# Services that require Prior Authorization

## ADMISSION REQUIREMENTS

HAP must be notified when the member is admitted, even if prior authorization was obtained for the procedure to be performed.
*(For example: Authorization may have been obtained from eviCore for the procedure. The facility is still required to contact the HAP Admission and Transfer Team once the member is admitted to obtain the inpatient authorization.)*

## DISCLAIMERS

This list is inclusive of all possible procedure codes as identified by HAP. In an unlikely event that a procedure code is not on the list it will require HAP review and an authorization number.

The information contained in the Services that require Prior Authorization List is protected by copyright laws. Duplication should occur only with permission from the HAP Corporate Office.

Providers shall not modify, translate, decompile, disclose, create nor attempt to create any derivative work in the Services that require Prior Authorization List.

Treating providers are solely responsible for medical advice and treatment of Members.

HAP's Benefit Coverage Policies and Procedure Reference Lists apply to all HAP lines of business offered through any HAP affiliate including insured and self-funded plans except for the following: ASR and HAP CareSource.

**Coverage of services for Members is based on the Member's subscriber documents and is subject to all terms and conditions including specific exclusions and limitations. This type of document includes the following: Schedule of Benefits, Subscriber contract; Member Benefit Guide, or an Evidence of Coverage document (for Medicare Advantage Members). Benefit Administration Manual (BAM) policies are developed to provide guidance to members and Providers.**

## NEW TO MARKET MEDICAL DRUGS

New to Market Medical Drugs must be reviewed and approved by HAP Pharmacists or Medical Directors. Please reference the "New to Market Medications Evaluations Policy" on BAM and click this link for the current list of New to Market Medical Drugs

## NON-PREFERRED FORMULATIONS

Non-Preferred Formulations must be reviewed and approved by HAP Pharmacists or Medical Directors. Please reference the "Biosimilar and Preferred Formulations Policy" on BAM and click this link for the current list of Preferred and Non-preferred drugs.

## RULES

- HAP members must receive care from contracted providers.
- Prior authorization is required for any service listed below, when provided by a non-contracted provider.
- Members that have a PCP affiliated with Henry Ford Choice, HFPN or Genesys Choice require authorization for ANY service, when provided by a provider/facility outside their assigned network/plan.

## VERIFYING BENEFIT COVERAGE

To determine if a procedure is a covered benefit and meets criteria, providers must utilize HAP's online Member Eligibility Application (MEA) and the Benefit Administration Manual (BAM). It is imperative that you verify benefit coverage prior to rendering service, as failure to do so may result in denial of payment and Members must be held harmless.

## MEDICAID AND MI HEALTH LINK INFORMATION

Medicaid and MI Health Link Information: Prior Authorization requirements for Medicaid and MI Health members can be found at HAP CareSource | Procedure Code Lookup

**Other helpful Medicaid Resources:**

MEDICAID FEE SCHEDULE LINK

MICHIGAN MEDICAID PROVIDER MANUAL LINK

## BEHAVIORAL HEALTH PROVIDERS

Behavioral Health providers should refer to the Coordinated Behavioral Health Management (CBHM) Outpatient Authorization Requirement list. Log in at www.hap.org; select Quick Links; Procedure Reference Lists; CBHM Outpatient Authorization Requirement list.

## IMPORTANT

HAP continuously reviews and monitors all procedures to determine any potential changes of coverage that would affect current procedure lists. Otherwise, the Services that require Prior Authorization list will be reviewed and updated on a monthly basis. Always check the list on the HAP website, as it is the most current list and printed copies may be incomplete or outdated. If you would like to suggest additional services to be added to the Services that require Prior Authorization list, please contact us and we will take your request into consideration for the next scheduled revision. Any suggestions or questions should be directed in writing to:

Sr Project Consultant (4N floor) Medical Policy
Health Alliance Plan
1414 E. Maple Road
Troy, MI 48083

or

EMAIL to: lkootsi1@hap.org

**Medicare Comp (Wrap) Members for outpatient services no longer require an authorization and pass through as long as the Member is IN PLAN and In Network.**

**Prior authorization is not a guarantee of payment**

| Key: | |
|---|---|
| * | Specific coverage criteria or limitations/restrictions apply. Refer to BAM for more information. |
| AGE | No authorization needed for members under the age of 18 |

| | |
|---|---|
| **BPF** | Non-Preferred Formulations must be reviewed and approved by HAP Pharmacists or Medical Directors. Please reference the "Biosimilar and Preferred Formulations Policy" on BAM and click this link for the current list of Preferred and Non-preferred drugs. |
| **Carve-out** | These codes are carved-out, bill Medicaid fee for service |
| **CCN** | **eviCore healthcare**, formerly known as CareCore National, Inc (CCN) authorization is required for CCN participating networks. Authorization required from HAP for non-CCN participating networks. |
| **CBHM** | Authorization must be received from HAP's CBHM department |
| **ExGEN** | Services that are “carved out” of the Genesys delegation. For services that indicate "SPC" contact Pharmacy Advantage. See the "SPC" section within the key for additional details. All other services that are indicated as "ExGEN" are processed by the HAP Referral Management Team. For services that require a prior authorization contact RMT directly by calling 313-664-8950 option #1 or submit the request online via Care Affiliate. |
| **Preferred provider HFCPD** | **Genetic testing must be sent to HFH.**<br>**If testing is sent to any other laboratory (other than HFCPD) authorization would then be required as the servicing provider is not preferred.**<br>***Medicare Advantage Members can utilize any contracted provider for genetic testing.** |
| **Preferred provider HFCPD OR UofM** | **Genetic testing must be sent to HFH or UofM.**<br>**If testing is sent to any other laboratory (other than HFCPD) authorization would then be required as the servicing provider is not preferred.**<br>***Medicare Advantage Members can utilize any contracted provider for genetic testing.** |
| **HFHS** | Only applies to HFHS employed doctors |
| **INFO** | Informational/reporting code - code not separately payable |
| **LINK** | Find code, then Click on **LINK** to view diagnosis codes billable without required authorization |
| **MSI** | **eviCore healthcare**, formerly known as MedSolutions (MSI) authorization is required for all sleep studies. See BAM policy for LINK to EviCore |
| **NationsHearing** | Bill NationsHearing for these codes. If a member’s plan requires an authorization, authorization must be received from NationsHearing. See BAM for criteria and NationsHearing phone numbers. |
| **NDC** | **(Please See the list titled: CODES that require a NDC on the Procedure Reference Lists page for a complete list of NDC codes)** All outpatient drug related HCPCS codes and CPT codes must be billed with an NDC qualifier, NDC code, quantity and unit of measure. They must contain a valid 11-digit number in a 5-4-2 format. This information is required for Medicare crossover claims, CMS-1500 and UB-04 claims; EDI transactions and test strips (A4253, A4772 and A9275). The NDC code can be found on the drug or DME equipment packaging. |
| **NTM Policy** | New to Market Medical Drugs must be reviewed and approved by HAP Pharmacists or Medical Directors. Please reference the "New to Market Medication Evaluations Policy" on BAM and click this link for the current list of New To Market Medical Drugs. |
| **OCM** | This code may only be billed by providers participating in HAP's Oncology Care Model (OCM) Program. |
| **PCM** | Submit request for authorization via **Care Affiliate**. Please select appropriate Request Profile based on type of medication and place of service. Request profiles for medications are configured as "Drug - XXXXX-xxxx", where "XXXXX" corresponds to specific medication category and "xxxx" to place of service. |
| **RMT** | Submit request for authorization via CareAffiliate. Please select appropriate Request Type based on the type of service/place of service that care is being provided. |
| **SPC** | Denotes Specialty Medication and requires Pharmacy AUTHORIZATION with ONE of the following:<br><br>**(1) HOME professional administration and COMMERCIAL MEMBERS: Contact Henry Ford Home Infusion (HFHI) at 248-827-3370 or fax 248-827-7234. HFHI may direct you to another contracted home infusion provider if service cannot be provided.**<br><br>(2) **SELF-ADMINISTERED DRUGS: C**overed under the pharmacy benefit. Refer to the HAP Formulary (covered drug list).<br><br>**(3) CLINIC ADMINISTRATION (e.g. outpatient, office administration)**: Unless denoted as No authorization required, submit request for authorization via Care Affiliate (reference list indicates authorization required.<br><br>**(4) MEDICARE PLAN MEMBERS**: Follow CMS rules for coverage. **MA plan coverage, refer to HAP Medicare Part B Criteria** |
| **TPC** | **Effective for DOS 10/1/24: Providers should submit prior authorization request for Cardiac services to TurningPoint.**<br>Effective for DOS 6/1/24: Providers should submit prior authorization request for MSK services to TurningPoint. |

| **Rider Requirement Key:** | |
|---|---|
| *** | Biosimilar only is covered |
| **A** | Infertility - Assisted Reproductive Technology (ART) Rider required |
| **ABAR** | AHL Bariatric and Weight Loss Rider (some plans may require this rider, see HAP.org plan details) |
| **ACU** | Acupuncture Rider |
| **C** | Chiropractic Rider required for HAP, and UAW Members |
| **Expand Chiro** | Only covered with Expanded Chiropractic Rider coverage |
| **G** | AHL Genetic Testing Rider |
| **H** | Hearing Aid Rider |
| **I** | Infertility Rider required for AHL Members. |
| **L** | LASIK Rider |
| **MED NEC FERT PRE SERV** | Medically Necessary Fertility Preservation Ride |

| | |
|---|---|
| **P** | Voluntary Termination of Pregnancy Rider required for all voluntary procedures. Medically necessary procedures covered with prior authorization. |
| **S** | Voluntary Sterilization Rider required for all AHL Members |
| **SNF** | Skilled Nursing Facility Rider required for HAP, FED, and UAW Members |
| **T** | TMJ Rider required for all AHL Members |
| **V** | Vision Rider (refer to BAM policies) |

| **Product Line Key:** | |
|---|---|
| **AHL** | AHL PPO, AHL EPA, AHL EPO, AHL POS, Personal Alliance |
| **ALL** | All HAP, AHL, Medicare Advantage Members, QHP, FED, McWrap, UAW |
| **CAID (no longer available)** | for dates of service Oct. 1, 2023 and forward https://procedurelookup.caresource.com/ for dates prior to Oct. 1, 2023 Medicaid plan (to call Medicaid Pharmacy: 313-664-8940 opt3 or FAX: 313-664-5460 Check Medicaid fee schedule and Michigan Medicaid Provider Manual to validate coverage (see above for the links to these sites) |
| **DSNP** | HAP Medicare Complete Duals (HMO D-SNP) |
| **FED** | Federal Government Employee Contract Members |
| **HAP** | HAP HMO, HAP POS |
| **HEP** | Healthy Engagement Plans |
| **MA or MED** | Medicare Advantage |
| **MEDICARE COMP/MCWRAP** | Medicare Comp/Wrap Plans |
| **MMP (no longer available)** | Medicare-Medicaid Plan for dates of service January 1, 2024 and forward https://procedurelookup.caresource.com/ for dates prior to January 1, 2024 Medicare-Medicaid plan (to call Medicare-Medicaid Pharmacy: 313-664-8940 opt3 or FAX: 313-664-5460 Check Medicare-Medicaid fee schedule and Michigan Medicaid Provider Manual to validate coverage (see above for the links to these sites) |
| **PRICHO (No longer available)** | HAP Primary Choice Medicare (HMO) and HAP Choice Medicare West Michigan (HMO) |
| **QHP** | Qualified Health Plans |
| **QHP-peds** | Qualified Health Plans Pediatrics only (under age of 19 years) |
| **QHP-adults** | Qualified Health Planes Adults only (19 years and above) |
| **UAW** | Select Groups with Extended DME coverage |

