAFF	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S0317	3/1/2021	12/31/2199	DISEASE MANAGEMENT PROGRAM; PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S0515	4/1/2015	3/31/2021	SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S0596	4/1/2015	5/31/2021	PHAKIC INTRAOCULAR LENS FOR CORRECTION OF REFRACTIVE ERROR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S0800	4/1/2015	5/31/2021	LASER IN SITU KERATOMILEUSIS (LASIK)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S0810	4/1/2015	5/31/2021	PHOTOREFRACTIVE KERATECTOMY (PRK)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S0812	4/1/2015	5/31/2021	PHOTOTHERAPEUTIC KERATECTOMY (PTK)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S1001	4/1/2015	5/31/2021	DELUXE ITEM, PATIENT AWARE (LIST IN ADDITION TO CODE FOR BASIC ITEM)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S1002	4/1/2015	5/31/2021	CUSTOMIZED ITEM (LIST IN ADDITION TO CODE FOR BASIC ITEM)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S1030	4/1/2015	5/31/2021	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, PURCHASE (FOR PHYSICIAN INTERPRETATION OF DATA, USE CPT CODE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S1031	4/1/2015	5/31/2021	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, RENTAL, INCLUDING SENSOR, SENSOR REPLACEMENT, AND DOWNLOAD TO MONITOR (FOR PHYSICIAN INTERPRETATION OF DATA, USE CPT CODE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S1034	4/1/2015	5/31/2021	ARTIFICIAL PANCREAS DEVICE SYSTEM (E.G., LOW GLUCOSE SUSPEND (LGS) FEATURE) INCLUDING CONTINUOUS GLUCOSE MONITOR, BLOOD GLUCOSE DEVICE, INSULIN PUMP AND COMPUTER ALGORITHM THAT COMMUNICATES WITH ALL OF THE DEVICES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S1035	4/1/2015	5/31/2021	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S1036	4/1/2015	5/31/2021	TRANSMITTER; EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S1037	4/1/2015	5/31/2021	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S1040	4/1/2015	12/31/2199	CRANIAL REMOLDING ORTHOSIS, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2053	4/1/2015	12/31/2199	TRANSPLANTATION OF SMALL INTESTINE, AND LIVER ALLOGRAFTS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2054	4/1/2015	12/31/2199	TRANSPLANTATION OF MULTIVISCERAL ORGANS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2055	4/1/2015	5/31/2021	HARVESTING OF DONOR MULTIVISCERAL ORGANS, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFTS; FROM CADAVER DONOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S2060	4/1/2015	12/31/2199	LOBAR LUNG TRANSPLANTATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2061	4/1/2015	5/31/2021	DONOR LOBECTOMY (LUNG) FOR TRANSPLANTATION, LIVING DONOR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2065	4/1/2015	12/31/2199	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2066	4/1/2015	5/31/2021	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2067	4/1/2015	5/31/2021	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING TH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2068	4/1/2015	12/31/2199	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP, INCLUDING MICROVASCULAR ANASTOMOSIS AND CLOSURE OF DONOR SITE, UNILATERAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2080	4/1/2015	5/31/2021	LASER-ASSISTED UVULOPALATOPLASTY (LAUP)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S2083	4/1/2015	5/31/2021	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION OF SALINE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2102	4/1/2015	5/31/2021	ISLET CELL TISSUE TRANSPLANT FROM PANCREAS; ALLOGENEIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2103	4/1/2015	5/31/2021	ADRENAL TISSUE TRANSPLANT TO BRAIN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2107	4/1/2015	5/31/2021	ADOPTIVE IMMUNOTHERAPY, I.E., DEVELOPMENT OF SPECIFIC ANTITUMOR REACTIVITY (E.G., TUMOR-INFILTRATING LYMPHOCYTE THERAPY) PER COURSE OF TREATMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2140	4/1/2015	5/31/2021	CORD BLOOD HARVESTING FOR TRANSPLANTATION, ALLOGENEIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2142	4/1/2015	12/31/2199	CORD BLOOD-DERIVED STEM-CELL TRANSPLANTATION, ALLOGENEIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2150	4/1/2015	5/31/2021	BONE MARROW OR BLOOD-DERIVED STEM CELLS (PERIPHERAL OR UMBILICAL), ALLOGENEIC OR AUTOLOGOUS, HARVESTING, TRANSPLANTATION, AND RELATED COMPLICATIONS; INCLUDING: PHERESIS AND CELL PREPARATION/STORAGE; M	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2152	4/1/2015	5/31/2021	SOLID ORGAN(S), COMPLETE OR SEGMENTAL, SINGLE ORGAN OR COMBINATION OF ORGANS; DECEASED OR LIVING DONOR(S), PROCUREMENT, TRANSPLANTATION, AND RELATED COMPLICATIONS; INCLUDING: DRUGS; SUPPLIES; HOSPITAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S2202	4/1/2015	5/31/2021	ECHOSCLEROTHERAPY	<u>Clinical Information and Documents to Support Medical Necessity</u>
S2205	4/1/2015	5/31/2021	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING ARTERIAL GRAFT(S), SINGLE CORONARY ARTERIAL GRAFT	<u>Clinical Information and Documents to Support Medical Necessity</u>
S2206	4/1/2015	5/31/2021	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING ARTERIAL GRAFT(S), TWO CORONARY ARTERIAL GRAFTS	<u>Clinical Information and Documents to Support Medical Necessity</u>
S2207	4/1/2015	5/31/2021	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING VENOUS GRAFT ONLY, SINGLE CORONARY VENOUS GRAFT	<u>Clinical Information and Documents to Support Medical Necessity</u>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S2208	4/1/2015	5/31/2021	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING SINGLE ARTERIAL AND VENOUS GRAFT(S), SINGLE VENOUS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2209	4/1/2015	5/31/2021	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING TWO ARTERIAL GRAFTS AND SINGLE VENOUS GRAFT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2230	4/1/2015	5/31/2021	IMPLANTATION OF MAGNETIC COMPONENT OF SEMI-IMPLANTABLE HEARING DEVICE ON OSSICLES IN MIDDLE EAR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2235	4/1/2015	12/31/2199	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2260	4/1/2015	5/31/2021	INDUCED ABORTION, 17-24 WEEKS, ANY SURGICAL METHOD	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2265	4/1/2015	5/31/2021	INDUCED ABORTION, 25 TO 28 WEEKS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2266	4/1/2015	5/31/2021	INDUCED ABORTION, 29 TO 31 WEEKS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2267	4/1/2015	5/31/2021	INDUCED ABORTION, 32 WEEKS OR GREATER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S2348	4/1/2015	5/31/2021	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, USING RADIOFREQUENCY ENERGY, SINGLE OR MULTIPLE LEVELS, LUMBAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2350	4/1/2015	5/31/2021	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, SINGLE INTERSPACE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2351	4/1/2015	5/31/2021	DISKECTOMY, 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)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2360	4/1/2015	9/30/2017	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; CERVICAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2361	4/1/2015	9/30/2017	EACH ADDITIONAL CERVICAL VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2400	4/1/2015	5/31/2021	REPAIR, CONGENITAL DIAPHRAGMATIC HERNIA IN THE FETUS USING TEMPORARY TRACHEAL OCCLUSION, PROCEDURE PERFORMED IN UTERO	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S2401	4/1/2015	12/31/2199	REPAIR, URINARY TRACT OBSTRUCTION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S2402	4/1/2015	12/31/2199	REPAIR, CONGENITAL CYSTIC ADENOMATOID MALFORMATION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2403	4/1/2015	12/31/2199	REPAIR, EXTRALOBAR PULMONARY SEQUESTRATION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2404	4/1/2015	5/31/2021	REPAIR, MYELOMENINGOCELE IN THE FETUS, PROCEDURE PERFORMED IN UTERO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2405	4/1/2015	12/31/2199	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTERO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2409	4/1/2015	12/31/2199	REPAIR, CONGENITAL MALFORMATION OF FETUS, PROCEDURE PERFORMED IN UTERO, NOT OTHERWISE CLASSIFIED	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2411	4/1/2015	12/31/2199	FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S2900	4/1/2015	5/31/2021	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S4013	4/1/2015	5/31/2021	COMPLETE CYCLE, GAMETE INTRAFALLOPIAN TRANSFER (GIFT), CASE RATE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S4014	4/1/2015	5/31/2021	COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT), CASE RATE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S4015	4/1/2015	5/31/2021	COMPLETE IN VITRO FERTILIZATION CYCLE, NOT OTHERWISE SPECIFIED, CASE RATE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S4016	4/1/2015	5/31/2021	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4017	4/1/2015	5/31/2021	INCOMPLETE CYCLE, TREATMENT CANCELLED PRIOR TO STIMULATION, CASE RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4018	4/1/2015	5/31/2021	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4020	4/1/2015	5/31/2021	IN VITRO FERTILIZATION PROCEDURE CANCELLED BEFORE ASPIRATION, CASE RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4021	4/1/2015	5/31/2021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4022	4/1/2015	5/31/2021	ASSISTED OOCYTE FERTILIZATION, CASE RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4023	4/1/2015	5/31/2021	DONOR EGG CYCLE, INCOMPLETE, CASE RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4025	4/1/2015	5/31/2021	DONOR SERVICES FOR IN VITRO FERTILIZATION (SPERM OR EMBRYO), CASE RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4026	4/1/2015	5/31/2021	PROCUREMENT OF DONOR SPERM FROM SPERM BANK	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4027	4/1/2015	5/31/2021	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4028	4/1/2015	5/31/2021	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4030	4/1/2015	5/31/2021	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; INITIAL VISIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4031	4/1/2015	5/31/2021	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; SUBSEQUENT VISIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S4037	4/1/2015	5/31/2021	CRYOPRESERVED EMBRYO TRANSFER, CASE RATE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4040	4/1/2015	5/31/2021	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS, PER 30 DAYS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4042	4/1/2015	5/31/2021	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND STUDIES, NON-FACE-TO-FACE MEDICAL MANAGEMENT OF THE PATIENT), PER CYCLE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4981	4/1/2015	5/31/2021	INSERTION OF LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4989	4/1/2015	5/31/2021	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G., PROGESTACERT IUD), INCLUDING IMPLANTS AND SUPPLIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S4993	4/1/2015	5/31/2021	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5035	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE (E.G., PUMP MAINTENANCE)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5036	4/1/2015	3/31/2021	HOME INFUSION THERAPY, REPAIR OF INFUSION DEVICE (E.G., PUMP REPAIR)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5100	4/1/2015	5/31/2021	DAY CARE SERVICES, ADULT; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5101	4/1/2015	5/31/2021	DAY CARE SERVICES, ADULT; PER HALF DAY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5102	4/1/2015	5/31/2021	DAY CARE SERVICES, ADULT; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5105	4/1/2015	5/31/2021	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S5108	4/1/2015	5/31/2021	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5109	4/1/2015	5/31/2021	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5110	4/1/2015	5/31/2021	HOME CARE TRAINING, FAMILY; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5111	4/1/2015	5/31/2021	HOME CARE TRAINING, FAMILY; PER SESSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5115	4/1/2015	12/31/2199	HOME CARE TRAINING, NONFAMILY; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5116	4/1/2015	12/31/2199	HOME CARE TRAINING, NONFAMILY; PER SESSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5120	4/1/2015	12/31/2199	CHORE SERVICES; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5121	4/1/2015	12/31/2199	CHORE SERVICES; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5125	4/1/2015	12/31/2199	ATTENDANT CARE SERVICES; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5126	4/1/2015	12/31/2199	ATTENDANT CARE SERVICES; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5130	4/1/2015	12/31/2199	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5131	4/1/2015	12/31/2199	HOMEMAKER SERVICE, NOS; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5135	4/1/2015	12/31/2199	COMPANION CARE, ADULT (E.G., IADL/ADL); PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5136	4/1/2015	12/31/2199	COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5140	4/1/2015	12/31/2199	FOSTER CARE, ADULT; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5141	