**Services that require Prior Authorization List**

| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
|---|---|---|---|---|---|
| 00100 | ANESTHESIA FOR PROCEDURES ON S | No | | | ALL |
| 00102 | ANESTHESIA FOR PROCEDURES INVO | No | | | ALL |
| 00103 | ANESTHESIA FOR RECONSTRUCTIVE I | No | | | ALL |
| 00104 | ANESTHESIA FOR ELECTROCONVULSI | No | | | ALL |
| 00120 | ANESTHESIA FOR PROCEDURES ON E | No | | | ALL |
| 00124 | ANESTHESIA FOR PROCEDURES ON E | No | | | ALL |
| 00126 | ANESTHESIA FOR PROCEDURES ON E | No | | | ALL |
| 00140 | ANESTHESIA FOR PROCEDURES ON E | No | | | ALL |
| 00142 | ANESTHESIA FOR PROCEDURES ON E | No | | | ALL |
| 00144 | ANESTHESIA FOR PROCEDURES ON E | No | | | ALL |
| 00145 | ANESTHESIA FOR PROCEDURES ON E | No | | | ALL |
| 00147 | ANESTHESIA FOR PROCEDURES ON E | No | | | ALL |
| 00148 | ANESTHESIA FOR PROCEDURE ON EY | No | | | ALL |
| 00160 | ANESTHESIA FOR PROCEDURES ON N | No | | | ALL |
| 00162 | ANESTHESIA FOR PROCEDURES ON N | No | | | ALL |
| 00164 | ANESTHESIA FOR PROCEDURES ON N | No | | | ALL |
| 00170 | ANESTHESIA FOR INTRAORAL PROCEI | No | | | ALL |
| 00172 | ANESTHESIA FOR INTRAORAL PROCEI | No | | | ALL |
| 00174 | ANESTHESIA FOR INTRAORAL PROCEI | No | | | ALL |
| 00176 | ANESTHESIA FOR INTRAORAL PROCEI | No | | | ALL |
| 00190 | ANESTHESIA FOR PROCEDURES ON F | No | | | ALL |
| 00192 | ANESTHESIA FOR PROCEDURES ON F | No | | | ALL |
| 00210 | ANESTHESIA FOR INTRACRANIAL PRO | No | | | ALL |
| 00211 | Anesthia for intracranial procedures; crani | No | | | ALL |
| 00212 | Anesthesia for intracranial procedures; su | No | | | ALL |
| 00214 | Anesthesia for intracranial procedures; bu | No | | | ALL |
| 00215 | Anesthesia for intracranial procedures; cra | No | | | ALL |
| 00216 | Anesthesia for intracranial procedures; va | No | | | ALL |
| 00218 | Anesthesia for intracranial procedures; pro | No | | | ALL |
| 00220 | Anesthesia for intracranial procedures; ce | No | | | ALL |
| 00222 | Anesthesia for intracranial procedures; ele | No | | | ALL |
| 00300 | Anesthesia for all procedures on the integ | No | | | ALL |
| 00320 | Anesthesia for all procedures on esophag | No | | | ALL |
| 00322 | Anesthesia for all procedures on esophag | No | | | ALL |
| 00326 | Anesthesia for all procedures on the laryn | No | | | ALL |
| 00350 | Anesthesia for procedures on major vesse | No | | | ALL |
| 00352 | Anesthesia for procedures on major vesse | No | | | ALL |
| 00400 | Anesthesia for procedures on the integum | No | | | ALL |
| 00402 | extremities, anterior trunk and perineum; r | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 00404 | extremities, anterior trunk and perineum; r | No | | | ALL |
| 00406 | Anesthesia for procedures on the integum | No | | | ALL |
| 00410 | Anesthesia for procedures on the integum | No | | | ALL |
| 00450 | Anesthesia for procedures on clavicle and | No | | | ALL |
| 00454 | Anesthesia for procedures on clavicle and | No | | | ALL |
| 00470 | Anesthesia for partial rib resection; not oth | No | | | ALL |
| 00472 | Anesthesia for partial rib resection; thorac | No | | | ALL |
| 00474 | Anesthesia for partial rib resection; radica | No | | | ALL |
| 00500 | Anesthesia for all procedures on esophag | No | | | ALL |
| 00520 | Anesthesia for closed chest procedures; ( | No | | | ALL |
| 00522 | Anesthesia for closed chest procedures; r | No | | | ALL |
| 00524 | Anesthesia for closed chest procedures; p | No | | | ALL |
| 00528 | Anesthesia for closed chest procedures; r | No | | | ALL |
| 00529 | Anesthesia for closed chest procedures; r | No | | | ALL |
| 00530 | Anesthesia for permanent transvenous pa | No | | | ALL |
| 00532 | Anesthesia for access to central venous c | No | | | ALL |
| 00534 | Anesthesia for transvenous insertion or re | No | | | ALL |
| 00537 | Anesthesia for cardiac electrophysiologic | No | | | ALL |
| 00539 | Anesthesia for tracheobronchial reconstru | No | | | ALL |
| 00540 | Anesthesia for thoracotomy procedures in | No | | | ALL |
| 00541 | Anesthesia for thoracotomy procedures in | No | | | ALL |
| 00542 | Anesthesia for thoracotomy procedures in | No | | | ALL |
| 00546 | Anesthesia for thoracotomy procedures in | No | | | ALL |
| 00548 | Anesthesia for thoracotomy procedures in | No | | | ALL |
| 00550 | Anesthesia for sternal debridement | No | | | ALL |
| 00560 | of chest; without pump oxygenator | No | | | ALL |
| 00561 | Anesthesia for procedures on heart, perica | No | | | ALL |
| 00562 | Anesthesia for procedures on heart, perica | No | | | ALL |
| 00563 | Anesthesia for procedures on heart, perica | No | | | ALL |
| 00566 | Anesthesia for direct coronary artery bypa | No | | | ALL |
| 00567 | Anesthesia for direct coronary artery bypa | No | | | ALL |
| 00580 | Anesthesia for heart transplant or heart/lu | No | | | ALL |
| 00600 | Anesthesia for procedures on cervical spi | No | | | ALL |
| 00604 | Anesthesia for procedures on cervical spi | No | | | ALL |
| 00620 | Anesthesia for procedures on thoracic spi | No | | | ALL |
| 00625 | ANESTHESIA FOR PROCEDURES ON T | No | | | ALL |
| 00626 | ANESTHESIA FOR PROCEDURES ON T | No | | | ALL |
| 00630 | Anesthesia for procedures in lumbar regio | No | | | ALL |
| 00632 | Anesthesia for procedures in lumbar regio | No | | | ALL |
| 00635 | Anesthesia for procedures in lumbar regio | No | | | ALL |
| 00640 | Anesthesia for manipulation of the spine c | Not Covered | | | ALL (Except MA) |
| 00640 | Anesthesia for manipulation of the spine c | No | | | MA |
| 00670 | Anesthesia for extensive spine and spinal | No | | | ALL |
| 00700 | Anesthesia for procedures on upper anter | No | | | ALL |
| 00702 | Anesthesia for procedures on upper anter | No | | | ALL |
| 00730 | Anesthesia for procedures on upper poste | No | | | ALL |
| 00731 | Anesthesia for upper gastrointestinal endo | No | | | ALL |
| 00732 | Anesthesia for upper gastrointestinal endo | No | | | ALL |
| 00750 | Anesthesia for hernia repairs in upper abd | No | | | ALL |
| 00752 | Anesthesia for hernia repairs in upper abd | No | | | ALL |
| 00754 | Anesthesia for hernia repairs in upper abd | No | | | ALL |
| 00756 | Anesthesia for hernia repairs in upper abd | No | | | ALL |
| 00770 | Anesthesia for all procedures on major ab | No | | | ALL |
| 00790 | Anesthesia for intraperitoneal procedures | No | | | ALL |
| 00792 | Anesthesia for intraperitoneal procedures | No | | | ALL |
| 00794 | Anesthesia for intraperitoneal procedures | No | | | ALL |
| 00796 | Anesthesia for intraperitoneal procedures | No | | | ALL |
| 00797 | ANESTHESIA FOR SURGERY FOR MOR | No | * | ABAR | ALL |
| 00800 | Anesthesia for procedures on lower anteri | No | | | ALL |
| 00802 | Anesthesia for procedures on lower anteri | No | | | ALL |
| 00811 | Anesthesia for lower intestinal endoscopic | No | | | ALL |
| 00812 | Anesthesia for lower intestinal endoscopic | No | | | ALL |
| 00813 | Anesthesia for combined upper and lower | No | | | ALL |
| 00820 | Anesthesia for procedures on lower poste | No | | | ALL |
| 00830 | Anesthesia for hernia repairs in lower abd | No | | | ALL |
| 00832 | Anesthesia for hernia repairs in lower abd | No | | | ALL |
| 00834 | Anesthesia for hernia repairs in the lower | No | | | ALL |
| 00836 | Anesthesia for hernia repairs in the lower | No | | | ALL |
| 00840 | Anesthesia for intraperitoneal procedures | No | | | ALL |
| 00842 | Anesthesia for intraperitoneal procedures | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 00844 | Anesthesia for intraperitoneal procedures | No | | | ALL |
| 00846 | Anesthesia for intraperitoneal procedures | No | | | ALL |
| 00848 | Anesthesia for intraperitoneal procedures | No | | | ALL |
| 00851 | Anesthesia for intraperitoneal procedures | No | | | ALL |
| 00860 | Anesthesia for extraperitoneal procedures | No | | | ALL |
| 00862 | Anesthesia for extraperitoneal procedures | No | | | ALL |
| 00864 | Anesthesia for extraperitoneal procedures | No | | | ALL |
| 00865 | Anesthesia for extraperitoneal procedures | No | | | ALL |
| 00866 | Anesthesia for extraperitoneal procedures | No | | | ALL |
| 00868 | Anesthesia for extraperitoneal procedures | No | | | ALL |
| 00870 | Anesthesia for extraperitoneal procedures | No | | | ALL |
| 00872 | Anesthesia for lithotripsy, extracorporeal s | No | | | ALL |
| 00873 | Anesthesia for lithotripsy, extracorporeal s | No | | | ALL |
| 00880 | Anesthesia for procedures on major lower | No | | | ALL |
| 00882 | Anesthesia for procedures on major lower | No | | | ALL |
| 00902 | Anesthesia for; anorectal procedure | No | | | ALL |
| 00904 | Anesthesia for; radical perineal procedure | No | | | ALL |
| 00906 | Anesthesia for; vulvectomy | No | | | ALL |
| 00908 | Anesthesia for; perineal prostatectomy | No | | | ALL |
| 00910 | Anesthesia for transurethral procedures (i | No | | | ALL |
| 00912 | Anesthesia for transurethral procedures (i | No | | | ALL |
| 00914 | Anesthesia for transurethral procedures (i | No | | | ALL |
| 00916 | Anesthesia for transurethral procedures (i | No | | | ALL |
| 00918 | Anesthesia for transurethral procedures (i | No | | | ALL |
| 00920 | Anesthesia for procedures on male genita | No | | | ALL |
| 00921 | Anesthesia for procedures on male genita | No | | | ALL |
| 00922 | Anesthesia for procedures on male genita | No | | | ALL |
| 00924 | Anesthesia for procedures on male genita | No | | | ALL |
| 00926 | Anesthesia for procedures on male genita | No | | | ALL |
| 00928 | Anesthesia for procedures on male genita | No | | | ALL |
| 00930 | Anesthesia for procedures on male genita | No | | | ALL |
| 00932 | Anesthesia for procedures on male genita | No | | | ALL |
| 00934 | Anesthesia for procedures on male genita | No | | | ALL |
| 00936 | Anesthesia for procedures on male genita | No | | | ALL |
| 00938 | Anesthesia for procedures on male genita | No | | | ALL |
| 00940 | Anesthesia for vaginal procedures (includi | No | | | ALL |
| 00942 | Anesthesia for vaginal procedures (includi | No | | | ALL |
| 00944 | Anesthesia for vaginal procedures (includi | No | | | ALL |
| 00948 | Anesthesia for vaginal procedures (includi | No | | | ALL |
| 00950 | Anesthesia for vaginal procedures (includi | No | | | ALL |
| 00952 | Anesthesia for vaginal procedures (includi | No | | | ALL |
| 01112 | Anesthesia for bone marrow aspiration an | No | | | ALL |
| 01120 | Anesthesia for procedures on bony pelvis | No | | | ALL |
| 01130 | Anesthesia for body cast application or re | No | | | ALL |
| 01140 | Anesthesia for interpelviabdominal (hindq | No | | | ALL |
| 01150 | Anesthesia for radical procedures for tum | No | | | ALL |
| 01160 | Anesthesia for closed procedures involvin | No | | | ALL |
| 01170 | Anesthesia for open procedures involving | No | | | ALL |
| 01173 | Anesthesia for open repair of fracture disr | No | | | ALL |
| 01200 | Anesthesia for all closed procedures invol | No | | | ALL |
| 01202 | Anesthesia for arthroscopic procedures of | No | | | ALL |
| 01210 | Anesthesia for open procedures involving | No | | | ALL |
| 01212 | Anesthesia for open procedures involving | No | | | ALL |
| 01214 | Anesthesia for open procedures involving | No | | | ALL |
| 01215 | Anesthesia for open procedures involving | No | | | ALL |
| 01220 | Anesthesia for all closed procedures invol | No | | | ALL |
| 01230 | Anesthesia for open procedures involving | No | | | ALL |
| 01232 | Anesthesia for open procedures involving | No | | | ALL |
| 01234 | Anesthesia for open procedures involving | No | | | ALL |
| 01250 | Anesthesia for all procedures on nerves, r | No | | | ALL |
| 01260 | Anesthesia for all procedures involving ve | No | | | ALL |
| 01270 | Anesthesia for procedures involving arteri | No | | | ALL |
| 01272 | Anesthesia for procedures involving arteri | No | | | ALL |
| 01274 | Anesthesia for procedures involving arteri | No | | | ALL |
| 01320 | Anesthesia for all procedures on nerves, r | No | | | ALL |
| 01340 | Anesthesia for all closed procedures on lo | No | | | ALL |
| 01360 | Anesthesia for all open procedures on low | No | | | ALL |
| 01380 | Anesthesia for all closed procedures on k | No | | | ALL |
| 01382 | Anesthesia for diagnostic arthroscopic pro | No | | | ALL |
| 01390 | Anesthesia for all closed procedures on u | No | | | ALL |
| 01392 | Anesthesia for all open procedures on upp | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 01400 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01402 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01404 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01420 | Anesthesia for all cast applications, remov | No | | | ALL |
| 01430 | Anesthesia for procedures on veins of kne | No | | | ALL |
| 01432 | Anesthesia for procedures on veins of kne | No | | | ALL |
| 01440 | Anesthesia for procedures on arteries of k | No | | | ALL |
| 01442 | Anesthesia for procedures on arteries of k | No | | | ALL |
| 01444 | Anesthesia for procedures on arteries of k | No | | | ALL |
| 01462 | Anesthesia for all closed procedures on lo | No | | | ALL |
| 01464 | Anesthesia for arthroscopic procedures of | No | | | ALL |
| 01470 | Anesthesia for procedures on nerves, mus | No | | | ALL |
| 01472 | Anesthesia for procedures on nerves, mus | No | | | ALL |
| 01474 | Anesthesia for procedures on nerves, mus | No | | | ALL |
| 01480 | Anesthesia for open procedures on bones | No | | | ALL |
| 01482 | Anesthesia for open procedures on bones | No | | | ALL |
| 01484 | Anesthesia for open procedures on bones | No | | | ALL |
| 01486 | Anesthesia for open procedures on bones | No | | | ALL |
| 01490 | Anesthesia for lower leg cast application, | No | | | ALL |
| 01500 | Anesthesia for procedures on arteries of lo | No | | | ALL |
| 01502 | Anesthesia for procedures on arteries of lo | No | | | ALL |
| 01520 | Anesthesia for procedures on veins of low | No | | | ALL |
| 01522 | Anesthesia for procedures on veins of low | No | | | ALL |
| 01610 | Anesthesia for all procedures on nerves, r | No | | | ALL |
| 01620 | Anesthesia for all closed procedures on hu | No | | | ALL |
| 01622 | Anesthesia for diagnostic arthroscopic pro | No | | | ALL |
| 01630 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01634 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01636 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01638 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01650 | Anesthesia for procedures on arteries of s | No | | | ALL |
| 01652 | Anesthesia for procedures on arteries of s | No | | | ALL |
| 01654 | Anesthesia for procedures on arteries of s | No | | | ALL |
| 01656 | Anesthesia for procedures on arteries of s | No | | | ALL |
| 01670 | Anesthesia for all procedures on veins of s | No | | | ALL |
| 01680 | Anesthesia for shoulder cast application, r | No | | | ALL |
| 01710 | Anesthesia for procedures on nerves, mus | No | | | ALL |
| 01712 | Anesthesia for procedures on nerves, mus | No | | | ALL |
| 01714 | Anesthesia for procedures on nerves, mus | No | | | ALL |
| 01716 | Anesthesia for procedures on nerves, mus | No | | | ALL |
| 01730 | Anesthesia for all closed procedures on hu | No | | | ALL |
| 01732 | Anesthesia for diagnostic arthroscopic pro | No | | | ALL |
| 01740 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01742 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01744 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01756 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01758 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01760 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01770 | Anesthesia for procedures on arteries of u | No | | | ALL |
| 01772 | Anesthesia for procedures on arteries of u | No | | | ALL |
| 01780 | Anesthesia for procedures on veins of upp | No | | | ALL |
| 01782 | Anesthesia for procedures on veins of upp | No | | | ALL |
| 01810 | Anesthesia for all procedures on nerves, r | No | | | ALL |
| 01820 | Anesthesia for all closed procedures on ra | No | | | ALL |
| 01829 | Anesthesia for diagnostic arthroscopic pro | No | | | ALL |
| 01830 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01832 | Anesthesia for open or surgical arthroscop | No | | | ALL |
| 01840 | Anesthesia for procedures on arteries of fe | No | | | ALL |
| 01842 | Anesthesia for procedures on arteries of fe | No | | | ALL |
| 01844 | Anesthesia for vascular shunt, or shunt re | No | | | ALL |
| 01850 | Anesthesia for procedures on veins of fore | No | | | ALL |
| 01852 | Anesthesia for procedures on veins of fore | No | | | ALL |
| 01860 | Anesthesia for forearm, wrist, or hand cas | No | | | ALL |
| 01916 | Anesthesia for diagnostic arteriography/ve | No | | | ALL |
| 01920 | Anesthesia for cardiac catheterization incl | No | | | ALL |
| 01922 | Anesthesia for non-invasive imaging or ra | No | | | ALL |
| 01924 | Anesthesia for therapeutic interventional r | No | | | ALL |
| 01925 | Anesthesia for therapeutic interventional r | No | | | ALL |
| 01926 | Anesthesia for therapeutic interventional r | No | | | ALL |
| 01930 | Anesthesia for therapeutic interventional r | No | | | ALL |
| 01931 | Anesthesia for therapeutic interventional r | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 01932 | Anesthesia for therapeutic interventional r | No | | | ALL |
| 01933 | Anesthesia for therapeutic interventional r | No | | | ALL |
| 01937 | Anesthesia for percutaneous image-guide | No | | | ALL |
| 01938 | Anesthesia for percutaneous image-guide | No | | | ALL |
| 01939 | Anesthesia for percutaneous image-guide | Yes | CCN | | ALL (Except MCWRAP) |
| 01939 | Anesthesia for percutaneous image-guide | No | | | MCWRAP |
| 01940 | Anesthesia for percutaneous image-guide | Yes | CCN | | ALL (Except MCWRAP) |
| 01940 | Anesthesia for percutaneous image-guide | No | | | MCWRAP |
| 01941 | Anesthesia for percutaneous image-guide | Yes | CCN | | ALL (Except MCWRAP) |
| 01941 | Anesthesia for percutaneous image-guide | No | | | MCWRAP |
| 01942 | Anesthesia for percutaneous image-guide | Yes | CCN | | ALL (Except MCWRAP) |
| 01942 | Anesthesia for percutaneous image-guide | No | | | MCWRAP |
| 01951 | Anesthesia for second and third degree bu | No | | | ALL |
| 01952 | Anesthesia for second and third degree bu | No | | | ALL |
| 01953 | Anesthesia for second and third degree bu | No | | | ALL |
| 01958 | Anesthesia for external cephalic version p | No | | | ALL |
| 01960 | Anesthesia for vaginal delivery only | No | | | ALL |
| 01961 | Anesthesia for cesarean delivery only | No | | | ALL |
| 01962 | Anesthesia for urgent hysterectomy follow | No | | | ALL |
| 01963 | Anesthesia for cesarean hysterectomy wit | No | | | ALL |
| 01965 | ANESTHESIA FOR INCOMPLETE OR MI | No | | | ALL |
| 01966 | ANESTHESIA FOR INDUCED ABORTION | No | | | ALL |
| 01967 | Neuraxial labor analgesia/anesthesia for p | No | | | ALL |
| 01968 | Anesthesia for cesarean delivery following | No | | | ALL |
| 01969 | Anesthesia for cesarean hysterectomy foll | No | | | ALL |
| 01990 | PHYSIOLOGICAL SUPPORT FOR HARV | No | | | ALL |
| 01991 | Anesthesia for diagnostic or therapeutic n | Yes | CCN | | ALL (Except MCWRAP) |
| 01991 | Anesthesia for diagnostic or therapeutic n | No | | | MCWRAP |
| 01992 | Anesthesia for diagnostic or therapeutic n | Yes | CCN | | ALL (Except MCWRAP) |
| 01992 | Anesthesia for diagnostic or therapeutic n | No | | | MCWRAP |
| 01996 | Daily hospital management of epidural or | No | | | ALL |
| 01999 | Unlisted anesthesia procedure(s) | Yes | | | ALL (Except MCWRAP) |
| 01999 | Unlisted anesthesia procedure(s) | No | | | MCWRAP |
| 10004 | Fine needle aspiration biopsy, without ima | No | | | ALL |
| 10005 | Fine needle aspiration biopsy, including ul | No | | | ALL |
| 10006 | Fine needle aspiration biopsy, including ul | No | | | ALL |
| 10007 | Fine needle aspiration biopsy, including flu | No | | | ALL |
| 10006 | Fine needle aspiration biopsy, including ul | No | | | ALL |
| 10007 | Fine needle aspiration biopsy, including flu | No | | | ALL |
| 10008 | Fine needle aspiration biopsy, including flu | No | | | ALL |
| 10009 | Fine needle aspiration biopsy, including C | No | | | ALL |
| 10010 | Fine needle aspiration biopsy, including C | No | | | ALL |
| 10011 | Fine needle aspiration biopsy, including M | No | | | ALL |
| 10012 | Fine needle aspiration biopsy, including M | No | | | ALL |
| 10021 | FINE NEEDLE ASPIRATION, WITHOUT I | No | | | ALL |
| 10030 | Image-guided fluid collection drainage by | No | | | ALL |
| 10035 | Placement of soft tissue localization device(s) (e | No | | | ALL |
| 10036 | Placement of soft tissue localization device(s) (e | No | | | ALL |
| 10040 | Acne surgery (eg, marsupialization, openi | No | | | ALL |
| 10060 | Incision and drainage of abscess (eg, carb | No | | | ALL |
| 10061 | Incision and drainage of abscess (eg, carb | No | | | ALL |
| 10080 | Incision and drainage of pilonidal cyst; sim | No | | | ALL |
| 10081 | Incision and drainage of pilonidal cyst; cor | No | | | ALL |
| 10120 | Incision and removal of foreign body, subc | No | | | ALL |
| 10121 | Incision and removal of foreign body, subc | No | | | ALL |
| 10140 | Incision and drainage of hematoma, seror | No | | | ALL |
| 10160 | Puncture aspiration of abscess, hematom | No | | | ALL |
| 10180 | Incision and drainage, complex, postopera | No | | | ALL |
| 11000 | Debridement of extensive eczematous or | No | | | ALL |
| 11001 | Debridement of extensive eczematous or | No | | | ALL |
| 11004 | Debridement of skin, subcutaneous tissue | No | | | ALL |
| 11005 | Debridement of skin, subcutaneous tissue | No | | | ALL |
| 11006 | Debridement of skin, subcutaneous tissue | No | | | ALL |
| 11008 | Removal of prosthetic material or mesh, a | No | | | ALL |
| 11010 | Debridement including removal of foreign | No | | | ALL |
| 11011 | Debridement including removal of foreign | No | | | ALL |
| 11012 | Debridement including removal of foreign | No | | | ALL |
| 11042 | Debridement, subcutaneous tissue (includ | No | | | ALL |
| 11043 | Debridement, muscle and/or fascia (includ | No | | | ALL |
| 11044 | Debridement, bone (includes epidermis, d | No | | | ALL |
| 11045 | Debridement, subcutaneous tissue (includ | No | | | ALL |
| 11046 | Debridement, muscle and/or fascia (includ | No | | | ALL |
| 11047 | Debridement, bone (includes epidermis, d | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 11055 | Paring or cutting of benign hyperkeratotic | No | * | | ALL |
| 11056 | Paring or cutting of benign hyperkeratotic | No | * | | ALL |
| 11057 | Paring or cutting of benign hyperkeratotic | No | * | | ALL |
| 11102 | Tangential biopsy of skin (eg, shave, scoc | No | | | ALL |
| 11103 | Tangential biopsy of skin (eg, shave, scoc | No | | | ALL |
| 11104 | Punch biopsy of skin (including simple clo | No | | | ALL |
| 11105 | Punch biopsy of skin (including simple clo | No | | | ALL |
| 11106 | Incisional biopsy of skin (eg, wedge) (inclu | No | | | ALL |
| 11107 | Incisional biopsy of skin (eg, wedge) (inclu | No | | | ALL |
| 11200 | Removal of skin tags, multiple fibrocutane | No | | | ALL |
| 11201 | Removal of skin tags, multiple fibrocutane | No | | | ALL |
| 11300 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11301 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11302 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11303 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11305 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11306 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11307 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11308 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11310 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11311 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11312 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11313 | Shaving of epidermal or dermal lesion, sir | No | | | ALL |
| 11400 | Excision, benign lesion including margins, | No | | | ALL |
| 11401 | Excision, benign lesion including margins, | No | | | ALL |
| 11402 | Excision, benign lesion including margins, | No | | | ALL |
| 11403 | Excision, benign lesion including margins, | No | | | ALL |
| 11404 | Excision, benign lesion including margins, | No | | | ALL |
| 11406 | Excision, benign lesion including margins, | No | | | ALL |
| 11420 | Excision, benign lesion including margins, | No | | | ALL |
| 11421 | Excision, benign lesion including margins, | No | | | ALL |
| 11422 | Excision, benign lesion including margins, | No | | | ALL |
| 11423 | Excision, benign lesion including margins, | No | | | ALL |
| 11424 | Excision, benign lesion including margins, | No | | | ALL |
| 11426 | Excision, benign lesion including margins, | No | | | ALL |
| 11440 | Excision, other benign lesion including ma | No | | | ALL |
| 11441 | Excision, other benign lesion including ma | No | | | ALL |
| 11442 | Excision, other benign lesion including ma | No | | | ALL |
| 11443 | Excision, other benign lesion including ma | No | | | ALL |
| 11444 | EXCISION, OTHER BENIGN LESION (UN | No | | | ALL |
| 11446 | EXCISION, OTHER BENIGN LESION (UN | No | | | ALL |
| 11450 | Excision of skin and subcutaneous tissue | No | | | ALL |
| 11451 | Excision of skin and subcutaneous tissue | No | | | ALL |
| 11462 | Excision of skin and subcutaneous tissue | No | | | ALL |
| 11463 | Excision of skin and subcutaneous tissue | No | | | ALL |
| 11470 | Excision of skin and subcutaneous tissue | No | | | ALL |
| 11471 | Excision of skin and subcutaneous tissue | No | | | ALL |
| 11600 | Excision, malignant lesion including margi | No | | | ALL |
| 11601 | Excision, malignant lesion including margi | No | | | ALL |
| 11602 | EXCISION, MALIGNANT LESION, TRUNK | No | | | ALL |
| 11603 | EXCISION, MALIGNANT LESION, TRUNK | No | | | ALL |
| 11604 | EXCISION, MALIGNANT LESION, TRUNK | No | | | ALL |
| 11606 | EXCISION, MALIGNANT LESION, TRUNK | No | | | ALL |
| 11620 | Excision, malignant lesion including margi | No | | | ALL |
| 11621 | Excision, malignant lesion including margi | No | | | ALL |
| 11622 | Excision, malignant lesion including margi | No | | | ALL |
| 11623 | Excision, malignant lesion including margi | No | | | ALL |
| 11624 | Excision, malignant lesion including margi | No | | | ALL |
| 11626 | Excision, malignant lesion including margi | No | | | ALL |
| 11640 | Excision, malignant lesion including margi | No | | | ALL |
| 11641 | Excision, malignant lesion including margi | No | | | ALL |
| 11642 | Excision, malignant lesion including margi | No | | | ALL |
| 11643 | Excision, malignant lesion including margi | No | | | ALL |
| 11644 | Excision, malignant lesion including margi | No | | | ALL |
| 11646 | Excision, malignant lesion including margi | No | | | ALL |
| 11719 | Trimming of nondystrophic nails, any num | No | * | | ALL |
| 11720 | Debridement of nail(s) by any method(s); | No | * | | ALL |
| 11721 | Debridement of nail(s) by any method(s); | No | * | | ALL |
| 11730 | Avulsion of nail plate, partial or complete, | No | | | ALL |
| 11732 | Avulsion of nail plate, partial or complete, | No | | | ALL |
| 11740 | Evacuation of subungual hematoma | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 11750 | Excision of nail and nail matrix, partial or c | No | | | ALL |
| 11755 | Biopsy of nail unit (eg, plate, bed, matrix, l | No | | | ALL |
| 11760 | Repair of nail bed | No | | | ALL |
| 11762 | Reconstruction of nail bed with graft | No | | | ALL |
| 11765 | Wedge excision of skin of nail fold (eg, for | No | | | ALL |
| 11770 | EXCISION OF PILONIDAL CYST OR SINU | No | | | ALL |
| 11771 | Excision of pilonidal cyst or sinus; extensiv | No | | | ALL |
| 11772 | Excision of pilonidal cyst or sinus; complic | No | | | ALL |
| 11900 | Injection, intralesional; up to and including | No | | | ALL |
| 11901 | Injection, intralesional; more than seven le | No | | | ALL |
| 11920 | TATTOOING, INTRADERMAL INTRODUC | No | | | ALL |
| 11921 | TATTOOING, INTRADERMAL INTRODUC | No | | | ALL |
| 11922 | TATTOOING, INTRADERMAL INTRODUC | No | | | ALL |
| 11950 | SUBCUTANEOUS INJECTION OF "FILLIN | Yes | | | ALL (Except MCWRAP) |
| 11950 | SUBCUTANEOUS INJECTION OF "FILLIN | No | | | MCWRAP |
| 11951 | SUBCUTANEOUS INJECTION OF "FILLIN | Yes | | | ALL (Except MCWRAP) |
| 11951 | SUBCUTANEOUS INJECTION OF "FILLIN | No | | | MCWRAP |
| 11952 | SUBCUTANEOUS INJECTION OF "FILLIN | Yes | | | ALL (Except MCWRAP) |
| 11952 | SUBCUTANEOUS INJECTION OF "FILLIN | No | | | MCWRAP |
| 11954 | SUBCUTANEOUS INJECTION OF "FILLIN | Yes | | | ALL (Except MCWRAP) |
| 11954 | SUBCUTANEOUS INJECTION OF "FILLIN | No | | | MCWRAP |
| 11960 | INSERTION OF TISSUE EXPANDER(S) F | No | | | ALL |
| 11970 | Replacement of tissue expander with perm | No | | | ALL |
| 11971 | Removal of tissue expander(s) without ins | No | | | ALL |
| 11976 | Removal, implantable contraceptive capsu | No | | | ALL |
| 11980 | Subcutaneous hormone pellet implantatio | No | | | ALL |
| 11981 | Insertion, non-biodegradable drug delivery | No | | | ALL |
| 11982 | Removal, non-biodegradable drug delivery | No | | | ALL |
| 11983 | Removal with reinsertion, non-biodegrada | No | | | ALL |
| 12001 | Simple repair of superficial wounds of sca | No | | | ALL |
| 12002 | Simple repair of superficial wounds of sca | No | | | ALL |
| 12004 | Simple repair of superficial wounds of sca | No | | | ALL |
| 12005 | Simple repair of superficial wounds of sca | No | | | ALL |
| 12006 | Simple repair of superficial wounds of sca | No | | | ALL |
| 12007 | Simple repair of superficial wounds of sca | No | | | ALL |
| 12011 | Simple repair of superficial wounds of face | No | | | ALL |
| 12013 | Simple repair of superficial wounds of face | No | | | ALL |
| 12014 | Simple repair of superficial wounds of face | No | | | ALL |
| 12015 | Simple repair of superficial wounds of face | No | | | ALL |
| 12016 | Simple repair of superficial wounds of face | No | | | ALL |
| 12017 | Simple repair of superficial wounds of face | No | | | ALL |
| 12018 | Simple repair of superficial wounds of face | No | | | ALL |
| 12020 | Treatment of superficial wound dehiscenc | No | | | ALL |
| 12021 | Treatment of superficial wound dehiscenc | No | | | ALL |
| 12031 | Layer closure of wounds of scalp, axillae, | No | | | ALL |
| 12032 | Layer closure of wounds of scalp, axillae, | No | | | ALL |
| 12034 | Layer closure of wounds of scalp, axillae, | No | | | ALL |
| 12035 | Layer closure of wounds of scalp, axillae, | No | | | ALL |
| 12036 | Layer closure of wounds of scalp, axillae, | No | | | ALL |
| 12037 | Layer closure of wounds of scalp, axillae, | No | | | ALL |
| 12041 | Layer closure of wounds of neck, hands, f | No | | | ALL |
| 12042 | Layer closure of wounds of neck, hands, f | No | | | ALL |
| 12044 | Layer closure of wounds of neck, hands, f | No | | | ALL |
| 12045 | Layer closure of wounds of neck, hands, f | No | | | ALL |
| 12046 | Layer closure of wounds of neck, hands, f | No | | | ALL |
| 12047 | Layer closure of wounds of neck, hands, f | No | | | ALL |
| 12051 | Layer closure of wounds of face, ears, eye | No | | | ALL |
| 12052 | Layer closure of wounds of face, ears, eye | No | | | ALL |
| 12053 | Layer closure of wounds of face, ears, eye | No | | | ALL |
| 12054 | Layer closure of wounds of face, ears, eye | No | | | ALL |
| 12055 | Layer closure of wounds of face, ears, eye | No | | | ALL |
| 12056 | Layer closure of wounds of face, ears, eye | No | | | ALL |
| 12057 | Layer closure of wounds of face, ears, eye | No | | | ALL |
| 13100 | Repair, complex, trunk; 1.1 cm to 2.5 cm | No | | | ALL |
| 13101 | Repair, complex, trunk; 2.6 cm to 7.5 cm | No | | | ALL |
| 13102 | Repair, complex, trunk; each additional 5 | No | | | ALL |
| 13120 | Repair, complex, scalp, arms, and/or legs | No | | | ALL |
| 13121 | Repair, complex, scalp, arms, and/or legs | No | | | ALL |
| 13122 | Repair, complex, scalp, arms, and/or legs | No | | | ALL |
| 13131 | Repair, complex, forehead, cheeks, chin, | No | | | ALL |
| 13132 | Repair, complex, forehead, cheeks, chin, | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 13133 | Repair, complex, forehead, cheeks, chin, | No | | | ALL |
| 13151 | REPAIR, COMPLEX, EYELIDS, NOSE, EA | No | | | ALL |
| 13152 | REPAIR, COMPLEX, EYELIDS, NOSE, EA | No | | | ALL |
| 13153 | REPAIR, COMPLEX, EYELIDS, NOSE, EA | No | | | ALL |
| 13160 | Secondary closure of surgical wound or de | No | | | ALL |
| 14000 | Adjacent tissue transfer or rearrangement | No | | | ALL |
| 14001 | Adjacent tissue transfer or rearrangement | No | | | ALL |
| 14020 | Adjacent tissue transfer or rearrangement | No | | | ALL |
| 14021 | Adjacent tissue transfer or rearrangement | No | | | ALL |
| 14040 | ADJACENT TISSUE TRANSFER OR REA | No | | | ALL |
| 14041 | ADJACENT TISSUE TRANSFER OR REA | No | | | ALL |
| 14060 | ADJACENT TISSUE TRANSFER OR REA | No | | | ALL |
| 14061 | ADJACENT TISSUE TRANSFER OR REA | No | | | ALL |
| 14301 | ADJACENT TISSUE TRANSFER OR REA | No | | | ALL |
| 14302 | ADJACENT TISSUE TRANSFER OR REA | No | | | ALL |
| 14350 | Filleted finger or toe flap, including prepar | No | | | ALL |
| 15002 | SURG PREP OR CREATION OF RECIPIE | No | | | ALL |
| 15003 | SURG PREP/CREATION OF RECIPIENT | No | | | ALL |
| 15004 | SURG PREP/CREATION OF RECIPIENT | No | | | ALL |
| 15005 | SURG PREP/CREATION OF RECIPIENT | No | | | ALL |
| 15011 | Harvest of skin for skin cell suspension au | No | | | ALL |
| 15012 | Harvest of skin for skin cell suspension au | No | | | ALL |
| 15013 | Preparation of skin cell suspension autogr | No | | | ALL |
| 15014 | Preparation of skin cell suspension autogr | No | | | ALL |
| 15015 | Application of skin cell suspension autogra | No | | | ALL |
| 15016 | Application of skin cell suspension autogra | No | | | ALL |
| 15017 | Application of skin cell suspension autogra | No | | | ALL |
| 15018 | Application of skin cell suspension autogra | No | | | ALL |
| 15040 | HARVEST OF SKIN FOR TISSUE CULTU | No | | | ALL |
| 15050 | Pinch graft, single or multiple, to cover sm | No | | | ALL |
| 15100 | SPLIT THICKNESS AUTOGRAFT, TRUNI | No | | | ALL |
| 15101 | SPLIT GRAFT, TRUNK, ARMS, LEGS; EA | No | | | ALL |
| 15110 | EPIDERMAL AUTOGRAFT, TRUNK, ARM | No | | | ALL |
| 15111 | EDPDERMAL AUTOGRAFT, TRUNK, AR | No | | | ALL |
| 15115 | EPIDERMAL AUTOGRAFT, FACE, SCAL | No | | | ALL |
| 15116 | EPIDERMAL AUTOGRAFT FACE,SCALP | No | | | ALL |
| 15120 | SPLIT THICKNESS AUTOGRAFT FACE, | No | | | ALL |
| 15121 | SPLIT GRAFT, FACE, SCALP, EYELIDS, | No | | | ALL |
| 15130 | DERMAL AUTOGRAFT, TRUNK, ARMS, | No | | | ALL |
| 15131 | DERMAL AUTOGRAFT, TRUNK, ARMS, | No | | | ALL |
| 15135 | DERMAL AUTOGRAFT FACE, SCALP, E | No | | | ALL |
| 15136 | DERMAL AUTOGRAFT, FACE, SCALP, E | No | | | ALL |
| 15150 | TISSUE CULTURED EPIDERMAL AUTOG | No | | | ALL |
| 15151 | TISSUE CULTURED EPIDERMAL AUTOG | No | | | ALL |
| 15152 | TISSUE CULTURED EPIDERMAL AUTOG | No | | | ALL |
| 15155 | TISSUE CULTURED EPIDERMAL AUTOG | No | | | ALL |
| 15156 | TISSUE CULTURED EPIDERMAL AUTOG | No | | | ALL |
| 15157 | TISSUE CULTURED EPIDERMAL AUTOG | No | | | ALL |
| 15200 | Full thickness graft, free, including direct c | No | | | ALL |
| 15201 | Full thickness graft, free, including direct c | No | | | ALL |
| 15220 | Full thickness graft, free, including direct c | No | | | ALL |
| 15221 | Full thickness graft, free, including direct c | No | | | ALL |
| 15240 | Full thickness graft, free, including direct c | No | | | ALL |
| 15241 | Full thickness graft, free, including direct c | No | | | ALL |
| 15260 | Full thickness graft, free, including direct c | No | | | ALL |
| 15261 | Full thickness graft, free, including direct c | No | | | ALL |
| 15271 | Application of skin substitute graft to trunk | No | | | ALL |
| 15272 | Application of skin substitute graft to trunk | No | | | ALL |
| 15273 | Application of skin substitute graft to trunk | No | | | ALL |
| 15274 | Application of skin substitute graft to trunk | No | | | ALL |
| 15275 | Application of skin substitute graft to face, | No | | | ALL |
| 15276 | Application of skin substitute graft to face, | No | | | ALL |
| 15277 | Application of skin substitute graft to face, | No | | | ALL |
| 15278 | Application of skin substitute graft to face, | No | | | ALL |
| 15570 | Formation of direct or tubed pedicle, with c | No | | | ALL |
| 15572 | Formation of direct or tubed pedicle, with c | No | | | ALL |
| 15574 | Formation of direct or tubed pedicle, with c | No | | | ALL |
| 15576 | Formation of direct or tubed pedicle, with c | No | | | ALL |
| 15600 | Delay of flap or sectioning of flap (division | No | | | ALL |
| 15610 | Delay of flap or sectioning of flap (division | No | | | ALL |
| 15620 | Delay of flap or sectioning of flap (division | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 15630 | Delay of flap or sectioning of flap (division | No | | | ALL |
| 15650 | Transfer, intermediate, of any pedicle flap | No | | | ALL |
| 15730 | Midface flap (ie, zygomaticofacial flap) wit | No | | | ALL |
| 15731 | FOREHEAD FLAP WITH PRESERVATIO | No | | | ALL |
| 15733 | Muscle, myocutaneous, or fasciocutaneou | No | | | ALL |
| 15734 | Muscle, myocutaneous, or fasciocutaneou | No | | | ALL |
| 15736 | Muscle, myocutaneous, or fasciocutaneou | No | | | ALL |
| 15738 | Muscle, myocutaneous, or fasciocutaneou | No | | | ALL |
| 15740 | Flap; island pedicle | No | | | ALL |
| 15750 | Flap; neurovascular pedicle | No | | | ALL |
| 15756 | Free muscle or myocutaneous flap with m | No | | | ALL |
| 15757 | Free skin flap with microvascular anastom | No | | | ALL |
| 15758 | Free fascial flap with microvascular anast | No | | | ALL |
| 15760 | Graft; composite (eg, full thickness of exte | No | | | ALL |
| 15769 | Grafting of autologous soft tissue, other, h | Yes | | | ALL (Except MCWRAP) |
| 15769 | Grafting of autologous soft tissue, other, h | No | | | MCWRAP |
| 15770 | Graft; derma-fat-fascia | No | | | ALL |
| 15771 | Grafting of autologous fat harvested by lip | Yes | | | ALL (Except MCWRAP) |
| 15771 | Grafting of autologous fat harvested by lip | No | | | MCWRAP |
| 15772 | Grafting of autologous fat harvested by lip | Yes | | | ALL (Except MCWRAP) |
| 15772 | Grafting of autologous fat harvested by lip | No | | | MCWRAP |
| 15773 | Grafting of autologous fat harvested by lip | Yes | | | ALL (Except MCWRAP) |
| 15773 | Grafting of autologous fat harvested by lip | No | | | MCWRAP |
| 15774 | Grafting of autologous fat harvested by lip | Yes | | | ALL (Except MCWRAP) |
| 15774 | Grafting of autologous fat harvested by lip | No | | | MCWRAP |
| 15775 | PUNCH GRAFT FOR HAIR TRANSPLANT | Not Covered | | | ALL (Except MA) |
| 15775 | PUNCH GRAFT FOR HAIR TRANSPLANT | No | | | MA |
| 15776 | PUNCH GRAFT FOR HAIR TRANSPLANT | Not Covered | | | ALL (Except MA) |
| 15776 | PUNCH GRAFT FOR HAIR TRANSPLANT | No | | | MA |
| 15777 | Implantation of biologic implant (eg, acellu | No | | | ALL |
| 15778 | Implantation of absorbable mesh or other | No | | | ALL |
| 15780 | DERMABRASION; TOTAL FACE (EG, FC | Yes | | | ALL (Except Medicare Comp) |
| 15780 | DERMABRASION; TOTAL FACE (EG, FC | No | | | MEDICARE COMP/MCWRAP |
| 15781 | DERMABRASION; SEGMENTAL, FACE | Yes | | | ALL (Except Medicare Comp) |
| 15781 | DERMABRASION; SEGMENTAL, FACE | No | | | MEDICARE COMP/MCWRAP |
| 15782 | DERMABRASION; REGIONAL, OTHER T | Yes | | | ALL (Except Medicare Comp) |
| 15782 | DERMABRASION; REGIONAL, OTHER T | No | | | MEDICARE COMP/MCWRAP |
| 15783 | DERMABRASION; SUPERFICIAL, ANY S | Not Covered | | | ALL |
| 15786 | ABRASION; SINGLE LESION (EG, KERA | Not Covered | | | ALL |
| 15786 | ABRASION; SINGLE LESION (EG, KERA | No | | | MA |
| 15787 | ABRASION; EACH ADDITIONAL FOUR L | Not Covered | | | ALL |
| 15787 | ABRASION; EACH ADDITIONAL FOUR L | No | | | MA |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL | Yes | | | ALL (Except Medicare Comp) |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL | No | | | MEDICARE COMP/MCWRAP |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL | Yes | | | ALL (Except Medicare Comp) |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL | No | | | MEDICARE COMP/MCWRAP |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDERI | Yes | | | ALL (Except Medicare Comp) |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDERI | No | | | MEDICARE COMP/MCWRAP |
| 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL | Yes | | | ALL (Except Medicare Comp) |
| 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL | No | | | MEDICARE COMP/MCWRAP |
| 15820 | BLEPHAROPLASTY, LOWER EYELID; | No | | | ALL |
| 15821 | BLEPHAROPLASTY, LOWER EYELID; W | No | | | ALL |
| 15822 | BLEPHAROPLASTY, UPPER EYELID; | No | | | ALL |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; W | No | | | ALL |
| 15824 | RHYTIDECTOMY; FOREHEAD | No | | | MEDICARE COMP/MCWRAP |
| 15824 | RHYTIDECTOMY; FOREHEAD | Yes | | | ALL (Except Medicare Comp) |
| 15825 | RHYTIDECTOMY; NECK WITH PLATYSM | No | | | MEDICARE COMP/MCWRAP |
| 15825 | RHYTIDECTOMY; NECK WITH PLATYSM | Yes | | | ALL (Except Medicare Comp) |
| 15826 | RHYTIDECTOMY; GLABELLAR FROWN | Not Covered | | | ALL |
| 15828 | RHYTIDECTOMY; CHEEK, CHIN, AND N | No | | | MEDICARE COMP/MCWRAP |
| 15828 | RHYTIDECTOMY; CHEEK, CHIN, AND N | Yes | | | ALL (Except Medicare Comp) |
| 15829 | RHYTIDECTOMY; SUPERFICIAL MUSCU | No | | | MEDICARE COMP/MCWRAP |
| 15829 | RHYTIDECTOMY; SUPERFICIAL MUSCU | Yes | | | ALL (Except Medicare Comp) |
| 15830 | EXCISION, EXCESSIVE SKIN & SUBCUT | No | | | MEDICARE COMP/MCWRAP |
| 15830 | EXCISION, EXCESSIVE SKIN & SUBCUT | Yes | | | ALL (Except Medicare Comp) |
| 15832 | EXCISION, EXCESSIVE SKIN AND SUBC | No | | | MEDICARE COMP/MCWRAP |
| 15832 | EXCISION, EXCESSIVE SKIN AND SUBC | Yes | | | ALL (Except Medicare Comp) |
| 15833 | EXCISION, EXCESSIVE SKIN AND SUBC | No | | | MEDICARE COMP/MCWRAP |
| 15833 | EXCISION, EXCESSIVE SKIN AND SUBC | Yes | | | ALL (Except Medicare Comp) |
| 15834 | EXCISION, EXCESSIVE SKIN AND SUBC | No | | | MEDICARE COMP/MCWRAP |
| 15834 | EXCISION, EXCESSIVE SKIN AND SUBC | Yes | | | ALL (Except Medicare Comp) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 15835 | EXCISION, EXCESSIVE SKIN AND SUBC | No | | | MEDICARE COMP/MCWRAP |
| 15835 | EXCISION, EXCESSIVE SKIN AND SUBC | Yes | | | ALL (Except Medicare Comp) |
| 15836 | EXCISION, EXCESSIVE SKIN AND SUBC | No | | | MEDICARE COMP/MCWRAP |
| 15836 | EXCISION, EXCESSIVE SKIN AND SUBC | Yes | | | ALL (Except Medicare Comp) |
| 15837 | EXCISION, EXCESSIVE SKIN AND SUBC | No | | | MEDICARE COMP/MCWRAP |
| 15837 | EXCISION, EXCESSIVE SKIN AND SUBC | Yes | | | ALL (Except Medicare Comp) |
| 15838 | EXCISION, EXCESSIVE SKIN AND SUBC | No | | | MEDICARE COMP/MCWRAP |
| 15838 | EXCISION, EXCESSIVE SKIN AND SUBC | Yes | | | ALL (Except Medicare Comp) |
| 15839 | EXCISION, EXCESSIVE SKIN AND SUBC | No | | | MEDICARE COMP/MCWRAP |
| 15839 | EXCISION, EXCESSIVE SKIN AND SUBC | Yes | | | ALL (Except Medicare Comp) |
| 15840 | Graft for facial nerve paralysis; free fascia | No | | | ALL |
| 15841 | Graft for facial nerve paralysis; free muscl | No | | | ALL |
| 15842 | Graft for facial nerve paralysis; free muscl | No | | | ALL |
| 15845 | Graft for facial nerve paralysis; regional m | No | | | ALL |
| 15847 | EXCISION, EXCESSIVE SKIN & SUBCUT | Not Covered | | | ALL (Except MA) |
| 15847 | EXCISION, EXCESSIVE SKIN & SUBCUT | Yes | | | MA, Caid, MMP |
| 15851 | Removal of sutures under anesthesia (oth | No | | | ALL |
| 15852 | Dressing change (for other than burns) un | No | | | ALL |
| 15853 | Removal of sutures or staples not requirin | No | | | ALL |
| 15854 | Removal of sutures and staples not requir | No | | | ALL |
| 15860 | Intravenous injection of agent (eg, fluores | No | | | ALL |
| 15876 | SUCTION ASSISTED LIPECTOMY; HEAD | Not Covered | | | ALL |
| 15877 | SUCTION ASSISTED LIPECTOMY; TRUN | Not Covered | | | ALL |
| 15878 | SUCTION ASSISTED LIPECTOMY; UPPE | Not Covered | | | ALL |
| 15879 | SUCTION ASSISTED LIPECTOMY; LOW | Not Covered | | | ALL |
| 15920 | Excision, coccygeal pressure ulcer, with c | No | | | ALL |
| 15922 | Excision, coccygeal pressure ulcer, with c | No | | | ALL |
| 15931 | Excision, sacral pressure ulcer, with prima | No | | | ALL |
| 15933 | Excision, sacral pressure ulcer, with prima | No | | | ALL |
| 15934 | Excision, sacral pressure ulcer, with skin f | No | | | ALL |
| 15935 | Excision, sacral pressure ulcer, with skin f | No | | | ALL |
| 15936 | Excision, sacral pressure ulcer, in prepara | No | | | ALL |
| 15937 | Excision, sacral pressure ulcer, in prepara | No | | | ALL |
| 15940 | Excision, ischial pressure ulcer, with prima | No | | | ALL |
| 15941 | Excision, ischial pressure ulcer, with prima | No | | | ALL |
| 15944 | Excision, ischial pressure ulcer, with skin f | No | | | ALL |
| 15945 | Excision, ischial pressure ulcer, with skin f | No | | | ALL |
| 15946 | Excision, ischial pressure ulcer, with osteo | No | | | ALL |
| 15950 | Excision, trochanteric pressure ulcer, with | No | | | ALL |
| 15951 | Excision, trochanteric pressure ulcer, with | No | | | ALL |
| 15952 | Excision, trochanteric pressure ulcer, with | No | | | ALL |
| 15953 | Excision, trochanteric pressure ulcer, with | No | | | ALL |
| 15956 | Excision, trochanteric pressure ulcer, in pr | No | | | ALL |
| 15958 | Excision, trochanteric pressure ulcer, in pr | No | | | ALL |
| 15999 | UNLISTED PROCEDURE, EXCISION PRI | Yes | | | ALL (Except Medicare Comp) |
| 15999 | UNLISTED PROCEDURE, EXCISION PRI | No | | | MEDICARE COMP/MCWRAP |
| 16000 | Initial treatment, first degree burn, when n | No | | | ALL |
| 16020 | Dressings and/or debridement, initial or su | No | | | ALL |
| 16025 | Dressings and/or debridement, initial or su | No | | | ALL |
| 16030 | Dressings and/or debridement, initial or su | No | | | ALL |
| 16035 | Escharotomy; initial incision | No | | | ALL |
| 16036 | Escharotomy; each additional incision (Lis | No | | | ALL |
| 17000 | Destruction (eg, laser surgery, electrosurg | No | | | ALL |
| 17003 | Destruction (eg, laser surgery, electrosurg | No | | | ALL |
| 17004 | Destruction (eg, laser surgery, electrosurg | No | | | ALL |
| 17106 | DESTRUCTION OF CUTANEOUS VASCU | No | | | ALL |
| 17107 | DESTRUCTION OF CUTANEOUS VASCU | No | | | ALL |
| 17108 | DESTRUCTION OF CUTANEOUS VASCU | No | | | ALL |
| 17110 | Destruction (eg, laser surgery, electrosurg | No | | | ALL |
| 17111 | Destruction (eg, laser surgery, electrosurg | No | | | ALL |
| 17250 | Chemical cauterization of granulation tissu | No | | | ALL |
| 17260 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17261 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17262 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17263 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17264 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17266 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17270 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17271 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17272 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17273 | Destruction, malignant lesion (eg, laser su | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 17274 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17276 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17280 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17281 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17282 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17283 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17284 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17286 | Destruction, malignant lesion (eg, laser su | No | | | ALL |
| 17311 | MOHS GROSS TUMOR PROC, < 5 | No | | | ALL |
| 17312 | MOHS GROSS TUMOR RMVL, STG 2 | No | | | ALL |
| 17313 | MOHS GROSS TUMOR RMVL, < 5 | No | | | ALL |
| 17314 | MOHS GROSS TUMOR RMVL, < 5 | No | | | ALL |
| 17315 | MOHS GROSS TUMOR RMVL, ADDL | No | | | ALL |
| 17340 | CRYOTHERAPY (CO2 SLUSH, LIQUID N | No | | | ALL |
| 17360 | CHEMICAL EXFOLIATION FOR ACNE (E | Not Covered | | | ALL |
| 17380 | ELECTROLYSIS EPILATION, EACH 1/2 H | Not Covered | | | ALL |
| 17999 | UNLISTED PROCEDURE, SKIN, MUCOU | Yes | | | ALL (Except Medicare Comp) |
| 17999 | UNLISTED PROCEDURE, SKIN, MUCOU | No | | | MEDICARE COMP/MCWRAP |
| 19000 | Puncture aspiration of cyst of breast; | No | | | ALL |
| 19001 | Puncture aspiration of cyst of breast; each | No | | | ALL |
| 19020 | Mastotomy with exploration or drainage of | No | | | ALL |
| 19030 | Injection procedure only for mammary duc | No | | | ALL |
| 19081 | Biopsy, breast, with placement of breast lo | No | | | ALL |
| 19082 | Biopsy, breast, with placement of breast lo | No | | | ALL |
| 19083 | Biopsy, breast, with placement of breast lo | No | | | ALL |
| 19084 | Biopsy, breast, with placement of breast lo | No | | | ALL |
| 19085 | Biopsy, breast, with placement of breast lo | No | | | ALL |
| 19086 | Biopsy, breast, with placement of breast lo | No | | | ALL |
| 19100 | Biopsy of breast; percutaneous, needle co | No | | | ALL |
| 19101 | Biopsy of breast; open, incisional | No | | | ALL |
| 19105 | ABLATION, CRYOSURGICAL, OF FIBRO | Not Covered | | | ALL |
| 19110 | Nipple exploration, with or without excision | No | | | ALL |
| 19112 | Excision of lactiferous duct fistula | No | | | ALL |
| 19120 | Excision of cyst, fibroadenoma, or other b | No | | | ALL |
| 19125 | Excision of breast lesion identified by prec | No | | | ALL |
| 19126 | Excision of breast lesion identified by prec | No | | | ALL |
| 19281 | Placement of breast localization device(s) | No | | | ALL |
| 19282 | Placement of breast localization device(s) | No | | | ALL |
| 19283 | Placement of breast localization device(s) | No | | | ALL |
| 19284 | Placement of breast localization device(s) | No | | | ALL |
| 19285 | Placement of breast localization device(s) | No | | | ALL |
| 19286 | Placement of breast localization device(s) | No | | | ALL |
| 19287 | Placement of breast localization device(s) | No | | | ALL |
| 19288 | Placement of breast localization device(s) | No | | | ALL |
| 19294 | Preparation of tumor cavity, with placemer | No | | | ALL |
| 19296 | Placement of radiotherapy afterloading ba | No | | | ALL |
| 19297 | Placement of radiotherapy afterloading ba | No | | | ALL |
| 19298 | Placement of radiotherapy afterloading bra | No | | | ALL |
| 19300 | MASTECTOMY FOR GYNECOMASTIA | No | | | MEDICARE COMP/MCWRAP |
| 19300 | MASTECTOMY FOR GYNECOMASTIA | Yes | | | ALL (Except Medicare Comp) |
| 19301 | MASTECTOMY, PARTIAL | No | | | ALL |
| 19302 | MASTECTOMY, PARTIAL; WITH AXILLAI | No | | | ALL |
| 19303 | MASTECTOMY, SIMPLE; COMPLETE | No | | | ALL |
| 19305 | MASTECTOMY, RADICAL, AXILLARY LY | No | | | ALL |
| 19306 | MASTECTOMY, RADICAL, AXILLARY AN | No | | | ALL |
| 19307 | MASTECTOMY, MODIFIED RADICAL | No | | | ALL |
| 19316 | MASTOPEXY | No | | | MEDICARE COMP/MCWRAP |
| 19316 | MASTOPEXY | Yes | | | ALL (Except Medicare Comp) |
| 19318 | REDUCTION MAMMAPLASTY | No | | | MEDICARE COMP/MCWRAP |
| 19318 | REDUCTION MAMMAPLASTY | Yes | | | ALL (Except Medicare Comp) |
| 19325 | MAMMAPLASTY, AUGMENTATION; WIT | No | | | MEDICARE COMP/MCWRAP |