4/1/2015	12/31/2199	FOSTER CARE, ADULT; PER MONTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S5145	4/1/2015	12/31/2199	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5146	4/1/2015	12/31/2199	FOSTER CARE, THERAPEUTIC, CHILD; PER MONTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5150	4/1/2015	12/31/2199	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5151	4/1/2015	12/31/2199	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5160	11/1/2016	12/31/2199	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5161	4/1/2015	12/31/2199	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION AND TESTING)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5162	4/1/2015	12/31/2199	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5165	4/1/2015	12/31/2199	HOME MODIFICATIONS; PER SERVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5170	4/1/2015	12/31/2199	HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5175	4/1/2015	12/31/2199	LAUNDRY SERVICE, EXTERNAL, PROFESSIONAL; PER ORDER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5180	4/1/2015	12/31/2199	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5181	4/1/2015	12/31/2199	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5185	4/1/2015	12/31/2199	MEDICATION REMINDER SERVICES, NON-FACE-TO-FACE; PER MONTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5190	4/1/2015	12/31/2199	WELLNESS ASSESSMENT, PERFORMED BY NONPHYSICIAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S5199	4/1/2015	12/31/2199	PERSONAL CARE ITEM, NOS, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S5497	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, NOT OTHERWISE CLASSIFIED; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMEN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S5498	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, SIMPLE (SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S5501	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, COMPLEX (MORE THAN ONE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQU	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S5502	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, IMPLANTED ACCESS DEVICE, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT,	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S5517	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER PATENCY OR DECLOTTING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S5518	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S5520	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) LINE INSERTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S5521	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A MIDLINE CATHETER INSERTION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S5522	4/1/2015	12/31/2199	HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S5523	4/1/2015	12/31/2199	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER, NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S8030	9/1/2015	12/31/2199	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON BEAM THERAPY	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S8055	4/1/2015	12/31/2199	ULTRASOUND GUIDANCE FOR MULTIFETAL PREGNANCY REDUCTION(S), TECHNICAL COMPONENT (ONLY TO BE USED WHEN THE PHYSICIAN DOING THE REDUCTION PROCEDURE DOES NOT PERFORM THE ULTRASOUND. GUIDANCE IS INCLUDED I	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S8120	4/1/2015	12/31/2199	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FOOT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8121	4/1/2015	12/31/2199	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8189	4/1/2015	12/31/2199	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8262	4/1/2015	9/30/2017	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8270	4/1/2015	12/31/2199	ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8301	4/1/2015	4/1/2020	INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8415	4/1/2015	12/31/2199	SUPPLIES FOR HOME DELIVERY OF INFANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8930	4/1/2015	12/31/2199	ELECTRICAL STIMULATION OF AURICULAR ACUPUNCTURE POINTS; EACH 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8940	4/1/2015	12/31/2199	EQUESTRIAN/HIPPO THERAPY, PER SESSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8948	4/1/2015	12/31/2199	APPLICATION OF A MODALITY (REQUIRING CONSTANT PROVIDER ATTENDANCE) TO ONE OR MORE AREAS; LOW-LEVEL LASER; EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S8950	4/1/2015	12/31/2199	COMPLEX LYMPHEDEMA THERAPY, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9001	4/1/2015	12/31/2199	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9055	4/1/2015	12/31/2199	PROCUREN OR OTHER GROWTH FACTOR PREPARATION TO PROMOTE WOUND HEALING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9056	4/1/2015	12/31/2199	COMA STIMULATION PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9061	4/1/2015	12/31/2199	HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G., PENTAMIDINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9090	4/1/2015	12/31/2199	VERTEBRAL AXIAL DECOMPRESSION, PER SESSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9097	4/1/2015	12/31/2199	HOME VISIT FOR WOUND CARE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9098	4/1/2015	12/31/2199	HOME VISIT, PHOTOTHERAPY SERVICES (E.G., BILI-LITE), INCLUDING EQUIPMENT RENTAL, NURSING SERVICES, BLOOD DRAW, SUPPLIES, AND OTHER SERVICES, PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9110	4/1/2015	12/31/2199	TELEMONITORING OF PATIENT IN THEIR HOME, INCLUDING ALL NECESSARY EQUIPMENT; COMPUTER SYSTEM, CONNECTIONS, AND SOFTWARE; MAINTENANCE; PATIENT EDUCATION AND SUPPORT; PER MONTH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9122	4/1/2015	12/31/2199	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9123	4/1/2015	2/28/2021	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9123	3/1/2021	12/31/2199	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9124	4/1/2015	12/31/2199	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9125	4/1/2015	12/31/2199	RESPIRE CARE, IN THE HOME, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9126	4/1/2015	12/31/2199	HOSPICE CARE, IN THE HOME, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9127	4/1/2015	12/31/2199	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9128	4/1/2015	12/31/2199	SPEECH THERAPY, IN THE HOME, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9129	4/1/2015	12/31/2199	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9131	4/1/2015	12/31/2199	PHYSICAL THERAPY; IN THE HOME, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9140	3/1/2021	12/31/2199	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP VISIT TO NON-MD PROVIDER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9145	4/1/2015	2/28/2021	INSULIN PUMP INITIATION, INSTRUCTION IN INITIAL USE OF PUMP (PUMP NOT INCLUDED)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9145	3/1/2021	12/31/2199	INSULIN PUMP INITIATION, INSTRUCTION IN INITIAL USE OF PUMP (PUMP NOT INCLUDED)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