| 19325 | MAMMAPLASTY, AUGMENTATION; WIT | Yes | | | ALL (Except Medicare Comp) |
| 19328 | REMOVAL OF INTACT MAMMARY IMPLA | No | | | MEDICARE COMP/MCWRAP |
| 19328 | REMOVAL OF INTACT MAMMARY IMPLA | Yes | | | ALL (Except Medicare Comp) |
| 19330 | REMOVAL OF MAMMARY IMPLANT MAT | No | | | ALL |
| 19340 | Immediate insertion of breast prosthesis fo | No | | | ALL |
| 19342 | DELAYED INSERTION OF BREAST PRO | No | | | ALL |
| 19350 | NIPPLE/AREOLA RECONSTRUCTION | No | | | ALL |
| 19355 | Correction of inverted nipples | Yes | | | ALL (Except Medicare Comp) |
| 19355 | Correction of inverted nipples | No | | | MEDICARE COMP/MCWRAP |
| 19357 | Breast reconstruction, immediate or delay | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 19361 | Breast reconstruction with latissimus dors | No | | | ALL |
| 19364 | BREAST RECONSTRUCTION WITH FRE | No | | | ALL |
| **19367** | Breast reconstruction with transverse rect | No | | | ALL |
| 19368 | BREAST RECONSTRUCTION WITH TRA | No | | | ALL |
| 19369 | Breast reconstruction with transverse rect | No | | | ALL |
| 19370 | Open periprosthetic capsulotomy, breast | No | | | ALL |
| 19371 | PERIPROSTHETIC CAPSULECTOMY, BI | No | | | ALL |
| 19380 | REVISION OF RECONSTRUCTED BREA | No | | | ALL |
| 19396 | PREPARATION OF MOULAGE FOR CUS | No | | | MEDICARE COMP/MCWRAP |
| 19396 | PREPARATION OF MOULAGE FOR CUS | Yes | | | ALL (Except Medicare Comp) |
| 19499 | UNLISTED PROCEDURE, BREAST | No | | | MEDICARE COMP/MCWRAP |
| 19499 | UNLISTED PROCEDURE, BREAST | Yes | | | ALL (Except Medicare Comp) |
| 20100 | Exploration of penetrating wound (separat | No | | | ALL |
| 20101 | Exploration of penetrating wound (separat | No | | | ALL |
| 20102 | Exploration of penetrating wound (separat | No | | | ALL |
| 20103 | Exploration of penetrating wound (separat | No | | | ALL |
| 20150 | Excision of epiphyseal bar, with or without | No | | | ALL |
| 20200 | Biopsy, muscle; superficial | No | | | ALL |
| 20205 | Biopsy, muscle; deep | No | | | ALL |
| 20206 | Biopsy, muscle, percutaneous needle | No | | | ALL |
| 20220 | Biopsy, bone, trocar, or needle; superficia | No | | | ALL |
| 20225 | Biopsy, bone, trocar, or needle; deep (eg, | No | | | ALL |
| 20240 | Biopsy, bone, open; superficial (eg, ilium, | No | | | ALL |
| 20245 | Biopsy, bone, open; deep (eg, humerus, is | No | | | ALL |
| 20250 | Biopsy, vertebral body, open; thoracic | No | | | ALL |
| 20251 | Biopsy, vertebral body, open; lumbar or ce | No | | | ALL |
| 20500 | Injection of sinus tract; therapeutic (separa | No | | | ALL |
| 20501 | Injection of sinus tract; diagnostic (sinogra | No | | | ALL |
| 20520 | Removal of foreign body in muscle or tend | No | | | ALL |
| 20525 | Removal of foreign body in muscle or tend | No | | | ALL |
| 20526 | Injection, therapeutic (eg, local anesthetic | No | | | ALL |
| 20527 | Injection, enzyme (eg, collagenase), palm | No | | | ALL |
| 20550 | Injection(s); single tendon sheath, or ligam | No | | | ALL |
| 20551 | Injection(s); single tendon origin/insertion | No | | | ALL |
| 20552 | Injection(s); single or multiple trigger point | Yes | CCN | | ALL (Except MCWRAP) |
| 20552 | Injection(s); single or multiple trigger point | No | | | MCWRAP |
| 20553 | Injection(s); single or multiple trigger point | Yes | CCN | | ALL (Except MCWRAP) |
| 20553 | Injection(s); single or multiple trigger point | No | | | MCWRAP |
| 20555 | PLACEMENT OF NEEDLES OR CATHET | No | | | ALL |
| 20560 | Needle insertion(s) without injection(s); 1 | Not Covered | | | ALL (Except MA) |
| 20560 | Needle insertion(s) without injection(s); 1 | No | | | MA |
| 20561 | Needle insertion(s) without injection(s); 3 | Not Covered | | | ALL (Except MA) |
| 20561 | Needle insertion(s) without injection(s); 3 | No | | | MA |
| 20600 | Arthrocentesis, aspiration and/or injection; | No | | | ALL |
| 20604 | Arthrocentesis, aspiration and/or injection, | No | | | ALL |
| 20605 | Arthrocentesis, aspiration and/or injection, | No | * | | ALL |
| 20606 | Arthrocentesis, aspiration and/or injection, | No | * | | ALL |
| 20610 | Arthrocentesis, aspiration and/or injection; | No | | | ALL |
| 20611 | Arthrocentesis, aspiration and/or injection, | No | | | ALL |
| 20612 | Aspiration and/or injection of ganglion cys | No | | | ALL |
| 20615 | Aspiration and injection for treatment of bo | No | | | ALL |
| 20650 | Insertion of wire or pin with application of s | No | | | ALL |
| 20660 | Application of cranial tongs, caliper, or ste | No | | | ALL |
| 20661 | Application of halo, including removal; cra | No | | | ALL |
| 20662 | Application of halo, including removal; pel | No | | | ALL |
| 20663 | Application of halo, including removal; fem | No | | | ALL |
| 20664 | Application of halo, including removal, cra | No | | | ALL |
| 20665 | Removal of tongs or halo applied by anoth | No | | | ALL |
| 20670 | Removal of implant; superficial, (eg, burie | No | | | ALL |
| 20680 | Removal of implant; deep (eg, buried wire | No | | | ALL |
| 20690 | Application of a uniplane (pins or wires in | No | | | ALL |
| 20692 | Application of a multiplane (pins or wires i | No | | | ALL |
| 20693 | Adjustment or revision of external fixation | No | | | ALL |
| 20694 | Removal, under anesthesia, of external fix | No | | | ALL |
| 20696 | Application of multiplane (pins or wires in | No | | | ALL |
| 20697 | Application of multiplane (pins or wires in | No | | | ALL |
| 20700 | Manual preparation and insertion of drug-d | No | | | ALL |
| 20701 | Removal of drug-delivery device(s), deep | No | | | ALL |
| 20702 | Manual preparation and insertion of drug-d | No | | | ALL |
| 20703 | Removal of drug-delivery device(s), intram | No | | | ALL |
| 20704 | Manual preparation and insertion of drug-d | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 20705 | Removal of drug-delivery device(s), intra-a | No | | | ALL |
| 20802 | Replantation, arm (includes surgical neck | No | | | ALL |
| 20805 | Replantation, forearm (includes radius and | No | | | ALL |
| 20808 | Replantation, hand (includes hand through | No | | | ALL |
| 20816 | Replantation, digit, excluding thumb (inclu | No | | | ALL |
| 20822 | Replantation, digit, excluding thumb (inclu | No | | | ALL |
| 20824 | Replantation, thumb (includes carpometac | No | | | ALL |
| 20827 | Replantation, thumb (includes distal tip to | No | | | ALL |
| 20838 | Replantation, foot, complete amputation | No | | | ALL |
| 20900 | Bone graft, any donor area; minor or smal | No | | | ALL |
| 20902 | Bone graft, any donor area; major or large | No | | | ALL |
| 20910 | Cartilage graft; costochondral | No | | | ALL |
| 20912 | Cartilage graft; nasal septum | No | | | ALL |
| 20920 | Fascia lata graft; by stripper | No | | | ALL |
| 20922 | Fascia lata graft; by incision and area exp | No | | | ALL |
| 20924 | Tendon graft, from a distance (eg, palmar | No | | | ALL |
| 20930 | Allograft, morselized, or placement of oste | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 20930 | Allograft, morselized, or placement of oste | No | | | MCWRAP |
| 20931 | Allograft, structural, for spine surgery only | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 20931 | Allograft, structural, for spine surgery only | No | | | MCWRAP |
| 20932 | Allograft, includes templating, cutting, plac | No | | | ALL |
| 20933 | Allograft, includes templating, cutting, plac | No | | | ALL |
| 20934 | Allograft, includes templating, cutting, plac | No | | | ALL |
| 20936 | Autograft for spine surgery only (includes | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 20936 | Autograft for spine surgery only (includes | No | | | MCWRAP |
| 20937 | Autograft for spine surgery only (includes | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 20937 | Autograft for spine surgery only (includes | No | | | MCWRAP |
| 20938 | Autograft for spine surgery only (includes | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 20938 | Autograft for spine surgery only (includes | No | | | MCWRAP |
| 20939 | Bone marrow aspiration for bone grafting, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 20939 | Bone marrow aspiration for bone grafting, | No | | | MCWRAP |
| 20950 | Monitoring of interstitial fluid pressure (inc | No | | | ALL |
| 20955 | Bone graft with microvascular anastomosi | No | | | ALL |
| 20956 | BONE GRAFT WITH MICROVASCULAR | No | | | ALL |
| 20957 | Bone graft with microvascular anastomosi | No | | | ALL |
| 20962 | Bone graft with microvascular anastomosi | No | | | ALL |
| 20969 | Free osteocutaneous flap with microvascu | No | | | ALL |
| 20970 | Free osteocutaneous flap with microvascu | No | | | ALL |
| 20972 | Free osteocutaneous flap with microvascu | No | | | ALL |
| 20973 | Free osteocutaneous flap with microvascu | No | | | ALL |
| 20974 | Electrical stimulation to aid bone healing; | No | | | ALL |
| 20975 | Electrical stimulation to aid bone healing; | No | | | ALL |
| 20979 | Low intensity ultrasound stimulation to aid | No | | | ALL |
| 20982 | ABLATION, BONE TUMOR(S), EG (OSTE | No | | | ALL |
| 20983 | Ablation therapy for reduction or eradicatio | No | | | ALL |
| 20985 | COMPUTER-ASSISTED SURGICAL NAV | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 20985 | COMPUTER-ASSISTED SURGICAL NAV | No | | | MCWRAP |
| 20999 | UNLISTED PROCEDURE, MUSCULOSKE | Yes | | | ALL (Except Medicare Comp) |
| 20999 | UNLISTED PROCEDURE, MUSCULOSKE | No | | | MEDICARE COMP/MCWRAP |
| 21010 | ARTHROTOMY, TEMPOROMANDIBULAR | Yes | * | | ALL (Except McWRAP) |
| 21010 | ARTHROTOMY, TEMPOROMANDIBULAR | No | | | MCWRAP |
| 21011 | EXCISION, TUMOR, SOFT TISSUE OF F | No | | | ALL |
| 21012 | EXCISION, TUMOR, SOFT TISSUE OF F | No | | | ALL |
| 21013 | EXCISION, TUMOR, SOFT TISSUE OF F | No | | | ALL |
| 21014 | EXCISION, TUMOR, SOFT TISSUE OF F | No | | | ALL |
| 21015 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 21016 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 21025 | Excision of bone (eg, for osteomyelitis or b | No | | | ALL |
| 21026 | Excision of bone (eg, for osteomyelitis or b | No | | | ALL |
| 21029 | Removal by contouring of benign tumor of | No | | | ALL |
| 21030 | Excision of benign tumor or cyst of maxilla | No | | | ALL |
| 21031 | EXCISION OF TORUS MANDIBULARIS | Not Covered | | | ALL |
| 21032 | EXCISION OF MAXILLARY TORUS PALA | Not Covered | | | ALL |
| 21034 | Excision of malignant tumor of maxilla or z | No | | | ALL |
| 21040 | Excision of benign tumor or cyst of mandib | No | | | ALL |
| 21044 | Excision of malignant tumor of mandible; | No | | | ALL |
| 21045 | Excision of malignant tumor of mandible; r | No | | | ALL |
| 21046 | EXCISION OF BENIGN TUMOR OR CYST | No | | | ALL |
| 21047 | REQUIRING EXTRA-ORAL OSTETOMY A | No | | | ALL |
| 21048 | EXCISION OF BENIGN TUMOR OR CYST | No | | | ALL |
| 21049 | REQUIRING EXTRA-ORAL OSTEOTOMY | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBU | Yes | | | ALL (Except Medicare Comp) |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBU | No | | | MEDICARE COMP/MCWRAP |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLE | Yes | | | ALL (Except Medicare Comp) |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLE | No | | | MEDICARE COMP/MCWRAP |
| 21070 | CORONOIDECTOMY (SEPARATE PROC | Yes | | | ALL (Except Medicare Comp, Caid, MMP) |
| 21070 | CORONOIDECTOMY (SEPARATE PROC | No | | | MEDICARE COMP/MCWRAP, Caid, MMP |
| 21073 | MANIPULATION OF TEMPOROMANDIBU | Yes | | | ALL (Except Medicare Comp) |
| 21073 | MANIPULATION OF TEMPOROMANDIBU | No | | | MEDICARE COMP/MCWRAP |
| 21076 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21077 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21079 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21080 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21081 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21082 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21083 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21084 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21085 | IMPRESSION AND CUSTOM PREPARAT | No | | | MEDICARE COMP/MCWRAP, Caid, MMP |
| 21085 | IMPRESSION AND CUSTOM PREPARAT | Yes | | T | ALL (Except Medicare Comp, Caid, MMP) |
| 21086 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21087 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21088 | IMPRESSION AND CUSTOM PREPARAT | No | | | ALL |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHET | Yes | | | ALL (Except Medicare Comp) |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHET | No | | | MEDICARE COMP/MCWRAP |
| 21100 | APPLICATION OF HALO TYPE APPLIAN | No | | | ALL |
| 21110 | APPLICATION OF INTERDENTAL FIXAT | No | | | MEDICARE COMP/MCWRAP, MMP |
| 21110 | APPLICATION OF INTERDENTAL FIXAT | Yes | | | ALL (Except Medicare Comp, MMP) |
| 21116 | INJECTION PROCEDURE FOR TEMPOR | Yes | * | | ALL (Except MCWRAP) |
| 21116 | INJECTION PROCEDURE FOR TEMPOR | No | | | MCWRAP |
| 21116 | INJECTION PROCEDURE FOR TEMPOR | Yes | | | MA, QHP, CAID, MMP |
| 21120 | GENIOPLASTY; AUGMENTATION (AUTO | Yes | | | ALL (Except Medicare Comp) |
| 21120 | GENIOPLASTY; AUGMENTATION (AUTO | No | | | MEDICARE COMP/MCWRAP |
| 21121 | GENIOPLASTY; SLIDING OSTEOTOMY, | Yes | | | ALL (Except Medicare Comp) |
| 21121 | GENIOPLASTY; SLIDING OSTEOTOMY, | No | | | MEDICARE COMP/MCWRAP |
| 21122 | GENIOPLASTY; SLIDING OSTEOTOMIES | Yes | | | ALL (Except Medicare Comp) |
| 21122 | GENIOPLASTY; SLIDING OSTEOTOMIES | No | | | MEDICARE COMP/MCWRAP |
| 21123 | GENIOPLASTY; SLIDING, AUGMENTATI | Yes | | | ALL (Except Medicare Comp) |
| 21123 | GENIOPLASTY; SLIDING, AUGMENTATI | No | | | MEDICARE COMP/MCWRAP |
| 21123 | GENIOPLASTY; SLIDING, AUGMENTATI | Yes | | | ALL (Except Medicare Comp) |
| 21123 | GENIOPLASTY; SLIDING, AUGMENTATI | No | | | MEDICARE COMP/MCWRAP |
| 21125 | AUGMENTATION, MANDIBULAR BODY ( | Yes | | | ALL (Except Medicare Comp) |
| 21125 | AUGMENTATION, MANDIBULAR BODY ( | No | | | MEDICARE COMP/MCWRAP |
| 21127 | AUGMENTATION, MANDIBULAR BODY ( | Yes | | | ALL (Except Medicare Comp) |
| 21127 | AUGMENTATION, MANDIBULAR BODY ( | No | | | MEDICARE COMP/MCWRAP |
| 21137 | REDUCTION FOREHEAD; CONTOURING | Yes | | | ALL (Except Medicare Comp) |
| 21137 | REDUCTION FOREHEAD; CONTOURING | No | | | MEDICARE COMP/MCWRAP |
| 21138 | REDUCTION FOREHEAD; CONTOURING | Yes | | | ALL (Except Medicare Comp) |
| 21138 | REDUCTION FOREHEAD; CONTOURING | No | | | MEDICARE COMP/MCWRAP |
| 21139 | REDUCTION FOREHEAD; CONTOURING | Yes | | | ALL (Except Medicare Comp) |
| 21139 | REDUCTION FOREHEAD; CONTOURING | No | | | MEDICARE COMP/MCWRAP |
| 21141 | RECONSTRUCTION MIDFACE, LEFORT | No | | | ALL |
| 21142 | RECONSTRUCTION MIDFACE, LEFORT | No | | | ALL |
| 21143 | RECONSTRUCTION MIDFACE, LEFORT | No | | | ALL |
| 21145 | RECONSTRUCTION MIDFACE, LEFORT | No | | | ALL |
| 21146 | RECONSTRUCTION MIDFACE, LEFORT | Yes | | | ALL (Except Medicare Comp) |
| 21146 | RECONSTRUCTION MIDFACE, LEFORT | No | | | MEDICARE COMP/MCWRAP |
| 21147 | RECONSTRUCTION MIDFACE, LEFORT | No | | | ALL |
| 21150 | RECONSTRUCTION MIDFACE, LEFORT | No | | | ALL |
| 21151 | RECONSTRUCTION MIDFACE, LEFORT | No | | | ALL |
| 21154 | RECONSTRUCTION MIDFACE, LEFORT | No | | | ALL |
| 21155 | RECONSTRUCTION MIDFACE, LEFORT | No | | | ALL |
| 21159 | RECONSTRUCTION MIDFACE, LEFORT | Yes | | | ALL (Except Medicare Comp) |
| 21159 | RECONSTRUCTION MIDFACE, LEFORT | No | | | MEDICARE COMP/MCWRAP |
| 21160 | RECONSTRUCTION MIDFACE, LEFORT | Yes | | | ALL (Except Medicare Comp) |
| 21160 | RECONSTRUCTION MIDFACE, LEFORT | No | | | MEDICARE COMP/MCWRAP |
| 21172 | RECONSTRUCTION SUPERIOR-LATERA | Yes | | | ALL (Except Medicare Comp) |
| 21172 | RECONSTRUCTION SUPERIOR-LATERA | No | | | MEDICARE COMP/MCWRAP |
| 21175 | RECONSTRUCTION, BIFRONTAL, SUPE | Yes | | | ALL (Except Medicare Comp) |
| 21175 | RECONSTRUCTION, BIFRONTAL, SUPE | No | | | MEDICARE COMP/MCWRAP |
| 21179 | RECONSTRUCTION, ENTIRE OR MAJOR | Yes | | | ALL (Except Medicare Comp) |
| 21179 | RECONSTRUCTION, ENTIRE OR MAJOR | No | | | MEDICARE COMP/MCWRAP |
| 21180 | RECONSTRUCTION, ENTIRE OR MAJOR | Yes | | | ALL (Except Medicare Comp) |
| 21180 | RECONSTRUCTION, ENTIRE OR MAJOR | No | | | MEDICARE COMP/MCWRAP |
| 21181 | RECONSTRUCTION BY CONTOURING ( | Yes | | | ALL (Except Medicare Comp) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21181 | RECONSTRUCTION BY CONTOURING C | No | | | MEDICARE COMP/MCWRAP |
| 21182 | RECONSTRUCTION OF ORBITAL WALL | Yes | | | ALL (Except Medicare Comp) |
| 21182 | RECONSTRUCTION OF ORBITAL WALL | No | | | MEDICARE COMP/MCWRAP |
| 21183 | RECONSTRUCTION OF ORBITAL WALL | Yes | | | ALL (Except Medicare Comp) |
| 21183 | RECONSTRUCTION OF ORBITAL WALL | No | | | MEDICARE COMP/MCWRAP |
| 21184 | RECONSTRUCTION OF ORBITAL WALL | Yes | | | ALL (Except Medicare Comp) |
| 21184 | RECONSTRUCTION OF ORBITAL WALL | No | | | MEDICARE COMP/MCWRAP |
| 21188 | RECONSTRUCTION MIDFACE, OSTEOT | Yes | | | ALL (Except Medicare Comp) |
| 21188 | RECONSTRUCTION MIDFACE, OSTEOT | No | | | MEDICARE COMP/MCWRAP |
| 21193 | RECONSTRUCTION OF MANDIBULAR R | Yes | | | ALL (Except Medicare Comp) |
| 21193 | RECONSTRUCTION OF MANDIBULAR R | No | | | MEDICARE COMP/MCWRAP |
| 21194 | RECONSTRUCTION OF MANDIBULAR R | No | | | ALL |
| 21195 | RECONSTRUCTION OF MANDIBULAR R | No | | | ALL |
| 21196 | RECONSTRUCTION OF MANDIBULAR R | No | | | ALL |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL | Yes | | | ALL (Except Medicare Comp) |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL | No | | | MEDICARE COMP/MCWRAP |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL | Yes | | | ALL (Except Medicare Comp) |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL | No | | | MEDICARE COMP/MCWRAP |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (E | Yes | | | ALL (Except Medicare Comp) |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (E | No | | | MEDICARE COMP/MCWRAP |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGM | Yes | | | ALL (Except Medicare Comp) |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGM | No | | | MEDICARE COMP/MCWRAP |
| 21209 | OSTEOPLASTY, FACIAL BONES; REDU | Yes | | | ALL (Except Medicare Comp) |
| 21209 | OSTEOPLASTY, FACIAL BONES; REDU | No | | | MEDICARE COMP/MCWRAP |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY OR | Yes | | | ALL (Except Medicare Comp) |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY OR | No | | | MEDICARE COMP/MCWRAP |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES C | Yes | | | ALL (Except Medicare Comp) |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES C | No | | | MEDICARE COMP/MCWRAP |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOUS | Yes | | | ALL (Except Medicare Comp) |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOUS | No | | | MEDICARE COMP/MCWRAP |
| 21235 | GRAFT; EAR CARTILAGE, AUTOGENOU | No | | | ALL |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBUL | Yes | * | | ALL (Except MCWRAP) |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBUL | No | | | MCWRAP |
| 21242 | ARTHROPLASTY, TEMPOROMANDIBUL | Yes | * | | ALL (Except MCWRAP) |
| 21242 | ARTHROPLASTY, TEMPOROMANDIBUL | No | | | MCWRAP |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBUL | Yes | * | | ALL (Except MCWRAP) |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBUL | No | | | MCWRAP |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBUL | Yes | * | | ALL (Except MCWRAP) |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBUL | No | | | MCWRAP |
| 21244 | RECONSTRUCTION OF MANDIBLE, EXT | Yes | | | ALL (Except McWrap) |
| 21244 | RECONSTRUCTION OF MANDIBLE, EXT | No | | | MCWRAP |
| 21245 | RECONSTRUCTION OF MANDIBLE OR I | Not Covered | | | ALL |
| 21246 | RECONSTRUCTION OF MANDIBLE OR I | Not Covered | | | ALL |
| 21247 | RECONSTRUCTION OF MANDIBULAR C | No | | | MEDICARE COMP/MCWRAP |
| 21247 | RECONSTRUCTION OF MANDIBULAR C | Yes | | | ALL (Except Medicare Comp) |
| 21248 | RECONSTRUCTION OF MANDIBLE OR I | Not Covered | | | ALL (Except QHP) |
| 21249 | RECONSTRUCTION OF MANDIBLE OR I | Yes | | | QHP |
| 21249 | RECONSTRUCTION OF MANDIBLE OR I | Not Covered | | | HAP, AHL, FED, UAW, MED |
| 21255 | RECONSTRUCTION OF ZYGOMATIC AR | Yes | | | ALL (Except Medicare Comp) |
| 21255 | RECONSTRUCTION OF ZYGOMATIC AR | No | | | MEDICARE COMP/MCWRAP |
| 21256 | RECONSTRUCTION OF ORBIT WITH OS | Yes | | | ALL (Except Medicare Comp) |
| 21256 | RECONSTRUCTION OF ORBIT WITH OS | No | | | MEDICARE COMP/MCWRAP |
| 21260 | PERIORBITAL OSTEOTOMIES FOR ORE | Yes | | | ALL (Except Medicare Comp) |
| 21260 | PERIORBITAL OSTEOTOMIES FOR ORE | No | | | MEDICARE COMP/MCWRAP |
| 21261 | PERIORBITAL OSTEOTOMIES FOR ORE | Yes | | | ALL (Except Medicare Comp) |
| 21261 | PERIORBITAL OSTEOTOMIES FOR ORE | No | | | MEDICARE COMP/MCWRAP |
| 21263 | PERIORBITAL OSTEOTOMIES FOR ORE | Yes | | | ALL (Except Medicare Comp) |
| 21263 | PERIORBITAL OSTEOTOMIES FOR ORE | No | | | MEDICARE COMP/MCWRAP |
| 21267 | ORBITAL REPOSITIONING, PERIORBITA | Yes | | | ALL (Except Medicare Comp) |
| 21267 | ORBITAL REPOSITIONING, PERIORBITA | No | | | MEDICARE COMP/MCWRAP |
| 21268 | ORBITAL REPOSITIONING, PERIORBITA | Yes | | | ALL (Except Medicare Comp) |
| 21268 | ORBITAL REPOSITIONING, PERIORBITA | No | | | MEDICARE COMP/MCWRAP |
| 21270 | MALAR AUGMENTATION, PROSTHETIC | Yes | | | ALL Except (MCWRAP, PRICHO) |
| 21270 | MALAR AUGMENTATION, PROSTHETIC | No | | | MCWRAP, PRICHO |
| 21275 | Secondary revision of orbitocraniofacial re | No | | | ALL |
| 21280 | MEDIAL CANTHOPEXY (SEPARATE PRC | Yes | | | ALL (Except MED COMP/MCWrap/PRICHO) |
| 21280 | MEDIAL CANTHOPEXY (SEPARATE PRC | No | | | MEDICARE COMP/MCWRAP/PRICHO |
| 21282 | LATERAL CANTHOPEXY | Yes | | | ALL (Except MED COMP/MCWrap/PRICHO) |
| 21282 | LATERAL CANTHOPEXY | No | | | MEDICARE COMP/MCWRAP/PRICHO |
| 21295 | Reduction of masseter muscle and bone ( | No | | | ALL |
| 21296 | Reduction of masseter muscle and bone ( | No | | | ALL |
| 21299 | UNLISTED CRANIOFACIAL AND MAXILL | No | | | ALL (Except McWRAP) |
| 21299 | UNLISTED CRANIOFACIAL AND MAXILL | Yes | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21315 | Closed treatment of nasal bone fracture; w | No | | | ALL |
| 21320 | Closed treatment of nasal bone fracture; w | No | | | ALL |
| 21325 | Open treatment of nasal fracture; uncomp | No | | | ALL |
| 21330 | Open treatment of nasal fracture; complica | No | | | ALL |
| 21335 | Open treatment of nasal fracture; with con | No | | | ALL |
| 21336 | Open treatment of nasal septal fracture, w | No | | | ALL |
| 21337 | Closed treatment of nasal septal fracture, | No | | | ALL |
| 21338 | Open treatment of nasoethmoid fracture; w | No | | | ALL |
| 21339 | Open treatment of nasoethmoid fracture; w | No | | | ALL |
| 21340 | Percutaneous treatment of nasoethmoid c | No | | | ALL |
| 21343 | Open treatment of depressed frontal sinus | No | | | ALL |
| 21344 | Open treatment of complicated (eg, comm | No | | | ALL |
| 21345 | CLOSED TREATMENT OF NASOMAXILL | Yes | | | ALL (Except McWRAP) |
| 21345 | CLOSED TREATMENT OF NASOMAXILL | No | | | MCWRAP |
| 21346 | OPEN TREATMENT OF NASOMAXILLAR | Yes | | | ALL (Except McWRAP) |
| 21346 | OPEN TREATMENT OF NASOMAXILLAR | No | | | MCWRAP |
| 21347 | OPEN TREATMENT OF NASOMAXILLAR | Yes | | | ALL (Except McWRAP) |
| 21347 | OPEN TREATMENT OF NASOMAXILLAR | No | | | MCWRAP |
| 21348 | OPEN TREATMENT OF NASOMAXILLAR | Yes | | | ALL (Except McWRAP) |
| 21348 | OPEN TREATMENT OF NASOMAXILLAR | No | | | MCWRAP |
| 21355 | Percutaneous treatment of fracture of mal | No | | | ALL |
| 21356 | Open treatment of depressed zygomatic a | No | | | ALL |
| 21360 | Open treatment of depressed malar fractu | No | | | ALL |
| 21365 | Open treatment of complicated (eg, comm | No | | | ALL |
| 21366 | Open treatment of complicated (eg, comm | No | | | ALL |
| 21385 | Open treatment of orbital floor blowout fra | No | | | ALL |
| 21386 | Open treatment of orbital floor blowout fra | No | | | ALL |
| 21387 | Open treatment of orbital floor blowout fra | No | | | ALL |
| 21390 | Open treatment of orbital floor blowout fra | No | | | ALL |
| 21395 | Open treatment of orbital floor blowout fra | No | | | ALL |
| 21400 | Closed treatment of fracture of orbit, exce | No | | | ALL |
| 21401 | Closed treatment of fracture of orbit, exce | No | | | ALL |
| 21406 | Open treatment of fracture of orbit, except | No | | | ALL |
| 21407 | Open treatment of fracture of orbit, except | No | | | ALL |
| 21408 | Open treatment of fracture of orbit, except | No | | | ALL |
| 21421 | Closed treatment of palatal or maxillary fra | No | | | ALL |
| 21422 | Open treatment of palatal or maxillary frac | No | | | ALL |
| 21423 | Open treatment of palatal or maxillary frac | No | | | ALL |
| 21431 | CLOSED TREATMENT OF CRANIOFACI | Yes | | | ALL (Except McWRAP) |
| 21431 | CLOSED TREATMENT OF CRANIOFACI | No | | | MCWRAP |
| 21432 | OPEN TREATMENT OF CRANIOFACIAL | Yes | | | ALL (Except McWRAP) |
| 21432 | OPEN TREATMENT OF CRANIOFACIAL | No | | | MCWRAP |
| 21433 | OPEN TREATMENT OF CRANIOFACIAL | Yes | | | ALL (Except McWRAP) |
| 21433 | OPEN TREATMENT OF CRANIOFACIAL | No | | | MCWRAP |
| 21435 | OPEN TREATMENT OF CRANIOFACIAL | Yes | | | ALL (Except McWRAP) |
| 21435 | OPEN TREATMENT OF CRANIOFACIAL | No | | | MCWRAP |
| 21436 | OPEN TREATMENT OF CRANIOFACIAL | Yes | | | ALL (Except McWRAP) |
| 21436 | OPEN TREATMENT OF CRANIOFACIAL | No | | | MCWRAP |
| 21440 | Closed treatment of mandibular or maxilla | No | | | ALL |
| 21445 | Open treatment of mandibular or maxillary | No | | | ALL |
| 21450 | Closed treatment of mandibular fracture; w | No | | | ALL |