S9152	10/1/2018	10/2/2018	SPEECH THERAPY, RE-EVALUATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9208	4/1/2015	2/28/2021	HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATE	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9208	3/1/2021	12/31/2199	HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9209	4/1/2015	12/31/2199	HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9211	4/1/2015	2/28/2021	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODE	<u>Clinical Information and Documents to Support Medical Necessity</u>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9211	3/1/2021	12/31/2199	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY); PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9212	4/1/2015	12/31/2199	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODE	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9213	4/1/2015	2/28/2021	HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING SERVICES CODED SEPARAT	<u>Clinical Information and Documents to Support Medical Necessity</u>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9213	3/1/2021	12/31/2199	HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING SERVICES CODED SEPARATELY); PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9214	4/1/2015	2/28/2021	HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED S	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9214	3/1/2021	12/31/2199	HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY); PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9325	4/1/2015	12/31/2199	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED S	<u>Clinical Information and Documents to Support Medical Necessity</u>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9326	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9327	4/1/2015	12/31/2199	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND E	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9328	4/1/2015	12/31/2199	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9329	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPAR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9330	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMEN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9331	4/1/2015	12/31/2199	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9335	4/1/2015	12/31/2199	HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING SERVICES CODED SEPARATELY), PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9336	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G., HEPARIN), ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (D	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9338	4/1/2015	12/31/2199	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY),	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9339	4/1/2015	12/31/2199	HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9340	4/1/2015	12/31/2199	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9341	4/1/2015	12/31/2199	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CO	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9342	4/1/2015	12/31/2199	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9343	4/1/2015	12/31/2199	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODE)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9345	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY (E.G., FACTOR VIII); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9346	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND N	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9347	4/1/2015	12/31/2199	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR SUBCUTANEOUS INFUSION THERAPY (E.G., EPOPROSTENOL); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDI	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9348	4/1/2015	12/31/2199	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G., DOBUTAMINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIP	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9349	4/1/2015	12/31/2199	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9351	4/1/2015	2/28/2021	HOME INFUSION THERAPY, CONTINUOUS ANTIEMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISIT	<u>Clinical Information and Documents to Support Medical Necessity</u>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9351	3/1/2021	12/31/2199	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9353	4/1/2015	2/28/2021	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISI	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9353	3/1/2021	12/31/2199	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9355	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATEL	<u>Clinical Information and Documents to Support Medical Necessity</u>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9357	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G., IMIGLUCERASE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMEN	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9359	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ANTITUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G., INFlixIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQU	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9361	4/1/2015	12/31/2199	HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9363	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ANTISPASMOTIC THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPAR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9364	4/1/2015	12/31/2199	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FOR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9365	4/1/2015	12/31/2199	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9366	4/1/2015	12/31/2199	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9367	4/1/2015	2/28/2021	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9367	3/1/2021	12/31/2199	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9368	4/1/2015	2/28/2021	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUI	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9368	3/1/2021	12/31/2199	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9370	4/1/2015	12/31/2199	HOME THERAPY, INTERMITTENT ANTIEMETIC INJECTION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS)	