| 21451 | Closed treatment of mandibular fracture; w | No | | | ALL |
| 21452 | Percutaneous treatment of mandibular fra | No | | | ALL |
| 21453 | Closed treatment of mandibular fracture w | No | | | ALL |
| 21454 | Open treatment of mandibular fracture wit | No | | | ALL |
| 21461 | Open treatment of mandibular fracture; wi | No | | | ALL |
| 21462 | Open treatment of mandibular fracture; wi | No | | | ALL |
| 21465 | Open treatment of mandibular condylar fra | No | | | ALL |
| 21470 | Open treatment of complicated mandibula | No | | | ALL |
| 21480 | Closed treatment of temporomandibular d | No | | | ALL |
| 21485 | Closed treatment of temporomandibular d | No | | | ALL |
| 21490 | Open treatment of temporomandibular dis | No | | | ALL |
| 21497 | INTERDENTAL WIRING, FOR CONDITIO | Yes | | | ALL (Except MCWRAP) |
| 21497 | INTERDENTAL WIRING, FOR CONDITIO | No | | | MCWRAP |
| 21499 | UNLISTED MUSCULOSKELETAL PROCE | Yes | | | ALL (Except McWRAP) |
| 21499 | UNLISTED MUSCULOSKELETAL PROCE | No | | | MCWRAP |
| 21501 | Incision and drainage, deep abscess or he | No | | | ALL |
| 21502 | Incision and drainage, deep abscess or he | No | | | ALL |
| 21510 | Incision, deep, with opening of bone corte | No | | | ALL |
| 21550 | Biopsy, soft tissue of neck or thorax | No | | | ALL |
| 21552 | EXCISION TUMOR, SOFT TISSUE OF NE | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21554 | EXCISION TUMOR, SOFT TISSUE OF NE | No | | | ALL |
| 21555 | Excision tumor, soft tissue of neck or thora | No | | | ALL |
| 21556 | Excision tumor, soft tissue of neck or thora | No | | | ALL |
| 21557 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 21558 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 21600 | Excision of rib, partial | No | | | ALL |
| 21601 | Excision of chest wall tumor including rib(s | No | | | ALL |
| 21602 | Excision of chest wall tumor involving rib(s | No | | | ALL |
| 21603 | Excision of chest wall tumor involving rib(s | No | | | ALL |
| 21610 | Costotransversectomy (separate procedur | No | | | ALL |
| 21615 | Excision first and/or cervical rib; | No | | | ALL |
| 21616 | Excision first and/or cervical rib; with symp | No | | | ALL |
| 21620 | Ostectomy of sternum, partial | No | | | ALL |
| 21627 | Sternal debridement | No | | | ALL |
| 21630 | Radical resection of sternum; | No | | | ALL |
| 21685 | HYOID MYOTOMY AND SUSPENSION | No | | | ALL |
| 21700 | Division of scalenus anticus; without resec | No | | | ALL |
| 21705 | Division of scalenus anticus; with resectio | No | | | ALL |
| 21720 | Division of sternocleidomastoid for torticol | No | | | ALL |
| 21725 | Division of sternocleidomastoid for torticol | No | | | ALL |
| 21740 | Reconstructive repair of pectus excavatun | Yes | | | ALL (Except McWRAP) |
| 21740 | Reconstructive repair of pectus excavatun | No | | | MCWRAP |
| 21742 | MINIMALLY INVASIVE APPROACH (NUS | Yes | | | ALL (Except McWRAP) |
| 21742 | MINIMALLY INVASIVE APPROACH (NUS | No | | | MCWRAP |
| 21743 | MINIMALLY INVASIVE APPROACH (NUS | Yes | | | ALL (Except McWRAP) |
| 21743 | MINIMALLY INVASIVE APPROACH (NUS | No | | | MCWRAP |
| 21750 | Closure of median sternotomy separation | No | | | ALL |
| 21811 | Open treatment of rib fracture(s) with inter | No | | | ALL |
| 21812 | Open treatment of rib fracture(s) with inter | No | | | ALL |
| 21813 | Open treatment of rib fracture(s) with inter | No | | | ALL |
| 21820 | Closed treatment of sternum fracture | No | | | ALL |
| 21825 | Open treatment of sternum fracture with o | No | | | ALL |
| 21899 | UNLISTED PROCEDURE, NECK OR THO | Yes | | | ALL (Except McWRAP) |
| 21899 | UNLISTED PROCEDURE, NECK OR THO | No | | | MCWRAP |
| 21920 | Biopsy, soft tissue of back or flank; superf | No | | | ALL |
| 21925 | Biopsy, soft tissue of back or flank; deep | No | | | ALL |
| 21930 | Excision, tumor, soft tissue of back or flan | No | | | ALL |
| 21931 | EXCISION, TUMOR, SOFT TISSUE OF B | No | | | ALL |
| 21932 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 21933 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 21935 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 21936 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 22010 | I&d, p-spine, c/t/cerv-thor | No | | | ALL |
| 22015 | I&d, p-spine, l/s/ls | No | | | ALL |
| 22100 | Partial excision of posterior vertebral com | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22100 | Partial excision of posterior vertebral com | No | | | MCWRAP |
| 22101 | Partial excision of posterior vertebral com | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22101 | Partial excision of posterior vertebral com | No | | | MCWRAP |
| 22102 | Partial excision of posterior vertebral com | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22102 | Partial excision of posterior vertebral com | No | | | MCWRAP |
| 22103 | Partial excision of posterior vertebral com | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22103 | Partial excision of posterior vertebral com | No | | | MCWRAP |
| 22110 | Partial excision of vertebral body, for intrin | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22110 | Partial excision of vertebral body, for intrin | No | | | MCWRAP |
| 22112 | Partial excision of vertebral body, for intrin | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22112 | Partial excision of vertebral body, for intrin | No | | | MCWRAP |
| 22114 | Partial excision of vertebral body, for intrin | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22114 | Partial excision of vertebral body, for intrin | No | | | MCWRAP |
| 22116 | Partial excision of vertebral body, for intrin | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22116 | Partial excision of vertebral body, for intrin | No | | | MCWRAP |
| 22206 | OSTEOTOMY OF SPINE, POSTERIOR O | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22206 | OSTEOTOMY OF SPINE, POSTERIOR O | No | | | MCWRAP |
| 22207 | OSTEOTOMY OF SPINE, POSTERIOR O | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22207 | OSTEOTOMY OF SPINE, POSTERIOR O | No | | | MCWRAP |
| 22208 | OSTEOTOMY OF SPINE, POSTERIOR O | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22208 | OSTEOTOMY OF SPINE, POSTERIOR O | No | | | MCWRAP |
| 22210 | Osteotomy of spine, posterior or posterola | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22210 | Osteotomy of spine, posterior or posterola | No | | | MCWRAP |
| 22212 | Osteotomy of spine, posterior or posterola | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22212 | Osteotomy of spine, posterior or posterola | No | | | MCWRAP |
| 22214 | Osteotomy of spine, posterior or posterola | Yes | TPC-MSK | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 22214 | Osteotomy of spine, posterior or posterola | No | | | MCWRAP |
| 22216 | Osteotomy of spine, posterior or posterola | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22216 | Osteotomy of spine, posterior or posterola | No | | | MCWRAP |
| 22220 | Osteotomy of spine, including diskectomy | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22220 | Osteotomy of spine, including diskectomy | No | | | MCWRAP |
| 22222 | Osteotomy of spine, including diskectomy | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22222 | Osteotomy of spine, including diskectomy | No | | | MCWRAP |
| 22224 | Osteotomy of spine, including diskectomy | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22224 | Osteotomy of spine, including diskectomy | No | | | MCWRAP |
| 22226 | Osteotomy of spine, including diskectomy | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22226 | Osteotomy of spine, including diskectomy | No | | | MCWRAP |
| 22310 | Closed treatment of vertebral body fractur | No | | | ALL |
| 22315 | Closed treatment of vertebral fracture(s) a | No | | | ALL |
| 22318 | Open treatment and/or reduction of odonto | No | | | ALL |
| 22319 | Open treatment and/or reduction of odonto | No | | | ALL |
| 22325 | Open treatment and/or reduction of verteb | No | | | ALL |
| 22326 | Open treatment and/or reduction of verteb | No | | | ALL |
| 22327 | Open treatment and/or reduction of verteb | No | | | ALL |
| 22328 | Open treatment and/or reduction of verteb | No | | | ALL |
| 22505 | Manipulation of spine requiring anesthesia | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22505 | Manipulation of spine requiring anesthesia | No | | | MCWRAP |
| 22510 | Percutaneous vertebroplasty (bone biopsy | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22510 | Percutaneous vertebroplasty (bone biopsy | No | | | MCWRAP |
| 22511 | Percutaneous vertebroplasty (bone biopsy | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22511 | Percutaneous vertebroplasty (bone biopsy | No | | | MCWRAP |
| 22512 | Percutaneous vertebroplasty (bone biopsy | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22512 | Percutaneous vertebroplasty (bone biopsy | No | | | MCWRAP |
| 22513 | Percutaneous vertebral augmentation, inc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22513 | Percutaneous vertebral augmentation, inc | No | | | MCWRAP |
| 22514 | Percutaneous vertebral augmentation, inc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22514 | Percutaneous vertebral augmentation, inc | No | | | MCWRAP |
| 22515 | Percutaneous vertebral augmentation, inc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22515 | Percutaneous vertebral augmentation, inc | No | | | MCWRAP |
| 22526 | PERCUTANEOUS INTRADISCAL ELECT | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22526 | PERCUTANEOUS INTRADISCAL ELECT | No | | | MCWRAP |
| 22527 | PERCUTANEOUS INTRADISCAL ELECT | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22527 | PERCUTANEOUS INTRADISCAL ELECT | No | | | MCWRAP |
| 22532 | ARTHRODESIS, LATERAL EXTRACAVIT | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22532 | ARTHRODESIS, LATERAL EXTRACAVIT | No | | | MCWRAP |
| 22533 | ARTHODESIS, LATRAL EXTRACAVITAR | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22533 | ARTHODESIS, LATRAL EXTRACAVITAR | No | | | MCWRAP |
| 22534 | ARTHRODESIS, LATERAL EXTRACAVIT | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22534 | ARTHRODESIS, LATERAL EXTRACAVIT | No | | | MCWRAP |
| 22548 | Arthrodesis, anterior transoral or extraoral | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22548 | Arthrodesis, anterior transoral or extraoral | No | | | MCWRAP |
| 22551 | Arthrodesis, anterior interbody, including c | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22551 | Arthrodesis, anterior interbody, including c | No | | | MCWRAP |
| 22552 | Arthrodesis, anterior interbody, including c | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22552 | Arthrodesis, anterior interbody, including c | No | | | MCWRAP |
| 22554 | Arthrodesis, anterior interbody technique, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22554 | Arthrodesis, anterior interbody technique, | No | | | MCWRAP |
| 22556 | Arthrodesis, anterior interbody technique, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22556 | Arthrodesis, anterior interbody technique, | No | | | MCWRAP |
| 22558 | Arthrodesis, anterior interbody technique, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22558 | Arthrodesis, anterior interbody technique, | No | | | MCWRAP |
| 22585 | Additional spinal fusion | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22585 | Additional spinal fusion | No | | | MCWRAP |
| 22586 | Arthrodesis, pre-sacral interbody techniqu | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22586 | Arthrodesis, pre-sacral interbody techniqu | No | | | MCWRAP |
| 22590 | Arthrodesis, posterior technique, cranioce | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22590 | Arthrodesis, posterior technique, cranioce | No | | | MCWRAP |
| 22595 | Arthrodesis, posterior technique, atlas-axi | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22595 | Arthrodesis, posterior technique, atlas-axi | No | | | MCWRAP |
| 22600 | Arthrodesis, posterior or posterolateral tec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22600 | Arthrodesis, posterior or posterolateral tec | No | | | MCWRAP |
| 22610 | Arthrodesis, posterior or posterolateral tec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22610 | Arthrodesis, posterior or posterolateral tec | No | | | MCWRAP |
| 22612 | Arthrodesis, posterior or posterolateral tec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22612 | Arthrodesis, posterior or posterolateral tec | No | | | MCWRAP |
| 22614 | Arthrodesis, posterior or posterolateral tec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22614 | Arthrodesis, posterior or posterolateral tec | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 22630 | Arthrodesis, posterior interbody technique | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22630 | Arthrodesis, posterior interbody technique | No | | | MCWRAP |
| 22632 | Arthrodesis, posterior interbody technique | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22632 | Arthrodesis, posterior interbody technique | No | | | MCWRAP |
| 22633 | Arthrodesis, combined posterior or poster | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22633 | Arthrodesis, combined posterior or poster | No | | | MCWRAP |
| 22634 | Arthrodesis, combined posterior or poster | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22634 | Arthrodesis, combined posterior or poster | No | | | MCWRAP |
| 22800 | Arthrodesis, posterior, for spinal deformity | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22800 | Arthrodesis, posterior, for spinal deformity | No | | | MCWRAP |
| 22802 | Arthrodesis, posterior, for spinal deformity | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22802 | Arthrodesis, posterior, for spinal deformity | No | | | MCWRAP |
| 22804 | Arthrodesis, posterior, for spinal deformity | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22804 | Arthrodesis, posterior, for spinal deformity | No | | | MCWRAP |
| 22808 | Arthrodesis, anterior, for spinal deformity, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22808 | Arthrodesis, anterior, for spinal deformity, | No | | | MCWRAP |
| 22810 | Arthrodesis, anterior, for spinal deformity, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22810 | Arthrodesis, anterior, for spinal deformity, | No | | | MCWRAP |
| 22812 | Arthrodesis, anterior, for spinal deformity, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22812 | Arthrodesis, anterior, for spinal deformity, | No | | | MCWRAP |
| 22818 | Kyphectomy, circumferential exposure of s | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22818 | Kyphectomy, circumferential exposure of s | No | | | MCWRAP |
| 22819 | Kyphectomy, circumferential exposure of s | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22819 | Kyphectomy, circumferential exposure of s | No | | | MCWRAP |
| 22830 | Exploration of spinal fusion | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22830 | Exploration of spinal fusion | No | | | MCWRAP |
| 22836 | Anterior thoracic vertebral body tethering, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22836 | Anterior thoracic vertebral body tethering, | No | | | MCWRAP |
| 22837 | Anterior thoracic vertebral body tethering, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22837 | Anterior thoracic vertebral body tethering, | No | | | MCWRAP |
| 22838 | Revision (eg, augmentation, division of tet | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22838 | Revision (eg, augmentation, division of tet | No | | | MCWRAP |
| 22840 | Posterior non-segmental instrumentation ( | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22840 | Posterior non-segmental instrumentation ( | No | | | MCWRAP |
| 22841 | Internal spinal fixation by wiring of spinous | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22841 | Internal spinal fixation by wiring of spinous | No | | | MCWRAP |
| 22842 | Posterior segmental instrumentation (eg, p | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22842 | Posterior segmental instrumentation (eg, p | No | | | MCWRAP |
| 22843 | Posterior segmental instrumentation (eg, p | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22843 | Posterior segmental instrumentation (eg, p | No | | | MCWRAP |
| 22844 | Posterior segmental instrumentation (eg, p | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22844 | Posterior segmental instrumentation (eg, p | No | | | MCWRAP |
| 22845 | Anterior instrumentation; 2 to 3 vertebral s | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22845 | Anterior instrumentation; 2 to 3 vertebral s | No | | | MCWRAP |
| 22846 | Anterior instrumentation; 4 to 7 vertebral s | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22846 | Anterior instrumentation; 4 to 7 vertebral s | No | | | MCWRAP |
| 22847 | Anterior instrumentation; 8 or more verteb | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22847 | Anterior instrumentation; 8 or more verteb | No | | | MCWRAP |
| 22848 | Pelvic fixation (attachment of caudal end o | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22848 | Pelvic fixation (attachment of caudal end o | No | | | MCWRAP |
| 22849 | Reinsertion of spinal fixation device | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22849 | Reinsertion of spinal fixation device | No | | | MCWRAP |
| 22850 | Removal of posterior nonsegmental instru | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22850 | Removal of posterior nonsegmental instru | No | | | MCWRAP |
| 22852 | Removal of posterior segmental instrumer | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22852 | Removal of posterior segmental instrumer | No | | | MCWRAP |
| 22853 | Insertion of interbody biomechanical devic | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22853 | Insertion of interbody biomechanical devic | No | | | MCWRAP |
| 22854 | Insertion of intervertebral biomechanical d | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22854 | Insertion of intervertebral biomechanical d | No | | | MCWRAP |
| 22855 | Removal of anterior instrumentation | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22855 | Removal of anterior instrumentation | No | | | MCWRAP |
| 22856 | Total disc arthroplasty (artificial disc), ante | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22856 | Total disc arthroplasty (artificial disc), ante | No | | | MCWRAP |
| 22857 | TOTAL DISC ARTHROPLASTY (ARTIFIC | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22857 | TOTAL DISC ARTHROPLASTY (ARTIFIC | No | | | MCWRAP |
| 22858 | Total disc arthroplasty (artificial disc), ante | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22858 | Total disc arthroplasty (artificial disc), ante | No | | | MCWRAP |
| 22859 | Insertion of intervertebral biomechanical d | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22859 | Insertion of intervertebral biomechanical d | No | | | MCWRAP |
| 22860 | Total disc arthroplasty (artificial disc), ante | Yes | TPC-MSK | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 22860 | Total disc arthroplasty (artificial disc), ante | No | | | MCWRAP |
| 22861 | Revision including replacement of total dis | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22861 | Revision including replacement of total dis | No | | | MCWRAP |
| 22862 | REVISION INCLUDING REPLACEMENT ( | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22862 | REVISION INCLUDING REPLACEMENT ( | No | | | MCWRAP |
| 22864 | Removal of total disc arthroplasty (artificia | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22864 | Removal of total disc arthroplasty (artificia | No | | | MCWRAP |
| 22865 | REMOVAL OF TOTAL DISC ARTHROPLA | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22865 | REMOVAL OF TOTAL DISC ARTHROPLA | No | | | MCWRAP |
| **22867** | Insertion of interlaminar/interspinous proc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22867 | Insertion of interlaminar/interspinous proc | No | | | MCWRAP |
| 22868 | Insertion of interlaminar/interspinous proc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22868 | Insertion of interlaminar/interspinous proc | No | | | MCWRAP |
| 22869 | Insertion of interlaminar/interspinous proc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22869 | Insertion of interlaminar/interspinous proc | No | | | MCWRAP |
| 22870 | Insertion of interlaminar/interspinous proc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22870 | Insertion of interlaminar/interspinous proc | No | | | MCWRAP |
| 22899 | UNLISTED PROCEDURE, SPINE | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 22899 | UNLISTED PROCEDURE, SPINE | No | | | MCWRAP |
| 22900 | Excision, abdominal wall tumor, subfascia | No | | | ALL |
| 22901 | EXCISION, TUMOR, SOFT TISSUE OF A | No | | | ALL |
| 22902 | EXCISION, TUMOR, SOFT TISSUE OF A | No | | | ALL |
| 22903 | EXCISION, TUMOR, SOFT TISSUE OF A | No | | | ALL |
| 22904 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 22905 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 22999 | UNLISTED PROCEDURE, ABDOMEN, M | Yes | | | ALL (Except McWRAP) |
| 22999 | UNLISTED PROCEDURE, ABDOMEN, M | No | | | MCWRAP |
| 23000 | Removal of subdeltoid calcareous deposit | No | | | ALL |
| 23020 | Capsular contracture release (eg, Sever ty | No | | | ALL |
| 23030 | Incision and drainage, shoulder area; dee | No | | | ALL |
| 23031 | Incision and drainage, shoulder area; infe | No | | | ALL |
| 23035 | Incision, bone cortex (eg, osteomyelitis or | No | | | ALL |
| 23040 | Arthrotomy, glenohumeral joint, including ( | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23040 | Arthrotomy, glenohumeral joint, including ( | No | | | MCWRAP |
| 23044 | Arthrotomy, acromioclavicular, sternoclavi | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23044 | Arthrotomy, acromioclavicular, sternoclavi | No | | | MCWRAP |
| 23065 | Biopsy, soft tissue of shoulder area; super | No | | | ALL |
| 23066 | Biopsy, soft tissue of shoulder area; deep | No | | | ALL |
| 23071 | EXCISION, TUMOR, SOFT TISSUE OF S | No | | | ALL |
| 23073 | EXCISION, TUMOR, SOFT TISSUE OF S | No | | | ALL |
| 23075 | Excision, soft tissue tumor, shoulder area; | No | | | ALL |
| 23076 | Excision, soft tissue tumor, shoulder area; | No | | | ALL |
| 23077 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 23078 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 23100 | Arthrotomy, glenohumeral joint, including | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23100 | Arthrotomy, glenohumeral joint, including | No | | | MCWRAP |
| 23101 | Arthrotomy, acromioclavicular joint or ster | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23101 | Arthrotomy, acromioclavicular joint or ster | No | | | MCWRAP |
| 23105 | Arthrotomy; glenohumeral joint, with synov | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23105 | Arthrotomy; glenohumeral joint, with synov | No | | | MCWRAP |
| 23106 | Arthrotomy; sternoclavicular joint, with syn | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23106 | Arthrotomy; sternoclavicular joint, with syn | No | | | MCWRAP |
| 23107 | Arthrotomy, glenohumeral joint, with joint ( | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23107 | Arthrotomy, glenohumeral joint, with joint ( | No | | | MCWRAP |
| 23120 | Claviculectomy; partial | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23120 | Claviculectomy; partial | No | | | MCWRAP |
| 23125 | Claviculectomy; total | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23125 | Claviculectomy; total | No | | | MCWRAP |
| 23130 | Acromioplasty or acromionectomy, partial, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23130 | Acromioplasty or acromionectomy, partial, | No | | | MCWRAP |
| 23140 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 23145 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 23146 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 23150 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 23155 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 23156 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 23170 | Sequestrectomy (eg, for osteomyelitis or b | No | | | ALL |
| 23172 | Sequestrectomy (eg, for osteomyelitis or b | No | | | ALL |
| 23174 | Sequestrectomy (eg, for osteomyelitis or b | No | | | ALL |
| 23180 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 23182 | Partial excision (craterization, saucerizatio | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 23184 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 23190 | Ostectomy of scapula, partial (eg, superio | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23190 | Ostectomy of scapula, partial (eg, superio | No | | | MCWRAP |
| 23195 | Resection, humeral head | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23195 | Resection, humeral head | No | | | MCWRAP |
| 23200 | Radical resection for tumor; clavicle | No | | | ALL |
| 23210 | Radical resection for tumor; scapula | No | | | ALL |
| 23220 | Radical resection of bone tumor, proximal | No | | | ALL |
| 23330 | Removal of foreign body, shoulder; subcu | No | | | ALL |
| 23333 | Removal of foreign body, shoulder; deep ( | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23333 | Removal of foreign body, shoulder; deep ( | No | | | MCWRAP |
| 23334 | Removal of prosthesis, includes debridem | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23334 | Removal of prosthesis, includes debridem | No | | | MCWRAP |
| 23335 | Removal of prosthesis, includes debridem | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23335 | Removal of prosthesis, includes debridem | No | | | MCWRAP |
| 23350 | Injection procedure for shoulder arthrogra | No | | | ALL |
| 23395 | Muscle transfer, any type, shoulder or upp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23395 | Muscle transfer, any type, shoulder or upp | No | | | MCWRAP |
| 23397 | Muscle transfer, any type, shoulder or upp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23397 | Muscle transfer, any type, shoulder or upp | No | | | MCWRAP |
| 23400 | Scapulopexy (eg, Sprengels deformity or f | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23400 | Scapulopexy (eg, Sprengels deformity or f | No | | | MCWRAP |
| 23405 | Tenotomy, shoulder area; single tendon | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23405 | Tenotomy, shoulder area; single tendon | No | | | MCWRAP |
| 23406 | Tenotomy, shoulder area; multiple tendon | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23406 | Tenotomy, shoulder area; multiple tendon | No | | | MCWRAP |
| 23410 | Repair of ruptured musculotendinous cuff | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23410 | Repair of ruptured musculotendinous cuff | No | | | MCWRAP |
| 23412 | Repair of ruptured musculotendinous cuff | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23412 | Repair of ruptured musculotendinous cuff | No | | | MCWRAP |
| 23415 | Coracoacromial ligament release, with or | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23415 | Coracoacromial ligament release, with or | No | | | MCWRAP |
| 23420 | Reconstruction of complete shoulder (rota | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23420 | Reconstruction of complete shoulder (rota | No | | | MCWRAP |
| 23430 | Tenodesis of long tendon of biceps | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23430 | Tenodesis of long tendon of biceps | No | | | MCWRAP |
| 23440 | Resection or transplantation of long tendo | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23440 | Resection or transplantation of long tendo | No | | | MCWRAP |
| 23450 | Capsulorrhaphy, anterior; Putti-Platt proce | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23450 | Capsulorrhaphy, anterior; Putti-Platt proce | No | | | MCWRAP |
| 23455 | Capsulorrhaphy, anterior; with labral repai | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23455 | Capsulorrhaphy, anterior; with labral repai | No | | | MCWRAP |
| 23460 | Capsulorrhaphy, anterior, any type; with b | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23460 | Capsulorrhaphy, anterior, any type; with b | No | | | MCWRAP |
| 23462 | Capsulorrhaphy, anterior, any type; with c | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23462 | Capsulorrhaphy, anterior, any type; with c | No | | | MCWRAP |
| 23465 | Capsulorrhaphy, glenohumeral joint, poste | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23465 | Capsulorrhaphy, glenohumeral joint, poste | No | | | MCWRAP |
| 23466 | Capsulorrhaphy, glenohumeral joint, any t | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23466 | Capsulorrhaphy, glenohumeral joint, any t | No | | | MCWRAP |
| 23470 | Arthroplasty, glenohumeral joint; hemiarth | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23470 | Arthroplasty, glenohumeral joint; hemiarth | No | | | MCWRAP |
| 23472 | Arthroplasty, glenohumeral joint; total sho | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23472 | Arthroplasty, glenohumeral joint; total sho | No | | | MCWRAP |
| 23473 | Revision of total shoulder arthroplasty, inc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23473 | Revision of total shoulder arthroplasty, inc | No | | | MCWRAP |
| 23474 | Revision of total shoulder arthroplasty, inc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23474 | Revision of total shoulder arthroplasty, inc | No | | | MCWRAP |
| 23480 | Osteotomy, clavicle, with or without intern | No | | | ALL |
| 23485 | Osteotomy, clavicle, with or without intern | No | | | ALL |
| 23490 | Prophylactic treatment (nailing, pinning, pl | No | | | ALL |
| 23491 | Prophylactic treatment (nailing, pinning, pl | No | | | ALL |
| 23500 | Closed treatment of clavicular fracture; wi | No | | | ALL |
| 23505 | Closed treatment of clavicular fracture; wi | No | | | ALL |
| 23515 | Open treatment of clavicular fracture, with | No | | | ALL |
| 23520 | Closed treatment of sternoclavicular dislo | No | | | ALL |
| 23525 | Closed treatment of sternoclavicular dislo | No | | | ALL |
| 23530 | Open treatment of sternoclavicular disloca | No | | | ALL |
| 23532 | Open treatment of sternoclavicular disloca | No | | | ALL |
| 23540 | Closed treatment of acromioclavicular disl | No | | | ALL |
| 23545 | Closed treatment of acromioclavicular disl | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 23550 | Open treatment of acromioclavicular dislo | No | | | ALL |
| 23552 | Open treatment of acromioclavicular dislo | No | | | ALL |
| 23570 | Closed treatment of scapular fracture; with | No | | | ALL |
| 23575 | Closed treatment of scapular fracture; with | No | | | ALL |
| 23585 | Open treatment of scapular fracture (body | No | | | ALL |
| 23600 | Closed treatment of proximal humeral (su | No | | | ALL |
| 23605 | Closed treatment of proximal humeral (su | No | | | ALL |
| 23615 | Open treatment of proximal humeral (surg | No | | | ALL |
| 23616 | Open treatment of proximal humeral (surg | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23616 | Open treatment of proximal humeral (surg | No | | | MCWRAP |
| 23620 | Treat great humeral tuberosity fx | No | | | ALL |
| 23625 | Closed treatment of greater humeral tuber | No | | | ALL |
| 23630 | Open treatment of greater humeral tubero | No | | | ALL |
| 23650 | Closed treatment of shoulder dislocation, | No | | | ALL |
| 23655 | Closed treatment of shoulder dislocation, | No | | | ALL |
| 23660 | Open treatment of acute shoulder dislocat | No | | | ALL |
| 23665 | Closed treatment of shoulder dislocation, | No | | | ALL |
| 23670 | Open treatment of shoulder dislocation, w | No | | | ALL |
| 23675 | Closed treatment of shoulder dislocation, | No | | | ALL |
| 23680 | Open treatment of shoulder dislocation, w | No | | | ALL |
| 23700 | Manipulation under anesthesia, shoulder j | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23700 | Manipulation under anesthesia, shoulder j | No | | | MCWRAP |
| 23800 | Arthrodesis, glenohumeral joint; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23800 | Arthrodesis, glenohumeral joint; | No | | | MCWRAP |
| 23802 | Arthrodesis, glenohumeral joint; with autog | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 23802 | Arthrodesis, glenohumeral joint; with autog | No | | | MCWRAP |
| 23900 | Interthoracoscapular amputation (forequar | No | | | ALL |
| 23920 | Disarticulation of shoulder; | No | | | ALL |
| 23921 | Disarticulation of shoulder; secondary clos | No | | | ALL |
| 23929 | UNLISTED PROCEDURE, SHOULDER | Yes | | | ALL (Except McWRAP) |
| 23929 | UNLISTED PROCEDURE, SHOULDER | No | | | MCWRAP |
| 23930 | Incision and drainage, upper arm or elbow | No | | | ALL |
| 23931 | Incision and drainage, upper arm or elbow | No | | | ALL |
| 23935 | Incision, deep, with opening of bone corte | No | | | ALL |
| 24000 | Arthrotomy, elbow, including exploration, d | No | | | ALL |
| 24006 | Arthrotomy of the elbow, with capsular exc | No | | | ALL |
| 24065 | Biopsy, soft tissue of upper arm or elbow a | No | | | ALL |
| 24066 | Biopsy, soft tissue of upper arm or elbow a | No | | | ALL |
| 24071 | EXCISION, TUMOR, SOFT TISSUE OF U | No | | | ALL |
| 24073 | EXCISION, TUMOR, SOFT TISSUE OF U | No | | | ALL |
| 24075 | Excision, tumor, soft tissue of upper arm d | No | | | ALL |
| 24076 | Excision, tumor, soft tissue of upper arm d | No | | | ALL |
| 24077 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 24079 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 24100 | Arthrotomy, elbow; with synovial biopsy or | No | | | ALL |
| 24101 | Arthrotomy, elbow; with joint exploration, w | No | | | ALL |
| 24102 | Arthrotomy, elbow; with synovectomy | No | | | ALL |
| 24105 | Excision, olecranon bursa | No | | | ALL |
| 24110 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 24115 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 24116 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 24120 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 24125 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 24126 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 24130 | Excision, radial head | No | | | ALL |
| 24134 | Sequestrectomy (eg, for osteomyelitis or b | No | | | ALL |
| 24136 | Sequestrectomy (eg, for osteomyelitis or b | No | | | ALL |
| 24138 | Sequestrectomy (eg, for osteomyelitis or b | No | | | ALL |
| 24140 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 24145 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 24147 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 24149 | Radical resection of capsule, soft tissue, a | No | | | ALL |
| 24150 | Radical resection for tumor, shaft or distal | No | | | ALL |
| 24152 | Radical resection for tumor, radial head or | No | | | ALL |
| 24155 | Resection of elbow joint (arthrectomy) | No | | | ALL |
| 24160 | Implant removal; elbow joint | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24160 | Implant removal; elbow joint | No | | | MCWRAP |
| 24164 | Implant removal; radial head | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24164 | Implant removal; radial head | No | | | MCWRAP |
| 24200 | Removal of foreign body, upper arm or elb | No | | | ALL |
| 24201 | Removal of foreign body, upper arm or elb | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 24220 | Injection procedure for elbow arthrography | No | | | ALL |
| 24300 | Manipulation, elbow, under anesthesia | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24300 | Manipulation, elbow, under anesthesia | No | | | MCWRAP |
| 24301 | Muscle or tendon transfer, any type, upper | No | | | ALL |
| 24305 | Tendon lengthening, upper arm or elbow, | No | | | ALL |
| 24310 | Tenotomy, open, elbow to shoulder, each | No | | | ALL |
| 24320 | Tenoplasty, with muscle transfer, with or w | No | | | ALL |
| 24330 | Flexor-plasty, elbow (eg, Steindler type ad | No | | | ALL |
| 24331 | Flexor-plasty, elbow (eg, Steindler type ad | No | | | ALL |
| 24332 | Tenolysis, triceps | No | | | ALL |
| 24340 | Tenodesis of biceps tendon at elbow (sep | No | | | ALL |
| 24341 | Repair, tendon or muscle, upper arm or el | No | | | ALL |
| 24342 | Reinsertion of ruptured biceps or triceps te | No | | | ALL |
| 24343 | Repair lateral collateral ligament, elbow, w | No | | | ALL |
| 24344 | Reconstruction lateral collateral ligament, | No | | | ALL |
| 24345 | Repair medial collateral ligament, elbow, w | No | | | ALL |
| 24346 | Reconstruction medial collateral ligament, | No | | | ALL |
| 24357 | TENOTOMY, ELBOW, LATERAL OR MED | No | | | ALL |
| 24358 | TENOTOMY, ELBOW, LATERAL OR MED | No | | | ALL |
| 24359 | TENOTOMY, ELBOW, LATERAL OR MED | No | | | ALL |
| 24360 | Arthroplasty, elbow; with membrane (eg, f | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24360 | Arthroplasty, elbow; with membrane (eg, f | No | | | MCWRAP |
| 24361 | Arthroplasty, elbow; with distal humeral pr | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24361 | Arthroplasty, elbow; with distal humeral pr | No | | | MCWRAP |
| 24362 | Arthroplasty, elbow; with implant and fasci | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24362 | Arthroplasty, elbow; with implant and fasci | No | | | MCWRAP |
| 24363 | Arthroplasty, elbow; with distal humerus a | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24363 | Arthroplasty, elbow; with distal humerus a | No | | | MCWRAP |
| 24365 | Arthroplasty, radial head; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24365 | Arthroplasty, radial head; | No | | | MCWRAP |
| 24366 | Arthroplasty, radial head; with implant | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24366 | Arthroplasty, radial head; with implant | No | | | MCWRAP |
| 24370 | Revision of total elbow arthroplasty, includ | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24370 | Revision of total elbow arthroplasty, includ | No | | | MCWRAP |
| 24371 | Revision of total elbow arthroplasty, includ | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 24371 | Revision of total elbow arthroplasty, includ | No | | | MCWRAP |
| 24400 | Osteotomy, humerus, with or without inter | No | | | ALL |
| 24410 | Multiple osteotomies with realignment on i | No | | | ALL |
| 24420 | Osteoplasty, humerus (eg, shortening or le | No | | | ALL |
| 24430 | Repair of nonunion or malunion, humerus | No | | | ALL |
| 24435 | Repair of nonunion or malunion, humerus | No | | | ALL |
| 24470 | Hemiepiphyseal arrest (eg, cubitus varus ( | No | | | ALL |
| 24495 | Decompression fasciotomy, forearm, with | No | | | ALL |
| 24498 | Prophylactic treatment (nailing, pinning, pl | No | | | ALL |
| 24500 | Closed treatment of humeral shaft fracture | No | | | ALL |
| 24505 | Closed treatment of humeral shaft fracture | No | | | ALL |
| 24515 | Open treatment of humeral shaft fracture w | No | | | ALL |
| 24516 | Treatment of humeral shaft fracture, with i | No | | | ALL |
| 24530 | Closed treatment of supracondylar or tran | No | | | ALL |
| 24535 | Closed treatment of supracondylar or tran | No | | | ALL |
| 24538 | Percutaneous skeletal fixation of supracon | No | | | ALL |
| 24545 | Open treatment of humeral supracondylar | No | | | ALL |
| 24546 | Open treatment of humeral supracondylar | No | | | ALL |
| 24560 | Closed treatment of humeral epicondylar f | No | | | ALL |
| 24565 | Closed treatment of humeral epicondylar f | No | | | ALL |
| 24566 | Percutaneous skeletal fixation of humeral | No | | | ALL |
| 24575 | Open treatment of humeral epicondylar fra | No | | | ALL |
| 24576 | Closed treatment of humeral condylar frac | No | | | ALL |
| 24577 | Closed treatment of humeral condylar frac | No | | | ALL |
| 24579 | Open treatment of humeral condylar fractu | No | | | ALL |
| 24582 | Percutaneous skeletal fixation of humeral | No | | | ALL |
| 24586 | Open treatment of periarticular fracture an | No | | | ALL |
| 24587 | Open treatment of periarticular fracture an | No | | | ALL |
| 24600 | Treatment of closed elbow dislocation; wit | No | | | ALL |
| 24605 | Treatment of closed elbow dislocation; rec | No | | | ALL |
| 24615 | Open treatment of acute or chronic elbow | No | | | ALL |
| 24620 | Closed treatment of Monteggia type of frac | No | | | ALL |
| 24635 | Open treatment of Monteggia type of fract | No | | | ALL |
| 24640 | Closed treatment of radial head subluxatio | No | | | ALL |
| 24650 | Closed treatment of radial head or neck fr | No | | | ALL |
| 24655 | Closed treatment of radial head or neck fr | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 24665 | Open treatment of radial head or neck frac | No | | | ALL |
| 24666 | Open treatment of radial head or neck frac | No | | | ALL |
| 24670 | Closed treatment of ulnar fracture, proxim | No | | | ALL |
| 24675 | Closed treatment of ulnar fracture, proxim | No | | | ALL |
| 24685 | Open treatment of ulnar fracture proximal | No | | | ALL |
| 24800 | Arthrodesis, elbow joint; local | No | | | ALL |
| 24802 | Arthrodesis, elbow joint; with autogenous | No | | | ALL |
| 24900 | Amputation, arm through humerus; with p | No | | | ALL |
| 24920 | Amputation, arm through humerus; open, | No | | | ALL |
| 24925 | Amputation, arm through humerus; secon | No | | | ALL |
| 24930 | Amputation, arm through humerus; re-am | No | | | ALL |
| 24931 | Amputation, arm through humerus; with in | No | | | ALL |
| 24935 | Stump elongation, upper extremity | No | | | ALL |
| 24940 | Cineplasty, upper extremity, complete pro | No | | | ALL |
| 24999 | UNLISTED PROCEDURE, HUMERUS OR | Yes | | | ALL (Except McWRAP) |
| 24999 | UNLISTED PROCEDURE, HUMERUS OR | No | | | MCWRAP |
| 25000 | Incision, extensor tendon sheath, wrist (eg | No | | | ALL |
| 25001 | Incision, flexor tendon sheath, wrist (eg, fl | No | | | ALL |
| 25020 | Decompression fasciotomy, forearm and/c | No | | | ALL |
| 25023 | Decompression fasciotomy, forearm and/c | No | | | ALL |
| 25024 | Decompression fasciotomy, forearm and/c | No | | | ALL |
| 25025 | Decompression fasciotomy, forearm and/c | No | | | ALL |
| 25028 | Incision and drainage, forearm and/or wris | No | | | ALL |
| 25031 | Incision and drainage, forearm and/or wris | No | | | ALL |
| 25035 | Incision, deep, bone cortex, forearm and/c | No | | | ALL |
| 25040 | Arthrotomy, radiocarpal or midcarpal joint, | No | | | ALL |
| 25065 | Biopsy, soft tissue of forearm and/or wrist; | No | | | ALL |
| 25066 | Biopsy, soft tissue of forearm and/or wrist; | No | | | ALL |
| 25071 | EXCISION, TUMOR, SOFT TISSUE OF F | No | | | ALL |
| 25073 | EXCISION, TUMOR, SOFT TISSUE OF F | No | | | ALL |
| 25075 | Excision, tumor, soft tissue of forearm and | No | | | ALL |
| 25076 | Excision, tumor, soft tissue of forearm and | No | | | ALL |
| 25077 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 25078 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 25085 | Capsulotomy, wrist (eg, contracture) | No | | | ALL |
| 25100 | Arthrotomy, wrist joint; with biopsy | No | | | ALL |
| 25101 | Arthrotomy, wrist joint; with joint exploratic | No | | | ALL |
| 25105 | Arthrotomy, wrist joint; with synovectomy | No | | | ALL |
| 25107 | Arthrotomy, distal radioulnar joint including | No | | | ALL |
| 25109 | EXCISION OF TENDON, FOREARM AND | No | | | ALL |
| 25110 | Excision, lesion of tendon sheath, forearm | No | | | ALL |
| 25111 | Excision of ganglion, wrist (dorsal or volar | No | | | ALL |
| 25112 | Excision of ganglion, wrist (dorsal or volar | No | | | ALL |
| 25115 | Radical excision of bursa, synovia of wrist | No | | | ALL |
| 25116 | Radical excision of bursa, synovia of wrist | No | | | ALL |
| 25118 | Synovectomy, extensor tendon sheath, wr | No | | | ALL |
| 25119 | Synovectomy, extensor tendon sheath, wr | No | | | ALL |
| 25120 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 25125 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 25126 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 25130 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 25135 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 25136 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 25145 | Sequestrectomy (eg, for osteomyelitis or b | No | | | ALL |
| 25150 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 25151 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 25170 | Radical resection for tumor, radius or ulna | No | | | ALL |
| 25210 | Carpectomy; one bone | No | | | ALL |
| 25215 | Carpectomy; all bones of proximal row | No | | | ALL |
| 25230 | Radial styloidectomy (separate procedure | No | | | ALL |
| 25240 | Excision distal ulna partial or complete (eg | No | | | ALL |
| 25246 | Injection procedure for wrist arthrography | No | | | ALL |
| 25248 | Exploration with removal of deep foreign b | No | | | ALL |
| 25250 | Removal of wrist prosthesis; (separate pro | No | | | ALL |
| 25251 | Removal of wrist prosthesis; complicated, | No | | | ALL |
| 25259 | Manipulation, wrist, under anesthesia | No | | | ALL |
| 25260 | Repair, tendon or muscle, flexor, forearm | No | | | ALL |
| 25263 | Repair, tendon or muscle, flexor, forearm | No | | | ALL |
| 25265 | Repair, tendon or muscle, flexor, forearm | No | | | ALL |
| 25270 | Repair, tendon or muscle, extensor, forea | No | | | ALL |
| 25272 | Repair, tendon or muscle, extensor, forea | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 25274 | Repair, tendon or muscle, extensor, forea | No | | | ALL |
| 25275 | Repair, tendon sheath, extensor, forearm | No | | | ALL |
| 25280 | Lengthening or shortening of flexor or exte | No | | | ALL |
| 25290 | Tenotomy, open, flexor or extensor tendor | No | | | ALL |
| 25295 | Tenolysis, flexor or extensor tendon, forea | No | | | ALL |
| 25300 | Tenodesis at wrist; flexors of fingers | No | | | ALL |
| 25301 | Tenodesis at wrist; extensors of fingers | No | | | ALL |
| 25310 | Tendon transplantation or transfer, flexor | No | | | ALL |
| 25312 | Tendon transplantation or transfer, flexor | No | | | ALL |
| 25315 | Flexor origin slide (eg, for cerebral palsy, | No | | | ALL |
| 25316 | Flexor origin slide (eg, for cerebral palsy, | No | | | ALL |
| 25320 | Capsulorrhaphy or reconstruction, wrist, o | No | | | ALL |
| 25332 | Arthroplasty, wrist, with or without interpos | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25332 | Arthroplasty, wrist, with or without interpos | No | | | MCWRAP |
| 25335 | Centralization of wrist on ulna (eg, radial c | No | | | ALL |
| 25337 | Reconstruction for stabilization of unstable | No | | | ALL |
| 25350 | Osteotomy, radius; distal third | No | | | ALL |
| 25355 | Osteotomy, radius; middle or proximal thir | No | | | ALL |
| 25360 | Osteotomy; ulna | No | | | ALL |
| 25365 | Osteotomy; radius AND ulna | No | | | ALL |
| 25370 | Multiple osteotomies, with realignment on | No | | | ALL |
| 25375 | Multiple osteotomies, with realignment on | No | | | ALL |
| 25390 | Osteoplasty, radius OR ulna; shortening | No | | | ALL |
| 25391 | Osteoplasty, radius OR ulna; lengthening | No | | | ALL |
| 25392 | Osteoplasty, radius AND ulna; shortening | No | | | ALL |
| 25393 | Osteoplasty, radius AND ulna; lengthening | No | | | ALL |
| 25394 | Osteoplasty, carpal bone, shortening | No | | | ALL |
| 25400 | Repair of nonunion or malunion, radius OI | No | | | ALL |
| 25405 | Repair of nonunion or malunion, radius OI | No | | | ALL |
| 25415 | Repair of nonunion or malunion, radius AN | No | | | ALL |
| 25420 | Repair of nonunion or malunion, radius AN | No | | | ALL |
| 25425 | Repair of defect with autograft; radius OR | No | | | ALL |
| 25426 | Repair of defect with autograft; radius AN | No | | | ALL |
| 25430 | Insertion of vascular pedicle into carpal bo | No | | | ALL |
| 25431 | Repair of nonunion of carpal bone (exclud | No | | | ALL |
| 25440 | Repair of nonunion, scaphoid carpal (navi | No | | | ALL |
| 25441 | Arthroplasty with prosthetic replacement; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25441 | Arthroplasty with prosthetic replacement; | No | | | MCWRAP |
| 25442 | Arthroplasty with prosthetic replacement; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25442 | Arthroplasty with prosthetic replacement; | No | | | MCWRAP |
| 25443 | Arthroplasty with prosthetic replacement; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25443 | Arthroplasty with prosthetic replacement; | No | | | MCWRAP |
| 25444 | Arthroplasty with prosthetic replacement; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25444 | Arthroplasty with prosthetic replacement; | No | | | MCWRAP |
| 25445 | Arthroplasty with prosthetic replacement; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25445 | Arthroplasty with prosthetic replacement; | No | | | MCWRAP |
| 25446 | Arthroplasty with prosthetic replacement; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25446 | Arthroplasty with prosthetic replacement; | No | | | MCWRAP |
| 25447 | Arthroplasty, interposition, intercarpal or c | No | | | ALL |
| 25448 | Arthroplasty, intercarpal or carpometacarp | No | | | ALL |
| 25449 | Revision of arthroplasty, including remova | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25449 | Revision of arthroplasty, including remova | No | | | MCWRAP |
| 25450 | Epiphyseal arrest by epiphysiodesis or sta | No | | | ALL |
| 25455 | Epiphyseal arrest by epiphysiodesis or sta | No | | | ALL |
| 25490 | Prophylactic treatment (nailing, pinning, pl | No | | | ALL |
| 25491 | Prophylactic treatment (nailing, pinning, pl | No | | | ALL |
| 25492 | Prophylactic treatment (nailing, pinning, pl | No | | | ALL |
| 25500 | Closed treatment of radial shaft fracture; w | No | | | ALL |
| 25505 | Closed treatment of radial shaft fracture; w | No | | | ALL |
| 25515 | Open treatment of radial shaft fracture, wi | No | | | ALL |
| 25520 | Closed treatment of radial shaft fracture a | No | | | ALL |
| 25525 | Open treatment of radial shaft fracture, wi | No | | | ALL |
| 25526 | Open treatment of radial shaft fracture, wi | No | | | ALL |
| 25530 | Closed treatment of ulnar shaft fracture; w | No | | | ALL |
| 25535 | Closed treatment of ulnar shaft fracture; w | No | | | ALL |
| 25545 | Open treatment of ulnar shaft fracture, wit | No | | | ALL |
| 25560 | Closed treatment of radial and ulnar shaft | No | | | ALL |
| 25565 | Closed treatment of radial and ulnar shaft | No | | | ALL |
| 25574 | Open treatment of radial AND ulnar shaft | No | | | ALL |
| 25575 | Open treatment of radial AND ulnar shaft | No | | | ALL |
| 25600 | Closed treatment of distal radial fracture ( | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 25605 | Closed treatment of distal radial fracture ( | No | | | ALL |
| 25606 | TREAT DISTAL RADIAL FRACTURE | No | | | ALL |
| 25607 | EPIPHYSEAL SEPARATION, WITH INTE | No | | | ALL |
| 25608 | OPEN TREATMENT DISTAL RADIAL FR | No | | | ALL |
| 25609 | OPEN TREATMENT DISTAL FRACTURE | No | | | ALL |
| 25622 | CLOSED TREATMENT OF CARPAL SCA | No | | | ALL |
| 25624 | Closed treatment of carpal scaphoid (navi | No | | | ALL |
| 25628 | Open treatment of carpal scaphoid (navicu | No | | | ALL |
| 25630 | Closed treatment of carpal bone fracture ( | No | | | ALL |
| 25635 | Closed treatment of carpal bone fracture ( | No | | | ALL |
| 25645 | Open treatment of carpal bone fracture (o | No | | | ALL |
| 25650 | Closed treatment of ulnar styloid fracture | No | | | ALL |
| 25651 | Percutaneous skeletal fixation of ulnar sty | No | | | ALL |