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9372	4/1/2015	12/31/2199	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G., HEPARIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS)	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9373	4/1/2015	2/28/2021	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATEL	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9373	3/1/2021	12/31/2199	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE WITH HYDRATION THERAPY CODES S9374-S9377 USING DAILY VOLUME SCALES)	<u>Clinical Information and Documents to Support Medical Necessity</u>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9374	4/1/2015	12/31/2199	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VIS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9375	4/1/2015	12/31/2199	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9376	4/1/2015	2/28/2021	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPP	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9376	3/1/2021	12/31/2199	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9377	4/1/2015	12/31/2199	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES (DRUGS AND NURSING VISI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9379	4/1/2015	2/28/2021	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSI	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9379	3/1/2021	12/31/2199	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9381	4/1/2015	12/31/2199	DELIVERY OR SERVICE TO HIGH RISK AREAS REQUIRING ESCORT OR EXTRA PROTECTION, PER VISIT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9434	4/1/2015	12/31/2199	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9435	4/1/2015	12/31/2199	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9445	1/1/2021	9/1/2022	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9445	9/1/2022	12/31/2199	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9472	4/1/2015	12/31/2199	CARDIAC REHABILITATION PROGRAM, NONPHYSICIAN PROVIDER, PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9473	4/1/2015	12/31/2199	PULMONARY REHABILITATION PROGRAM, NONPHYSICIAN PROVIDER, PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9476	4/1/2015	12/31/2199	VESTIBULAR REHABILITATION PROGRAM, NONPHYSICIAN PROVIDER, PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9490	4/1/2015	12/31/2199	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEP	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9494	4/1/2015	12/31/2199	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NUR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9497	4/1/2015	2/28/2021	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY THREE HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9497	3/1/2021	12/31/2199	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 3 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9500	4/1/2015	2/28/2021	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 24 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQU	<u>Clinical Information and Documents to Support Medical Necessity</u>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9500	3/1/2021	12/31/2199	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 24 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9501	4/1/2015	2/28/2021	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQU	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9501	3/1/2021	12/31/2199	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9502	4/1/2015	2/28/2021	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY EIGHT HOURS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9502	3/1/2021	12/31/2199	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 8 HOURS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9503	4/1/2015	2/28/2021	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY SIX HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9503	3/1/2021	12/31/2199	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9504	4/1/2015	2/28/2021	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY FOUR HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9504	3/1/2021	12/31/2199	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9529	4/1/2015	12/31/2199	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S), SINGLE HOME BOUND, NURSING HOME, OR SKILLED NURSING FACILITY PATIENT	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9537	4/1/2015	12/31/2199	HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THERAPY (E.G., ERYTHROPOIETIN, G-CSF, GM-CSF); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9538	4/1/2015	12/31/2199	HOME TRANSFUSION OF BLOOD PRODUCT(S); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (BLOOD PRODUCTS, DRUGS, AND NURSING VISITS COD	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9542	4/1/2015	2/28/2021	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9542	3/1/2021	12/31/2199	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>



## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9558	4/1/2015	12/31/2199	HOME INJECTABLE THERAPY; GROWTH HORMONE, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED)	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9559	4/1/2015	12/31/2199	HOME INJECTABLE THERAPY, INTERFERON, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPA)	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9560	4/1/2015	2/28/2021	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT	<u>Clinical Information and Documents to Support Medical Necessity</u>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9560	3/1/2021	12/31/2199	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9562	4/1/2015	12/31/2199	HOME INJECTABLE THERAPY, PALIVIZUMAB, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEP	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9590	4/1/2015	12/31/2199	HOME THERAPY, IRRIGATION THERAPY (E.G., STERILE IRRIGATION OF AN ORGAN OR ANATOMICAL CAVITY); INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SU	<u>Clinical Information and Documents to Support Medical Necessity</u>
S9810	4/1/2015	12/31/2199	HOME THERAPY; PROFESSIONAL PHARMACY SERVICES FOR PROVISION OF INFUSION, SPECIALTY DRUG ADMINISTRATION, AND/OR DISEASE STATE MANAGEMENT, NOT OTHERWISE CLASSIFIED, PER HOUR (DO NOT USE THIS CODE WITH AN	<u>Clinical Information and Documents to Support Medical Necessity</u>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
S9960	4/1/2015	12/31/2199	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICE, NONEMERGENCY TRANSPORT, ONE WAY (FIXED WING)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9961	4/1/2015	12/31/2199	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICE, NONEMERGENCY TRANSPORT, ONE WAY (ROTARY WING)	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9988	4/1/2015	12/31/2199	SERVICES PROVIDED AS PART OF A PHASE I CLINICAL TRIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9989	4/1/2015	12/31/2199	SERVICES PROVIDED OUTSIDE OF THE UNITED STATES OF AMERICA (LIST IN ADDITION TO CODE(S) FOR SERVICES(S))	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9990	4/1/2015	12/31/2199	SERVICES PROVIDED AS PART OF A PHASE II CLINICAL TRIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9991	4/1/2015	12/31/2199	SERVICES PROVIDED AS PART OF A PHASE III CLINICAL TRIAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9992	4/1/2015	12/31/2199	TRANSPORTATION COSTS TO AND FROM TRIAL LOCATION AND LOCAL TRANSPORTATION COSTS (E.G., FARES FOR TAXICAB OR BUS) FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9994	4/1/2015	12/31/2199	LODGING COSTS (E.G., HOTEL CHARGES) FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9996	4/1/2015	12/31/2199	MEALS FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
S9999	4/1/2015	12/31/2199	SALES TAX	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T1000	4/1/2015	12/31/2199	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1001	4/1/2015	5/31/2021	NURSING ASSESSMENT/EVALUATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1002	4/1/2015	12/31/2199	RN SERVICES, UP TO 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1003	4/1/2015	12/31/2199	LPN/LVN SERVICES, UP TO 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1004	4/1/2015	5/31/2021	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1005	4/1/2015	12/31/2199	RESPIRE CARE SERVICES, UP TO 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1006	4/1/2015	12/31/2199	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1007	4/1/2015	9/1/2022	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1007	9/1/2022	12/31/2199	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1009	4/1/2015	12/31/2199	CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1010	4/1/2015	12/31/2199	MEALS FOR INDIVIDUALS RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (WHEN MEALS NOT INCLUDED IN THE PROGRAM)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1012	4/1/2015	12/31/2199	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T1013	4/1/2015	9/30/2020	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1014	4/1/2015	4/26/2021	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1016	4/1/2015	12/31/2199	CASE MANAGEMENT, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1017	4/1/2015	12/31/2199	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1018	4/1/2015	12/31/2199	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1019	4/1/2015	12/31/2199	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1020	4/1/2015	12/31/2199	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVIC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1021	4/1/2015	5/31/2021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1022	4/1/2015	5/31/2021	CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T1024	4/1/2015	12/31/2199	EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM CONTRACTED TO PROVIDE COORDINATED CARE TO MULTIPLE OR SEVERELY HANDICAPPED CHILDREN, PER ENCOUNTER	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T1025	4/1/2015	12/31/2199	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AND PSYCHOSOCIAL IMPAIRMENTS, PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T1026	4/1/2015	12/31/2199	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MEDICAL AND PSYCHOSOCIAL IMPAIRMENTS, PER HOUR	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T1027	4/1/2015	12/31/2199	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T1028	4/1/2015	5/31/2021	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET PATIENT'S MEDICAL NEEDS	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T1030	4/1/2015	5/31/2021	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T1031	4/1/2015	5/31/2021	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T1502	4/1/2015	5/31/2021	ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1503	4/1/2015	5/31/2021	ADMINISTRATION OF MEDICATION, OTHER THAN ORAL AND/OR INJECTABLE, BY A HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T1999	4/1/2015	12/31/2199	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CLASSIFIED; IDENTIFY PRODUCT IN REMARKS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2001	4/1/2015	5/31/2021	NONEMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2002	4/1/2015	5/31/2021	NONEMERGENCY TRANSPORTATION; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2002	9/13/2021	12/31/2199	NON-EMERGENCY TRANSPORTATION, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2003	4/1/2015	5/31/2021	NONEMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2004	4/1/2015	5/31/2021	NONEMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTIPASS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2005	4/1/2015	5/31/2021	NONEMERGENCY TRANSPORTATION; STRETCHER VAN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2007	4/1/2015	5/31/2021	TRANSPORTATION WAITING TIME, AIR AMBULANCE AND NONEMERGENCY VEHICLE, ONE-HALF (1/2) HOUR INCREMENTS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2010	4/1/2015	12/31/2199	PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL I IDENTIFICATION SCREENING, PER SCREEN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T2011	4/1/2015	12/31/2199	PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL II EVALUATION, PER EVALUATION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2012	4/1/2015	12/31/2199	HABILITATION, EDUCATIONAL; WAIVER, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2013	4/1/2015	12/31/2199	HABILITATION, EDUCATIONAL, WAIVER; PER HOUR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2014	4/1/2015	12/31/2199	HABILITATION, PREVOCACTIONAL, WAIVER; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2015	4/1/2015	12/31/2199	HABILITATION, PREVOCACTIONAL, WAIVER; PER HOUR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2016	4/1/2015	12/31/2199	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2017	4/1/2015	12/31/2199	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2018	4/1/2015	12/31/2199	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2019	4/1/2015	12/31/2199	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2020	4/1/2015	12/31/2199	DAY HABILITATION, WAIVER; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2021	4/1/2015	12/31/2199	DAY HABILITATION, WAIVER; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2022	4/1/2015	12/31/2199	CASE MANAGEMENT, PER MONTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2023	4/1/2015	12/31/2199	TARGETED CASE