| 25652 | Open treatment of ulnar styloid fracture | No | | | ALL |
| 25660 | Closed treatment of radiocarpal or interca | No | | | ALL |
| 25670 | Open treatment of radiocarpal or intercarp | No | | | ALL |
| 25671 | Percutaneous skeletal fixation of distal rac | No | | | ALL |
| 25675 | Closed treatment of distal radioulnar dislo | No | | | ALL |
| 25676 | Open treatment of distal radioulnar disloca | No | | | ALL |
| 25680 | Closed treatment of trans-scaphoperilunar | No | | | ALL |
| 25685 | Open treatment of trans-scaphoperilunar t | No | | | ALL |
| 25690 | Closed treatment of lunate dislocation, wit | No | | | ALL |
| 25695 | Open treatment of lunate dislocation | No | | | ALL |
| 25800 | Arthrodesis, wrist; complete, without bone | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25800 | Arthrodesis, wrist; complete, without bone | No | | | MCWRAP |
| 25805 | Arthrodesis, wrist; with sliding graft | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25805 | Arthrodesis, wrist; with sliding graft | No | | | MCWRAP |
| 25810 | Arthrodesis, wrist; with iliac or other autog | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25810 | Arthrodesis, wrist; with iliac or other autog | No | | | MCWRAP |
| 25820 | Arthrodesis, wrist; limited, without bone gr | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25820 | Arthrodesis, wrist; limited, without bone gr | No | | | MCWRAP |
| 25825 | Arthrodesis, wrist; with autograft (includes | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 25825 | Arthrodesis, wrist; with autograft (includes | No | | | MCWRAP |
| 25830 | Arthrodesis, distal radioulnar joint with seg | No | | | ALL |
| 25900 | Amputation, forearm, through radius and u | No | | | ALL |
| 25905 | Amputation, forearm, through radius and u | No | | | ALL |
| 25907 | Amputation, forearm, through radius and u | No | | | ALL |
| 25909 | Amputation, forearm, through radius and u | No | | | ALL |
| 25915 | Krukenberg procedure | No | | | ALL |
| 25920 | Disarticulation through wrist; | No | | | ALL |
| 25922 | Disarticulation through wrist; secondary cl | No | | | ALL |
| 25924 | Disarticulation through wrist; re-amputatio | No | | | ALL |
| 25927 | Transmetacarpal amputation; | No | | | ALL |
| 25929 | Transmetacarpal amputation; secondary c | No | | | ALL |
| 25931 | Transmetacarpal amputation; re-amputati | No | | | ALL |
| 25999 | UNLISTED PROCEDURE, FOREARM OR | Yes | | | ALL (Except McWRAP) |
| 25999 | UNLISTED PROCEDURE, FOREARM OR | No | | | MCWRAP |
| 26010 | Drainage of finger abscess; simple | No | | | ALL |
| 26011 | Drainage of finger abscess; complicated ( | No | | | ALL |
| 26020 | Drainage of tendon sheath, digit and/or pa | No | | | ALL |
| 26025 | Drainage of palmar bursa; single, bursa | No | | | ALL |
| 26030 | Drainage of palmar bursa; multiple bursa | No | | | ALL |
| 26034 | Incision, bone cortex, hand or finger (eg, c | No | | | ALL |
| 26035 | Decompression fingers and/or hand, injec | No | | | ALL |
| 26037 | Decompressive fasciotomy, hand (exclude | No | | | ALL |
| 26040 | Fasciotomy, palmar (eg, Dupuytren's cont | No | | | ALL |
| 26045 | Fasciotomy, palmar (eg, Dupuytren's cont | No | | | ALL |
| 26055 | Tendon sheath incision (eg, for trigger fing | No | | | ALL |
| 26060 | Tenotomy, percutaneous, single, each dig | No | | | ALL |
| 26070 | Arthrotomy, with exploration, drainage, or | No | | | ALL |
| 26075 | Arthrotomy, with exploration, drainage, or | No | | | ALL |
| 26080 | Arthrotomy, with exploration, drainage, or | No | | | ALL |
| 26100 | Arthrotomy with biopsy; carpometacarpal j | No | | | ALL |
| 26105 | Arthrotomy with biopsy; metacarpophalan | No | | | ALL |
| 26110 | Arthrotomy with biopsy; interphalangeal jo | No | | | ALL |
| 26111 | EXCISION, TUMOR OR VASCULAR MAL | No | | | ALL |
| 26113 | EXCISION, TUMOR, SOFT TISSUE, OR V | No | | | ALL |
| 26115 | Excision, tumor or vascular malformation, | No | | | ALL |
| 26116 | Excision, tumor or vascular malformation, | No | | | ALL |
| 26117 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 26118 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 26121 | Fasciectomy, palm only, with or without Z- | No | | | ALL |
| 26123 | Fasciectomy, partial palmar with release c | No | | | ALL |
| 26125 | Fasciectomy, partial palmar with release c | No | | | ALL |
| 26130 | Synovectomy, carpometacarpal joint | No | | | ALL |
| 26135 | Synovectomy, metacarpophalangeal joint | No | | | ALL |
| 26140 | Synovectomy, proximal interphalangeal jo | No | | | ALL |
| 26145 | Synovectomy, tendon sheath, radical (ten | No | | | ALL |
| 26160 | Excision of lesion of tendon sheath or join | No | | | ALL |
| 26170 | Excision of tendon, palm, flexor, single (se | No | | | ALL |
| 26180 | Excision of tendon, finger, flexor (separate | No | | | ALL |
| 26185 | Sesamoidectomy, thumb or finger (separa | No | | | ALL |
| 26200 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 26205 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 26210 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 26215 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 26230 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 26235 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 26236 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 26250 | Radical resection, metacarpal (eg, tumor) | No | | | ALL |
| 26260 | Radical resection, proximal or middle phal | No | | | ALL |
| 26262 | Radical resection, distal phalanx of finger | No | | | ALL |
| 26320 | Removal of implant from finger or hand | No | | | ALL |
| 26340 | Manipulation, finger joint, under anesthesi | No | | | ALL |
| 26341 | Manipulation, palmar fascial cord (ie, Dup | No | | | ALL |
| 26350 | Repair or advancement, flexor tendon, no | No | | | ALL |
| 26352 | Repair or advancement, flexor tendon, no | No | | | ALL |
| 26356 | Repair or advancement, flexor tendon, in z | No | | | ALL |
| 26357 | Repair or advancement, flexor tendon, in z | No | | | ALL |
| 26358 | Repair or advancement, flexor tendon, in z | No | | | ALL |
| 26370 | Repair or advancement of profundus tend | No | | | ALL |
| 26372 | Repair or advancement of profundus tend | No | | | ALL |
| 26373 | Repair or advancement of profundus tend | No | | | ALL |
| 26390 | Excision flexor tendon, with implantation o | No | | | ALL |
| 26392 | Removal of synthetic rod and insertion of t | No | | | ALL |
| 26410 | Repair, extensor tendon, hand, primary or | No | | | ALL |
| 26412 | Repair, extensor tendon, hand, primary or | No | | | ALL |
| 26415 | Excision of extensor tendon, with implanta | No | | | ALL |
| 26416 | Removal of synthetic rod and insertion of | No | | | ALL |
| 26418 | Repair, extensor tendon, finger, primary o | No | | | ALL |
| 26420 | Repair, extensor tendon, finger, primary o | No | | | ALL |
| 26426 | Repair of extensor tendon, central slip, se | No | | | ALL |
| 26428 | Repair of extensor tendon, central slip, se | No | | | ALL |
| 26432 | Closed treatment of distal extensor tendor | No | | | ALL |
| 26433 | Repair of extensor tendon, distal insertion | No | | | ALL |
| 26434 | Repair of extensor tendon, distal insertion | No | | | ALL |
| 26437 | Realignment of extensor tendon, hand, ea | No | | | ALL |
| 26440 | Tenolysis, flexor tendon; palm OR finger, | No | | | ALL |
| 26442 | Tenolysis, flexor tendon; palm AND finger | No | | | ALL |
| 26445 | Tenolysis, extensor tendon, hand OR finge | No | | | ALL |
| 26449 | Tenolysis, complex, extensor tendon, fing | No | | | ALL |
| 26450 | Tenotomy, flexor, palm, open, each tendo | No | | | ALL |
| 26455 | Tenotomy, flexor, finger, open, each tendo | No | | | ALL |
| 26460 | Tenotomy, extensor, hand or finger, open, | No | | | ALL |
| 26471 | Tenodesis; of proximal interphalangeal joi | No | | | ALL |
| 26474 | Tenodesis; of distal joint, each joint | No | | | ALL |
| 26476 | Lengthening of tendon, extensor, hand or | No | | | ALL |
| 26477 | Shortening of tendon, extensor, hand or fi | No | | | ALL |
| 26478 | Lengthening of tendon, flexor, hand or fing | No | | | ALL |
| 26479 | Shortening of tendon, flexor, hand or finge | No | | | ALL |
| 26480 | Transfer or transplant of tendon, carpome | No | | | ALL |
| 26483 | Transfer or transplant of tendon, carpome | No | | | ALL |
| 26485 | Transfer or transplant of tendon, palmar; v | No | | | ALL |
| 26489 | Transfer or transplant of tendon, palmar; v | No | | | ALL |
| 26490 | Opponensplasty; superficialis tendon trans | No | | | ALL |
| 26492 | Opponensplasty; tendon transfer with graf | No | | | ALL |
| 26494 | Opponensplasty; hypothenar muscle trans | No | | | ALL |
| 26496 | Opponensplasty; other methods | No | | | ALL |
| 26497 | Transfer of tendon to restore intrinsic func | No | | | ALL |
| 26498 | Transfer of tendon to restore intrinsic func | No | | | ALL |
| 26499 | Correction claw finger, other methods | No | | | ALL |
| 26500 | Reconstruction of tendon pulley, each ten | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 26502 | Reconstruction of tendon pulley, each ten | No | | | ALL |
| 26508 | Release of thenar muscle(s) (eg, thumb c | No | | | ALL |
| 26510 | Cross intrinsic transfer, each tendon | No | | | ALL |
| 26516 | Capsulodesis, metacarpophalangeal joint; | No | | | ALL |
| 26517 | Capsulodesis, metacarpophalangeal joint; | No | | | ALL |
| 26518 | Capsulodesis, metacarpophalangeal joint; | No | | | ALL |
| 26520 | Capsulectomy or capsulotomy; metacarpo | No | | | ALL |
| 26525 | Capsulectomy or capsulotomy; interphalar | No | | | ALL |
| 26530 | Arthroplasty, metacarpophalangeal joint; e | No | | | ALL |
| 26531 | Arthroplasty, metacarpophalangeal joint; w | No | | | ALL |
| 26535 | Arthroplasty, interphalangeal joint; each jo | No | | | ALL |
| 26536 | Arthroplasty, interphalangeal joint; with pr | No | | | ALL |
| 26540 | Repair of collateral ligament, metacarpopl | No | | | ALL |
| 26541 | Reconstruction, collateral ligament, metac | No | | | ALL |
| 26542 | Reconstruction, collateral ligament, metac | No | | | ALL |
| 26545 | Reconstruction, collateral ligament, interp | No | | | ALL |
| 26546 | Repair non-union, metacarpal or phalanx, | No | | | ALL |
| 26548 | Repair and reconstruction, finger, volar pla | No | | | ALL |
| 26550 | Pollicization of a digit | No | | | ALL |
| 26551 | Transfer, toe-to-hand with microvascular a | No | | | ALL |
| 26553 | Transfer, toe-to-hand with microvascular a | No | | | ALL |
| 26554 | Transfer, toe-to-hand with microvascular a | No | | | ALL |
| 26555 | Transfer, finger to another position withou | No | | | ALL |
| 26556 | Transfer, free toe joint, with microvascular | No | | | ALL |
| 26560 | Repair of syndactyly (web finger) each we | No | | | ALL |
| 26561 | Repair of syndactyly (web finger) each we | No | | | ALL |
| 26562 | Repair of syndactyly (web finger) each we | No | | | ALL |
| 26565 | Osteotomy; metacarpal, each | No | | | ALL |
| 26567 | Osteotomy; phalanx of finger, each | No | | | ALL |
| 26568 | Osteoplasty, lengthening, metacarpal or p | No | | | ALL |
| 26580 | Repair cleft hand | No | | | ALL |
| 26587 | Reconstruction of polydactylous digit, soft | No | | | ALL |
| 26590 | Repair macrodactylia, each digit | No | | | ALL |
| 26591 | Repair, intrinsic muscles of hand, each mu | No | | | ALL |
| 26593 | Release, intrinsic muscles of hand, each m | No | | | ALL |
| 26596 | Excision of constricting ring of finger, with | No | | | ALL |
| 26600 | Closed treatment of metacarpal fracture, s | No | | | ALL |
| 26605 | Closed treatment of metacarpal fracture, s | No | | | ALL |
| 26607 | Closed treatment of metacarpal fracture, w | No | | | ALL |
| 26608 | Percutaneous skeletal fixation of metacarp | No | | | ALL |
| 26615 | Open treatment of metacarpal fracture, sin | No | | | ALL |
| 26641 | Closed treatment of carpometacarpal dislo | No | | | ALL |
| 26645 | Closed treatment of carpometacarpal frac | No | | | ALL |
| 26650 | Percutaneous skeletal fixation of carpome | No | | | ALL |
| 26665 | Open treatment of carpometacarpal fractu | No | | | ALL |
| 26670 | Closed treatment of carpometacarpal dislo | No | | | ALL |
| 26675 | Closed treatment of carpometacarpal dislo | No | | | ALL |
| 26676 | Percutaneous skeletal fixation of carpome | No | | | ALL |
| 26685 | Open treatment of carpometacarpal disloc | No | | | ALL |
| 26686 | Open treatment of carpometacarpal disloc | No | | | ALL |
| 26700 | Closed treatment of metacarpophalangea | No | | | ALL |
| 26705 | Closed treatment of metacarpophalangea | No | | | ALL |
| 26706 | Percutaneous skeletal fixation of metacarp | No | | | ALL |
| 26715 | Open treatment of metacarpophalangeal d | No | | | ALL |
| 26720 | Closed treatment of phalangeal shaft fract | No | | | ALL |
| 26725 | Closed treatment of phalangeal shaft fract | No | | | ALL |
| 26727 | Percutaneous skeletal fixation of unstable | No | | | ALL |
| 26735 | Open treatment of phalangeal shaft fractu | No | | | ALL |
| 26740 | Closed treatment of articular fracture, invo | No | | | ALL |
| 26742 | Closed treatment of articular fracture, invo | No | | | ALL |
| 26746 | Open treatment of articular fracture, involv | No | | | ALL |
| 26750 | Closed treatment of distal phalangeal frac | No | | | ALL |
| 26755 | Closed treatment of distal phalangeal frac | No | | | ALL |
| 26756 | Percutaneous skeletal fixation of distal ph | No | | | ALL |
| 26765 | Open treatment of distal phalangeal fractu | No | | | ALL |
| 26770 | Closed treatment of interphalangeal joint d | No | | | ALL |
| 26775 | Closed treatment of interphalangeal joint d | No | | | ALL |
| 26776 | Percutaneous skeletal fixation of interphal | No | | | ALL |
| 26785 | Open treatment of interphalangeal joint dis | No | | | ALL |
| 26820 | Fusion in opposition, thumb, with autogen | No | | | ALL |
| 26841 | Arthrodesis, carpometacarpal joint, thumb | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 26842 | Arthrodesis, carpometacarpal joint, thumb | No | | | ALL |
| 26843 | Arthrodesis, carpometacarpal joint, digit, c | No | | | ALL |
| 26844 | Arthrodesis, carpometacarpal joint, digit, c | No | | | ALL |
| 26850 | Arthrodesis, metacarpophalangeal joint, w | No | | | ALL |
| 26852 | Arthrodesis, metacarpophalangeal joint, w | No | | | ALL |
| 26860 | Arthrodesis, interphalangeal joint, with or | No | | | ALL |
| 26861 | Arthrodesis, interphalangeal joint, with or | No | | | ALL |
| 26862 | Arthrodesis, interphalangeal joint, with or | No | | | ALL |
| 26863 | Arthrodesis, interphalangeal joint, with or | No | | | ALL |
| 26910 | Amputation, metacarpal, with finger or thu | No | | | ALL |
| 26951 | Amputation, finger or thumb, primary or se | No | | | ALL |
| 26952 | Amputation, finger or thumb, primary or se | No | | | ALL |
| 26989 | UNLISTED PROCEDURE, HANDS OR FI | Yes | | | ALL (Except McWRAP) |
| 26989 | UNLISTED PROCEDURE, HANDS OR FI | No | | | MCWRAP |
| 26990 | Incision and drainage, pelvis or hip joint ar | No | | | ALL |
| 26991 | Incision and drainage, pelvis or hip joint ar | No | | | ALL |
| 26992 | Incision, bone cortex, pelvis and/or hip join | No | | | ALL |
| 27000 | Tenotomy, adductor of hip, percutaneous | No | | | ALL |
| 27001 | Tenotomy, adductor of hip, open | No | | | ALL |
| 27003 | Tenotomy, adductor, subcutaneous, open | No | | | ALL |
| 27005 | Tenotomy, hip flexor(s), open (separate pr | No | | | ALL |
| 27006 | Tenotomy, abductors and/or extensor(s) o | No | | | ALL |
| 27025 | Fasciotomy, hip or thigh, any type | No | | | ALL |
| 27027 | Decompression fasciotomy(ies), pelvic (bu | No | | | ALL |
| 27030 | Arthrotomy, hip, with drainage (eg, infectic | No | | | ALL |
| 27033 | Arthrotomy, hip, including exploration or re | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27033 | Arthrotomy, hip, including exploration or re | No | | | MCWRAP |
| 27035 | Denervation, hip joint, intrapelvic or extrap | No | | | ALL |
| 27036 | Capsulectomy or capsulotomy, hip, with o | No | | | ALL |
| 27040 | Biopsy, soft tissue of pelvis and hip area; | No | | | ALL |
| 27041 | Biopsy, soft tissue of pelvis and hip area; | No | | | ALL |
| 27043 | EXCISION, TUMOR,SOF T TISSUE OF F | No | | | ALL |
| 27045 | EXCISION, TUMOR, SOF T TISSUE OF F | No | | | ALL |
| 27047 | Excision, tumor, pelvis and hip area; subc | No | | | ALL |
| 27048 | Excision, tumor, pelvis and hip area; deep | No | | | ALL |
| 27049 | Radical resection of tumor, soft tissue of p | No | | | ALL |
| 27050 | Arthrotomy, with biopsy; sacroiliac joint | No | | | ALL |
| 27052 | Arthrotomy, with biopsy; hip joint | No | | | ALL |
| 27054 | Arthrotomy with synovectomy, hip joint | No | | | ALL |
| 27057 | Decompression fasciotomy(ies), pelvic (bu | No | | | ALL |
| 27059 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 27060 | Excision; ischial bursa | No | | | ALL |
| 27062 | Excision; trochanteric bursa or calcificatio | No | | | ALL |
| 27065 | Excision of bone cyst or benign tumor, wit | No | | | ALL |
| 27066 | Excision of bone cyst or benign tumor, wit | No | | | ALL |
| 27067 | Excision of bone cyst or benign tumor, wit | No | | | ALL |
| 27070 | Partial excision, wing of ilium, symphysis p | No | | | ALL |
| 27071 | Partial excision, wing of ilium, symphysis p | No | | | ALL |
| 27075 | Radical resection of tumor or infection; wi | No | | | ALL |
| 27076 | Radical resection of tumor or infection; iliu | No | | | ALL |
| 27077 | Radical resection of tumor or infection; inn | No | | | ALL |
| 27078 | Radical resection of tumor or infection; isc | No | | | ALL |
| 27080 | Coccygectomy, primary | No | | | ALL |
| 27086 | Removal of foreign body, pelvis or hip; sul | No | | | ALL |
| 27087 | Removal of foreign body, pelvis or hip; de | No | | | ALL |
| 27090 | Removal of hip prosthesis; (separate proc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27090 | Removal of hip prosthesis; (separate proc | No | | | MCWRAP |
| 27091 | Removal of hip prosthesis; complicated, in | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27091 | Removal of hip prosthesis; complicated, in | No | | | MCWRAP |
| 27093 | Injection procedure for hip arthrography; w | No | | | ALL |
| 27095 | Injection procedure for hip arthrography; w | No | | | ALL |
| 27096 | Injection procedure for sacroiliac joint, arth | Yes | CCN | | ALL (Except McWRAP) |
| 27096 | Injection procedure for sacroiliac joint, arth | No | | | MCWRAP |
| 27097 | Release or recession, hamstring, proxima | No | | | ALL |
| 27098 | Transfer, adductor to ischium | No | | | ALL |
| 27100 | Transfer external oblique muscle to greate | No | | | ALL |
| 27105 | Transfer paraspinal muscle to hip (include | No | | | ALL |
| 27110 | Transfer iliopsoas; to greater trochanter of | No | | | ALL |
| 27111 | Transfer iliopsoas; to femoral neck | No | | | ALL |
| 27120 | Acetabuloplasty; (eg, Whitman, Colonna, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27120 | Acetabuloplasty; (eg, Whitman, Colonna, | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27122 | Acetabuloplasty; resection, femoral head ( | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27122 | Acetabuloplasty; resection, femoral head ( | No | | | MCWRAP |
| 27125 | Hemiarthroplasty, hip, partial (eg, femoral | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27125 | Hemiarthroplasty, hip, partial (eg, femoral | No | | | MCWRAP |
| 27130 | Total hip arthroplasty | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27130 | Total hip arthroplasty | No | | | MCWRAP |
| 27132 | CONVERSION OF PREVIOUS HIP SURG | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27132 | CONVERSION OF PREVIOUS HIP SURG | No | | | MCWRAP |
| 27134 | Revision of total hip arthroplasty; both com | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27134 | Revision of total hip arthroplasty; both com | No | | | MCWRAP |
| 27137 | Revision of total hip arthroplasty; acetabul | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27137 | Revision of total hip arthroplasty; acetabul | No | | | MCWRAP |
| 27138 | Revision of total hip arthroplasty; femoral ( | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27138 | Revision of total hip arthroplasty; femoral ( | No | | | MCWRAP |
| 27140 | Osteotomy and transfer of greater trochan | No | | | ALL |
| 27146 | Osteotomy, iliac, acetabular or innominate | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27146 | Osteotomy, iliac, acetabular or innominate | No | | | MCWRAP |
| 27147 | Osteotomy, iliac, acetabular or innominate | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27147 | Osteotomy, iliac, acetabular or innominate | No | | | MCWRAP |
| 27151 | Osteotomy, iliac, acetabular or innominate | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27151 | Osteotomy, iliac, acetabular or innominate | No | | | MCWRAP |
| 27156 | Osteotomy, iliac, acetabular or innominate | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27156 | Osteotomy, iliac, acetabular or innominate | No | | | MCWRAP |
| 27158 | Osteotomy, pelvis, bilateral (eg, congenita | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27158 | Osteotomy, pelvis, bilateral (eg, congenita | No | | | MCWRAP |
| 27161 | Osteotomy, femoral neck (separate proce | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27161 | Osteotomy, femoral neck (separate proce | No | | | MCWRAP |
| 27165 | Osteotomy, intertrochanteric or subtrocha | No | | | ALL |
| 27170 | Bone graft, femoral head, neck, intertroch | No | | | ALL |
| 27175 | Treatment of slipped femoral epiphysis; by | No | | | ALL |
| 27176 | Treatment of slipped femoral epiphysis; by | No | | | ALL |
| 27177 | Open treatment of slipped femoral epiphys | No | | | ALL |
| 27178 | Open treatment of slipped femoral epiphys | No | | | ALL |
| 27179 | Open treatment of slipped femoral epiphys | No | | | ALL |
| 27181 | Open treatment of slipped femoral epiphys | No | | | ALL |
| 27185 | Epiphyseal arrest by epiphysiodesis or sta | No | | | ALL |
| 27187 | Prophylactic treatment (nailing, pinning, pl | No | | | ALL |
| 27197 | Closed treatment of posterior pelvic ring fr | No | | | ALL |
| 27198 | Closed treatment of posterior pelvic ring fr | No | | | ALL |
| 27200 | Closed treatment of coccygeal fracture | No | | | ALL |
| 27202 | Open treatment of coccygeal fracture | No | | | ALL |
| 27215 | Open treatment of iliac spine(s), tuberosity | No | | | ALL |
| 27216 | dislocation (includes ilium, sacroiliac joint | No | | | ALL |
| 27217 | Open treatment of anterior ring fracture ar | No | | | ALL |
| 27218 | Open treatment of posterior ring fracture a | No | | | ALL |
| 27220 | Closed treatment of acetabulum (hip sock | No | | | ALL |
| 27222 | Closed treatment of acetabulum (hip sock | No | | | ALL |
| 27226 | Open treatment of posterior or anterior ac | No | | | ALL |
| 27227 | Open treatment of acetabular fracture(s) in | No | | | ALL |
| 27228 | Open treatment of acetabular fracture(s) in | No | | | ALL |
| 27230 | Closed treatment of femoral fracture, prox | No | | | ALL |
| 27232 | Closed treatment of femoral fracture, prox | No | | | ALL |
| 27235 | Percutaneous skeletal fixation of femoral f | No | | | ALL |
| 27236 | Open treatment of femoral fracture, proxin | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27236 | Open treatment of femoral fracture, proxin | No | | | MCWRAP |
| 27238 | Closed treatment of intertrochanteric, pert | No | | | ALL |
| 27240 | Closed treatment of intertrochanteric, pert | No | | | ALL |
| 27244 | Treatment of intertrochanteric, pertrochan | No | | | ALL |
| 27245 | Treatment of intertrochanteric, pertrochan | No | | | ALL |
| 27246 | Closed treatment of greater trochanteric fr | No | | | ALL |
| 27248 | Open treatment of greater trochanteric fra | No | | | ALL |
| 27250 | Closed treatment of hip dislocation, traum | No | | | ALL |
| 27252 | Closed treatment of hip dislocation, traum | No | | | ALL |
| 27253 | Open treatment of hip dislocation, traumat | No | | | ALL |
| 27254 | Open treatment of hip dislocation, traumat | No | | | ALL |
| 27256 | Treatment of spontaneous hip dislocation | No | | | ALL |
| 27257 | Treatment of spontaneous hip dislocation | No | | | ALL |
| 27258 | Open treatment of spontaneous hip disloc | No | | | ALL |
| 27259 | Open treatment of spontaneous hip disloc | No | | | ALL |
| 27265 | Closed treatment of post hip arthroplasty c | No | | | ALL |
| 27266 | Closed treatment of post hip arthroplasty c | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27267 | CLOSED TREATMENT OF FEMORAL FR | No | | | ALL |
| 27268 | CLOSED TREATMENT OF FEMORAL FR | No | | | ALL |
| 27269 | OPEN TREATMENT OF FEMORAL FRAC | No | | | ALL |
| 27275 | Manipulation, hip joint, requiring general a | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27275 | Manipulation, hip joint, requiring general a | No | | | MCWRAP |
| 27278 | Arthrodesis, sacroiliac joint, percutaneous | Yes | TPC-MSK | | ALL (Except Mcwrap) |
| 27278 | Arthrodesis, sacroiliac joint, percutaneous | No | | | MCWRAP |
| 27279 | Arthrodesis, sacroiliac joint, percutaneous | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27279 | Arthrodesis, sacroiliac joint, percutaneous | No | | | MCWRAP |
| 27280 | Arthrodesis, sacroiliac joint (including obta | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27280 | Arthrodesis, sacroiliac joint (including obta | No | | | MCWRAP |
| 27282 | Arthrodesis, symphysis pubis (including ol | No | | | ALL |
| 27284 | Arthrodesis, hip joint (including obtaining g | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27284 | Arthrodesis, hip joint (including obtaining g | No | | | MCWRAP |