MANAGEMENT; PER MONTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2024	4/1/2015	12/31/2199	SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2025	4/1/2015	12/31/2199	WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T2026	4/1/2015	12/31/2199	SPECIALIZED CHILDCARE, WAIVER; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2027	4/1/2015	12/31/2199	SPECIALIZED CHILDCARE, WAIVER; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2028	4/1/2015	12/31/2199	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2029	4/1/2015	12/31/2199	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2030	4/1/2015	12/31/2199	ASSISTED LIVING, WAIVER; PER MONTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2031	4/1/2015	12/31/2199	ASSISTED LIVING; WAIVER, PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2032	4/1/2015	12/31/2199	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER MONTH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2033	4/1/2015	12/31/2199	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2034	4/1/2015	12/31/2199	CRISIS INTERVENTION, WAIVER; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2035	4/1/2015	12/31/2199	UTILITY SERVICES TO SUPPORT MEDICAL EQUIPMENT AND ASSISTIVE TECHNOLOGY/DEVICES, WAIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2036	4/1/2015	12/31/2199	THERAPEUTIC CAMPING, OVERNIGHT, WAIVER; EACH SESSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2037	4/1/2015	12/31/2199	THERAPEUTIC CAMPING, DAY, WAIVER; EACH SESSION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2038	4/1/2015	12/31/2199	COMMUNITY TRANSITION, WAIVER; PER SERVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2039	4/1/2015	12/31/2199	VEHICLE MODIFICATIONS, WAIVER; PER SERVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2040	4/1/2015	12/31/2199	FINANCIAL MANAGEMENT, SELF-DIRECTED, WAIVER; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T2041	4/1/2015	12/31/2199	SUPPORTS BROKERAGE, SELF-DIRECTED, WAIVER; PER 15 MINUTES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2042	4/1/2015	12/31/2199	HOSPICE ROUTINE HOME CARE; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2043	4/1/2015	12/31/2199	HOSPICE CONTINUOUS HOME CARE; PER HOUR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2044	4/1/2015	12/31/2199	HOSPICE INPATIENT RESPITE CARE; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2045	4/1/2015	12/31/2199	HOSPICE GENERAL INPATIENT CARE; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2046	4/1/2015	12/31/2199	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2049	4/1/2015	12/31/2199	NONEMERGENCY TRANSPORTATION; STRETCHER VAN, MILEAGE; PER MILE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T2101	4/1/2015	12/3/2020	HUMAN BREAST MILK PROCESSING, STORAGE AND DISTRIBUTION ONLY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4521	4/1/2015	10/31/2019	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4521	11/1/2019	12/31/2199	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4522	11/1/2019	12/31/2199	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4523	4/1/2015	10/31/2019	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4523	11/1/2019	12/31/2199	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T4524	4/1/2015	10/31/2019	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4524	11/1/2019	12/31/2199	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4525	4/1/2015	10/31/2019	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4525	11/1/2019	12/31/2199	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4526	4/1/2015	10/31/2019	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4526	11/1/2019	12/31/2199	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4527	4/1/2015	10/31/2019	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4527	11/1/2019	12/31/2199	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T4528	4/1/2015	10/31/2019	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4528	11/1/2019	12/31/2199	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4529	4/1/2015	10/31/2019	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4529	11/1/2019	12/31/2199	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4530	4/1/2015	10/31/2019	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4530	11/1/2019	12/31/2199	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4531	4/1/2015	10/31/2019	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4531	11/1/2019	12/31/2199	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T4532	4/1/2015	10/31/2019	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4532	11/1/2019	12/31/2199	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4533	4/1/2015	10/31/2019	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4533	11/1/2019	12/31/2199	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4534	4/1/2015	10/31/2019	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4534	11/1/2019	12/31/2199	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4535	4/1/2015	10/31/2019	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4535	11/1/2019	12/31/2199	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
T4536	4/1/2015	12/31/2199	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
T4537	4/1/2015	12/31/2199	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4538	4/1/2015	12/31/2199	DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4539	4/1/2015	12/31/2199	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4540	4/1/2015	12/31/2199	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T4544	11/1/2019	12/31/2199	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T5001	4/1/2015	12/31/2199	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS, FOR USE IN VEHICLES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
T5999	4/1/2015	12/31/2199	SUPPLY, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V2410	1/1/2021	12/31/2199	ASPHERIC LENSES SV	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V2430	1/1/2021	12/31/2199	ASPHERIC LENSES MF	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V2627	4/1/2015	12/31/2199	SCLERAL COVER SHELL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V2718	1/1/2021	12/31/2199	PRESS ON PRISM - FRESNEL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V2745	1/1/2021	12/31/2199	TINTED LENSES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V2755	1/1/2021	12/31/2199	U-V COATIING	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
V2783	1/1/2021	12/31/2199	HIGH INDE LENSES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V2784	1/1/2021	12/31/2199	POLYCARBONATE LENSES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V2799	4/1/2015	12/31/2199	VISION SERVICE, MISCELLANEOUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5070	4/1/2015	12/31/2199	GLASSES, AIR CONDUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5080	4/1/2015	12/31/2199	GLASSES, BONE CONDUCTION	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5090	4/1/2015	12/31/2199	DISPENSING FEE, UNSPECIFIED HEARING AID	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5095	4/1/2015	12/31/2199	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5100	4/1/2015	12/31/2199	HEARING AID, BILATERAL, BODY WORN	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5110	4/1/2015	12/31/2199	DISPENSING FEE, BILATERAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5120	4/1/2015	12/31/2199	BINAURAL, BODY	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5130	4/1/2015	12/31/2199	BINAURAL, IN THE EAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5140	4/1/2015	12/31/2199	BINAURAL, BEHIND THE EAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5150	4/1/2015	12/31/2199	BINAURAL, GLASSES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5160	4/1/2015	5/31/2021	DISPENSING FEE, BINAURAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5170	4/1/2015	12/31/2018	HEARING AID, CROS, IN THE EAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5180	4/1/2015	12/31/2018	HEARING AID, CROS, BEHIND THE EAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
V5190	4/1/2015	12/31/2199	HEARING AID, CROS, GLASSES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5200	4/1/2015	5/31/2021	DISPENSING FEE, CROS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5210	4/1/2015	12/31/2018	HEARING AID, BICROS, IN THE EAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5220	4/1/2015	12/31/2018	HEARING AID, BICROS, BEHIND THE EAR	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5221	3/1/2021	12/31/2199	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5230	4/1/2015	12/31/2199	HEARING AID, BICROS, GLASSES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5240	4/1/2015	5/31/2021	DISPENSING FEE, BICROS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5241	4/1/2015	5/31/2021	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5242	4/1/2015	12/31/2199	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5243	4/1/2015	12/31/2199	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5244	4/1/2015	12/31/2199	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5245	4/1/2015	12/31/2199	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5246	4/1/2015	12/31/2199	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5247	4/1/2015	12/31/2199	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>



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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
V5248	4/1/2015	12/31/2199	HEARING AID, ANALOG, BINAURAL, CIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5249	4/1/2015	12/31/2199	HEARING AID, ANALOG, BINAURAL, ITC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5250	4/1/2015	12/31/2199	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5251	4/1/2015	12/31/2199	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5252	10/1/2017	12/31/2199	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5253	10/1/2017	12/31/2199	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5254	10/1/2017	12/31/2199	HEARING AID, DIGITAL, MONAURAL, CIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5255	10/1/2017	12/31/2199	HEARING AID, DIGITAL, MONAURAL, ITC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5256	10/1/2017	12/31/2199	HEARING AID, DIGITAL, MONAURAL, ITE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5257	10/1/2017	12/31/2199	HEARING AID, DIGITAL, MONAURAL, BTE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5258	10/1/2017	12/31/2199	HEARING AID, DIGITAL, BINAURAL, CIC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5259	10/1/2017	12/31/2199	HEARING AID, DIGITAL, BINAURAL, ITC	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5260	4/1/2015	12/31/2199	HEARING AID, DIGITAL, BINAURAL, ITE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5261	4/1/2015	12/31/2199	HEARING AID, DIGITAL, BINAURAL, BTE	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>
V5262	4/1/2015	12/31/2199	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	<a href="#"><u>Clinical Information and Documents to Support Medical Necessity</u></a>

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CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
V5263	4/1/2015	12/31/2199	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5264	4/1/2015	9/30/2017	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5265	4/1/2015	6/30/2020	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5267	4/1/2015	12/31/2199	HEARING AID SUPPLIES/ACCESSORIES	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5268	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5269	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5270	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5271	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5272	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, TDD	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5273	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5274	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5281	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, MONAURAL, (1 RECEIVER, TRANSMITTER, MICROPHONE), ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5282	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>

## Cook Children's Health Plan Authorization Requirements

CODE	Effective Date	Expiration Date	Description	Clinical Information and Documents to Support Medical Necessity
V5283	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5284	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL RECEIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5285	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5286	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5287	4/1/2015	12/31/2199	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER, NOT OTHERWISE SPECIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5288	4/1/2015	5/31/2021	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5289	4/1/2015	5/31/2021	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5290	4/1/2015	5/31/2021	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5298	4/1/2015	12/31/2199	HEARING AID, NOT OTHERWISE CLASSIFIED	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5299	4/1/2015	5/31/2021	HEARING SERVICE, MISCELLANEOUS	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>
V5336	4/1/2015	12/31/2199	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	<a href="#">Clinical Information and Documents to Support Medical Necessity</a>