| 27286 | Arthrodesis, hip joint (including obtaining g | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27286 | Arthrodesis, hip joint (including obtaining g | No | | | MCWRAP |
| 27290 | Interpelviabdominal amputation (hindquar | No | | | ALL |
| 27295 | Disarticulation of hip | No | | | ALL |
| 27299 | UNLISTED PROCEDURE, PELVIS OR HI | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27299 | UNLISTED PROCEDURE, PELVIS OR HI | No | | | MCWRAP |
| 27301 | Incision and drainage, deep abscess, burs | No | | | ALL |
| 27303 | Incision, deep, with opening of bone corte | No | | | ALL |
| 27305 | Fasciotomy, iliotibial (tenotomy), open | No | | | ALL |
| 27306 | Tenotomy, percutaneous, adductor or han | No | | | ALL |
| 27307 | Tenotomy, percutaneous, adductor or han | No | | | ALL |
| 27310 | Arthrotomy, knee, with exploration, draina | No | | | ALL |
| 27323 | Biopsy, soft tissue of thigh or knee area; s | No | | | ALL |
| 27324 | Biopsy, soft tissue of thigh or knee area; d | No | | | ALL |
| 27325 | NEURECTOMY, HAMSTRING MUSCLE | No | | | ALL |
| 27326 | NEURECTOMY, POPLITEAL (GASTROC | No | | | ALL |
| 27327 | Excision, tumor, thigh or knee area; subcu | No | | | ALL |
| 27328 | Excision, tumor, thigh or knee area; deep, | No | | | ALL |
| 27329 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 27330 | ARTHROTOMY, KNEE; WITH SYNOVIAL | No | | | ALL |
| 27331 | ARTHROTOMY, KNEE; INCLUDING JOIN | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27331 | ARTHROTOMY, KNEE; INCLUDING JOIN | No | | | MCWRAP |
| 27332 | ARTHROTOMY, WITH EXCISION OF SEI | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27332 | ARTHROTOMY, WITH EXCISION OF SEI | No | | | MCWRAP |
| 27333 | ARTHROTOMY, WITH EXCISION OF SEI | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27333 | ARTHROTOMY, WITH EXCISION OF SEI | No | | | MCWRAP |
| 27334 | ARTHROTOMY, WITH SYNOVECTOMY I | No | | | ALL |
| 27335 | ARTHROTOMY, WITH SYNOVECTOMY I | No | | | ALL |
| 27337 | EXCISION, TUMOR, SOFT TISSUE OF T | No | | | ALL |
| 27339 | EXCISION, TUMOR, SOFT TISSUE OF T | No | | | ALL |
| 27340 | Excision, prepatellar bursa | No | | | ALL |
| 27345 | Excision of synovial cyst of popliteal space | No | | | ALL |
| 27347 | Excision of lesion of meniscus or capsule | No | | | ALL |
| 27350 | Patellectomy or hemipatellectomy | No | | | ALL |
| 27355 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 27356 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 27357 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 27358 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 27360 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 27364 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 27365 | Radical resection of tumor, bone, femur or | No | | | ALL |
| 27369 | Injection procedure for contrast knee arthr | No | | | ALL |
| 27372 | Removal of foreign body, deep, thigh regio | No | | | ALL |
| 27380 | Suture of infrapatellar tendon; primary | No | | | ALL |
| 27381 | Suture of infrapatellar tendon; secondary r | No | | | ALL |
| 27385 | Suture of quadriceps or hamstring muscle | No | | | ALL |
| 27386 | Suture of quadriceps or hamstring muscle | No | | | ALL |
| 27390 | Tenotomy, open, hamstring, knee to hip; s | No | | | ALL |
| 27391 | Tenotomy, open, hamstring, knee to hip; r | No | | | ALL |
| 27392 | Tenotomy, open, hamstring, knee to hip; r | No | | | ALL |
| 27393 | Lengthening of hamstring tendon; single t | No | | | ALL |
| 27394 | Lengthening of hamstring tendon; multiple | No | | | ALL |
| 27395 | Lengthening of hamstring tendon; multiple | No | | | ALL |
| 27396 | Transplant, hamstring tendon to patella; s | No | | | ALL |
| 27397 | Transplant, hamstring tendon to patella; m | No | | | ALL |
| 27400 | Transfer, tendon or muscle, hamstrings to | No | | | ALL |
| 27403 | Arthrotomy with meniscus repair, knee | Yes | TPC-MSK | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27403 | Arthrotomy with meniscus repair, knee | No | | | MCWRAP |
| 27405 | Repair, primary, torn ligament and/or caps | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27405 | Repair, primary, torn ligament and/or caps | No | | | MCWRAP |
| 27407 | Repair, primary, torn ligament and/or caps | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27407 | Repair, primary, torn ligament and/or caps | No | | | MCWRAP |
| 27409 | Repair, primary, torn ligament and/or caps | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27409 | Repair, primary, torn ligament and/or caps | No | | | MCWRAP |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLAN | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLAN | No | | | MCWRAP |
| 27415 | OSTEOCHONDRAL ALLOGRAFT, KNEE | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27415 | OSTEOCHONDRAL ALLOGRAFT, KNEE | No | | | MCWRAP |
| 27416 | OSTEOCHONDRAL AUTOGRAFT(S), KN | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27416 | OSTEOCHONDRAL AUTOGRAFT(S), KN | No | | | MCWRAP |
| 27418 | Anterior tibial tubercleplasty (eg, Maquet t | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27418 | Anterior tibial tubercleplasty (eg, Maquet t | No | | | MCWRAP |
| 27420 | Reconstruction of dislocating patella; (eg, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27420 | Reconstruction of dislocating patella; (eg, | No | | | MCWRAP |
| 27422 | Reconstruction of dislocating patella; with | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27422 | Reconstruction of dislocating patella; with | No | | | MCWRAP |
| 27424 | Reconstruction of dislocating patella; with | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27424 | Reconstruction of dislocating patella; with | No | | | MCWRAP |
| 27425 | Lateral retinacular release, open | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27425 | Lateral retinacular release, open | No | | | MCWRAP |
| 27427 | Ligamentous reconstruction (augmentatio | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27427 | Ligamentous reconstruction (augmentatio | No | | | MCWRAP |
| 27428 | Ligamentous reconstruction (augmentatio | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27428 | Ligamentous reconstruction (augmentatio | No | | | MCWRAP |
| 27429 | Ligamentous reconstruction (augmentatio | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27429 | Ligamentous reconstruction (augmentatio | No | | | MCWRAP |
| 27430 | Quadricepsplasty (eg, Bennett or Thomps | No | | | ALL |
| 27435 | Capsulotomy, posterior capsular release, | No | | | ALL |
| 27437 | Arthroplasty, patella; without prosthesis | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27437 | Arthroplasty, patella; without prosthesis | No | | | MCWRAP |
| 27438 | Arthroplasty, patella; with prosthesis | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27438 | Arthroplasty, patella; with prosthesis | No | | | MCWRAP |
| 27440 | Arthroplasty, knee, tibial plateau; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27440 | Arthroplasty, knee, tibial plateau; | No | | | MCWRAP |
| 27440 | Arthroplasty, knee, tibial plateau; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27440 | Arthroplasty, knee, tibial plateau; | No | | | MCWRAP |
| 27441 | Arthroplasty, knee, tibial plateau; with deb | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27441 | Arthroplasty, knee, tibial plateau; with deb | No | | | MCWRAP |
| 27442 | Arthroplasty, femoral condyles or tibial pla | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27442 | Arthroplasty, femoral condyles or tibial pla | No | | | MCWRAP |
| 27443 | Arthroplasty, femoral condyles or tibial pla | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27443 | Arthroplasty, femoral condyles or tibial pla | No | | | MCWRAP |
| 27446 | Arthroplasty, knee, condyle and plateau; n | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27446 | Arthroplasty, knee, condyle and plateau; n | No | | | MCWRAP |
| 27447 | Arthroplasty, knee, condyle and plateau; n | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27447 | Arthroplasty, knee, condyle and plateau; n | No | | | MCWRAP |
| 27448 | Osteotomy, femur, shaft or supracondylar; | No | | | ALL |
| 27450 | Osteotomy, femur, shaft or supracondylar; | No | | | ALL |
| 27454 | Osteotomy, multiple, with realignment on i | No | | | ALL |
| 27455 | Osteotomy, proximal tibia, including fibula | No | | | ALL |
| 27457 | Osteotomy, proximal tibia, including fibula | No | | | ALL |
| 27465 | Osteoplasty, femur; shortening (excluding | No | | | ALL |
| 27466 | Osteoplasty, femur; lengthening | No | | | ALL |
| 27470 | Repair, nonunion or malunion, femur, dist | No | | | ALL |
| 27472 | Repair, nonunion or malunion, femur, dist | No | | | ALL |
| 27475 | Arrest, epiphyseal, any method (eg, epiph | No | | | ALL |
| 27477 | Arrest, epiphyseal, any method (eg, epiph | No | | | ALL |
| 27479 | Arrest, epiphyseal, any method (eg, epiph | No | | | ALL |
| 27485 | Arrest, hemiepiphyseal, distal femur or pro | No | | | ALL |
| 27486 | Revision of total knee arthroplasty, with or | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27486 | Revision of total knee arthroplasty, with or | No | | | MCWRAP |
| 27487 | Revision of total knee arthroplasty, with or | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27487 | Revision of total knee arthroplasty, with or | No | | | MCWRAP |
| 27488 | Removal of prosthesis, including total kne | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27488 | Removal of prosthesis, including total kne | No | | | MCWRAP |
| 27495 | Prophylactic treatment (nailing, pinning, pl | No | | | ALL |
| 27496 | extensor or adductor); | No | | | ALL |
| 27497 | Decompression fasciotomy, thigh and/or k | No | | | ALL |
| 27498 | Decompression fasciotomy, thigh and/or k | No | | | ALL |
| 27499 | Decompression fasciotomy, thigh and/or k | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27500 | Closed treatment of femoral shaft fracture | No | | | ALL |
| 27501 | Closed treatment of supracondylar or tran | No | | | ALL |
| 27502 | Closed treatment of femoral shaft fracture | No | | | ALL |
| 27503 | Closed treatment of supracondylar or tran | No | | | ALL |
| 27506 | Open treatment of femoral shaft fracture, | No | | | ALL |
| 27507 | Open treatment of femoral shaft fracture w | No | | | ALL |
| 27508 | Closed treatment of femoral fracture, dista | No | | | ALL |
| 27509 | Percutaneous skeletal fixation of femoral f | No | | | ALL |
| 27510 | Closed treatment of femoral fracture, dista | No | | | ALL |
| 27511 | Open treatment of femoral supracondylar | No | | | ALL |
| 27513 | Open treatment of femoral supracondylar | No | | | ALL |
| 27514 | Open treatment of femoral fracture, distal | No | | | ALL |
| 27516 | Closed treatment of distal femoral epiphys | No | | | ALL |
| 27517 | Closed treatment of distal femoral epiphys | No | | | ALL |
| 27519 | Open treatment of distal femoral epiphyse | No | | | ALL |
| 27520 | Closed treatment of patellar fracture, witho | No | | | ALL |
| 27524 | Open treatment of patellar fracture, with in | No | | | ALL |
| 27530 | Closed treatment of tibial fracture, proxima | No | | | ALL |
| 27532 | Closed treatment of tibial fracture, proxima | No | | | ALL |
| 27535 | Open treatment of tibial fracture, proximal | No | | | ALL |
| 27536 | Open treatment of tibial fracture, proximal | No | | | ALL |
| 27538 | Closed treatment of intercondylar spine(s) | No | | | ALL |
| 27540 | Open treatment of intercondylar spine(s) a | No | | | ALL |
| 27550 | Closed treatment of knee dislocation; with | No | | | ALL |
| 27552 | Closed treatment of knee dislocation; requ | No | | | ALL |
| 27556 | Open treatment of knee dislocation, with c | No | | | ALL |
| 27557 | Open treatment of knee dislocation, with c | No | | | ALL |
| 27558 | Open treatment of knee dislocation, with c | No | | | ALL |
| 27560 | Closed treatment of patellar dislocation; w | No | | | ALL |
| 27562 | Closed treatment of patellar dislocation; re | No | | | ALL |
| 27566 | Open treatment of patellar dislocation, wit | No | | | ALL |
| 27570 | Manipulation of knee joint under general a | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27570 | Manipulation of knee joint under general a | No | | | MCWRAP |
| 27580 | Arthrodesis, knee, any technique | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27580 | Arthrodesis, knee, any technique | No | | | MCWRAP |
| 27590 | Amputation, thigh, through femur, any leve | No | | | ALL |
| 27591 | Amputation, thigh, through femur, any leve | No | | | ALL |
| 27592 | Amputation, thigh, through femur, any leve | No | | | ALL |
| 27594 | Amputation, thigh, through femur, any leve | No | | | ALL |
| 27596 | Amputation, thigh, through femur, any leve | No | | | ALL |
| 27598 | Disarticulation at knee | No | | | ALL |
| 27599 | UNLISTED PROCEDURE, FEMUR OR KN | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27599 | UNLISTED PROCEDURE, FEMUR OR KN | No | | | MCWRAP |
| 27600 | Decompression fasciotomy, leg; anterior a | No | | | ALL |
| 27601 | Decompression fasciotomy, leg; posterior | No | | | ALL |
| 27602 | Decompression fasciotomy, leg; anterior a | No | | | ALL |
| 27603 | Incision and drainage, leg or ankle; deep a | No | | | ALL |
| 27604 | Incision and drainage, leg or ankle; infecte | No | | | ALL |
| 27605 | Tenotomy, percutaneous, Achilles tendon | No | | | ALL |
| 27606 | Tenotomy, percutaneous, Achilles tendon | No | | | ALL |
| 27607 | Incision (eg, osteomyelitis or bone absces | No | | | ALL |
| 27610 | Arthrotomy, ankle, including exploration, d | No | | | ALL |
| 27612 | Arthrotomy, posterior capsular release, an | No | | | ALL |
| 27613 | Biopsy, soft tissue of leg or ankle area; su | No | | | ALL |
| 27614 | Biopsy, soft tissue of leg or ankle area; de | No | | | ALL |
| 27615 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 27616 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 27618 | Excision, tumor, leg or ankle area; subcuta | No | | | ALL |
| 27619 | Excision, tumor, leg or ankle area; deep (s | No | | | ALL |
| 27620 | Arthrotomy, ankle, with joint exploration, w | No | | | ALL |
| 27625 | Arthrotomy, with synovectomy, ankle; | No | | | ALL |
| 27626 | Arthrotomy, with synovectomy, ankle; inclu | No | | | ALL |
| 27630 | Excision of lesion of tendon sheath or cap | No | | | ALL |
| 27632 | EXCISION, TUMOR, SOFT TISSUE OF LI | No | | | ALL |
| 27634 | EXCISION, TUMOR, SOFT TISSUE OF LI | No | | | ALL |
| 27635 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 27637 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 27638 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 27640 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 27641 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 27645 | Radical resection of tumor, bone; tibia | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27646 | Radical resection of tumor, bone; fibula | No | | | ALL |
| 27647 | Radical resection of tumor, bone; talus or | No | | | ALL |
| 27648 | Injection procedure for ankle arthrography | No | | | ALL |
| 27650 | Repair, primary, open or percutaneous, ru | No | | | ALL |
| 27652 | Repair, primary, open or percutaneous, ru | No | | | ALL |
| 27654 | Repair, secondary, Achilles tendon, with o | No | | | ALL |
| 27656 | Repair, fascial defect of leg | No | | | ALL |
| 27658 | Repair, flexor tendon, leg; primary, withou | No | | | ALL |
| 27659 | Repair, flexor tendon, leg; secondary, with | No | | | ALL |
| 27664 | Repair, extensor tendon, leg; primary, with | No | | | ALL |
| 27665 | Repair, extensor tendon, leg; secondary, v | No | | | ALL |
| 27675 | Repair, dislocating peroneal tendons; with | No | | | ALL |
| 27676 | Repair, dislocating peroneal tendons; with | No | | | ALL |
| 27680 | Tenolysis, flexor or extensor tendon, leg a | No | | | ALL |
| 27681 | Tenolysis, flexor or extensor tendon, leg a | No | | | ALL |
| 27685 | Lengthening or shortening of tendon, leg c | No | | | ALL |
| 27686 | Lengthening or shortening of tendon, leg c | No | | | ALL |
| 27687 | Gastrocnemius recession (eg, Strayer pro | No | | | ALL |
| 27690 | Transfer or transplant of single tendon (wi | No | | | ALL |
| 27691 | Transfer or transplant of single tendon (wi | No | | | ALL |
| 27692 | Transfer or transplant of single tendon (wi | No | | | ALL |
| 27695 | Repair, primary, disrupted ligament, ankle | No | | | ALL |
| 27696 | Repair, primary, disrupted ligament, ankle | No | | | ALL |
| 27698 | Repair, secondary, disrupted ligament, an | No | | | ALL |
| 27700 | Arthroplasty, ankle; | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27700 | Arthroplasty, ankle; | No | | | MCWRAP |
| 27702 | Arthroplasty, ankle; with implant (total ank | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27702 | Arthroplasty, ankle; with implant (total ank | No | | | MCWRAP |
| 27703 | Arthroplasty, ankle; revision, total ankle | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27703 | Arthroplasty, ankle; revision, total ankle | No | | | MCWRAP |
| 27704 | Removal of ankle implant | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27704 | Removal of ankle implant | No | | | MCWRAP |
| 27705 | Osteotomy; tibia | No | | | ALL |
| 27707 | Osteotomy; fibula | No | | | ALL |
| 27709 | Osteotomy; tibia and fibula | No | | | ALL |
| 27712 | Osteotomy; multiple, with realignment on i | No | | | ALL |
| 27715 | Osteoplasty, tibia and fibula, lengthening c | No | | | ALL |
| 27720 | Repair of nonunion or malunion, tibia; with | No | | | ALL |
| 27722 | Repair of nonunion or malunion, tibia; with | No | | | ALL |
| 27724 | Repair of nonunion or malunion, tibia; with | No | | | ALL |
| 27725 | Repair of nonunion or malunion, tibia; by s | No | | | ALL |
| 27726 | REPAIR OF FIBULA NONUNION AND/OR | No | | | ALL |
| 27727 | Repair of congenital pseudarthrosis, tibia | No | | | ALL |
| 27730 | Arrest, epiphyseal (epiphysiodesis), open; | No | | | ALL |
| 27732 | Arrest, epiphyseal (epiphysiodesis), open; | No | | | ALL |
| 27734 | Arrest, epiphyseal (epiphysiodesis), open; | No | | | ALL |
| 27740 | Arrest, epiphyseal (epiphysiodesis), any m | No | | | ALL |
| 27742 | Arrest, epiphyseal (epiphysiodesis), any m | No | | | ALL |
| 27745 | Prophylactic treatment (nailing, pinning, pl | No | | | ALL |
| 27750 | Closed treatment of tibial shaft fracture (w | No | | | ALL |
| 27752 | Closed treatment of tibial shaft fracture (w | No | | | ALL |
| 27756 | Percutaneous skeletal fixation of tibial sha | No | | | ALL |
| 27758 | Open treatment of tibial shaft fracture, (wit | No | | | ALL |
| 27759 | Treatment of tibial shaft fracture (with or w | No | | | ALL |
| 27760 | Closed treatment of medial malleolus frac | No | | | ALL |
| 27762 | Closed treatment of medial malleolus frac | No | | | ALL |
| 27766 | Open treatment of medial malleolus fractu | No | | | ALL |
| 27767 | CLOSED TREATMENT OF POSTERIOR | No | | | ALL |
| 27768 | CLOSED TREATMENT OF POSTERIOR | No | | | ALL |
| 27769 | OPEN TREATMENT OF POSTERIOR MA | No | | | ALL |
| 27780 | Closed treatment of proximal fibula or sha | No | | | ALL |
| 27781 | Closed treatment of proximal fibula or sha | No | | | ALL |
| 27784 | Open treatment of proximal fibula or shaft | No | | | ALL |
| 27786 | Closed treatment of distal fibular fracture ( | No | | | ALL |
| 27788 | Closed treatment of distal fibular fracture ( | No | | | ALL |
| 27792 | Open treatment of distal fibular fracture (la | No | | | ALL |
| 27808 | Closed treatment of bimalleolar ankle frac | No | | | ALL |
| 27810 | Closed treatment of bimalleolar ankle frac | No | | | ALL |
| 27814 | Open treatment of bimalleolar ankle fractu | No | | | ALL |
| 27816 | Closed treatment of trimalleolar ankle frac | No | | | ALL |
| 27818 | Closed treatment of trimalleolar ankle frac | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27822 | Open treatment of trimalleolar ankle fractu | No | | | ALL |
| 27823 | Open treatment of trimalleolar ankle fractu | No | | | ALL |
| 27824 | Closed treatment of fracture of weight bea | No | | | ALL |
| 27825 | Closed treatment of fracture of weight bea | No | | | ALL |
| 27826 | Open treatment of fracture of weight beari | No | | | ALL |
| 27827 | Open treatment of fracture of weight beari | No | | | ALL |
| 27828 | Open treatment of fracture of weight beari | No | | | ALL |
| 27829 | Open treatment of distal tibiofibular joint (s | No | | | ALL |
| 27830 | Closed treatment of proximal tibiofibular jo | No | | | ALL |
| 27831 | Closed treatment of proximal tibiofibular jo | No | | | ALL |
| 27832 | Open treatment of proximal tibiofibular join | No | | | ALL |
| 27840 | Closed treatment of ankle dislocation; with | No | | | ALL |
| 27842 | Closed treatment of ankle dislocation; req | No | | | ALL |
| 27846 | Open treatment of ankle dislocation, with ( | No | | | ALL |
| 27848 | Open treatment of ankle dislocation, with ( | No | | | ALL |
| 27860 | Manipulation of ankle under general anest | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27860 | Manipulation of ankle under general anest | No | | | MCWRAP |
| 27870 | Arthrodesis, ankle, open | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 27870 | Arthrodesis, ankle, open | No | | | MCWRAP |
| 27871 | Arthrodesis, tibiofibular joint, proximal or d | No | | | ALL |
| 27880 | Amputation, leg, through tibia and fibula; | No | | | ALL |
| 27881 | Amputation, leg, through tibia and fibula; w | No | | | ALL |
| 27882 | Amputation, leg, through tibia and fibula; d | No | | | ALL |
| 27884 | Amputation, leg, through tibia and fibula; s | No | | | ALL |
| 27886 | Amputation, leg, through tibia and fibula; r | No | | | ALL |
| 27888 | Amputation, ankle, through malleoli of tibia | No | | | ALL |
| 27889 | Ankle disarticulation | No | | | ALL |
| 27892 | Decompression fasciotomy, leg; anterior a | No | | | ALL |
| 27893 | Decompression fasciotomy, leg; posterior | No | | | ALL |
| 27894 | Decompression fasciotomy, leg; anterior a | No | | | ALL |
| 27899 | UNLISTED PROCEDURE, LEG OR ANKL | Yes | | | ALL (Except McWRAP) |
| 27899 | UNLISTED PROCEDURE, LEG OR ANKL | No | | | MCWRAP |
| 28001 | Incision and drainage, bursa, foot | No | | | ALL |
| 28002 | Incision and drainage below fascia, with o | No | | | ALL |
| 28003 | Incision and drainage below fascia, with o | No | | | ALL |
| 28005 | Incision, bone cortex (eg, osteomyelitis or | No | | | ALL |
| 28008 | Fasciotomy, foot and/or toe | No | | | ALL |
| 28010 | Tenotomy, percutaneous, toe; single tend | No | | | ALL |
| 28011 | Tenotomy, percutaneous, toe; multiple ten | No | | | ALL |
| 28020 | Arthrotomy, including exploration, drainag | No | | | ALL |
| 28022 | Arthrotomy, including exploration, drainag | No | | | ALL |
| 28024 | Arthrotomy, including exploration, drainag | No | | | ALL |
| 28035 | Release, tarsal tunnel (posterior tibial nerv | No | | | ALL |
| 28039 | EXCISION, TUMOR, SOF TISSUE OF FO | No | | | ALL |
| 28041 | EXCISION, TUMOR, SOFT TISSUE OF F | No | | | ALL |
| 28043 | Excision, tumor, foot; subcutaneous tissue | No | | | ALL |
| 28045 | Excision, tumor, foot; deep, subfascial, int | No | | | ALL |
| 28046 | Radical resection of tumor (eg, malignant | No | | | ALL |
| 28047 | RADICAL RESECTION OF TUMOR (EG, | No | | | ALL |
| 28050 | Arthrotomy with biopsy; intertarsal or tarso | No | | | ALL |
| 28052 | Arthrotomy with biopsy; metatarsophalang | No | | | ALL |
| 28054 | Arthrotomy with biopsy; interphalangeal jo | No | | | ALL |
| 28055 | NEURECTOMY, INTRINSIC MUSCULATU | No | | | ALL |
| 28060 | Fasciectomy, plantar fascia; partial (separ | No | | | ALL |
| 28062 | Fasciectomy, plantar fascia; radical (sepa | No | | | ALL |
| 28070 | Synovectomy; intertarsal or tarsometatars | No | | | ALL |
| 28072 | Synovectomy; metatarsophalangeal joint, | No | | | ALL |
| 28080 | Excision, interdigital (Morton) neuroma, si | No | | | ALL |
| 28086 | Synovectomy, tendon sheath, foot; flexor | No | | | ALL |
| 28088 | Synovectomy, tendon sheath, foot; extens | No | | | ALL |
| 28090 | Excision of lesion, tendon, tendon sheath, | No | | | ALL |
| 28092 | Excision of lesion, tendon, tendon sheath, | No | | | ALL |
| 28100 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 28102 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 28103 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 28104 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 28106 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 28107 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 28108 | Excision or curettage of bone cyst or benig | No | | | ALL |
| 28110 | Ostectomy, partial excision, fifth metatarsa | No | | | ALL |
| 28111 | Ostectomy, complete excision; first metata | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 28112 | Ostectomy, complete excision; other meta | No | | | ALL |
| 28113 | Ostectomy, complete excision; fifth metata | No | | | ALL |
| 28114 | Ostectomy, complete excision; all metatar | No | | | ALL |
| 28116 | Ostectomy, excision of tarsal coalition | No | | | ALL |
| 28118 | Ostectomy, calcaneus; | No | | | ALL |
| 28119 | Ostectomy, calcaneus; for spur, with or wi | No | | | ALL |
| 28120 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 28122 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 28124 | Partial excision (craterization, saucerizatio | No | | | ALL |
| 28126 | Resection, partial or complete, phalangea | No | | | ALL |
| 28130 | Talectomy (astragalectomy) | No | | | ALL |
| 28140 | Metatarsectomy | No | | | ALL |
| 28150 | Phalangectomy, toe, each toe | No | | | ALL |
| 28153 | Resection, condyle(s), distal end of phalar | No | | | ALL |
| 28160 | Hemiphalangectomy or interphalangeal jo | No | | | ALL |
| 28171 | Radical resection of tumor, bone; tarsal (e | No | | | ALL |
| 28173 | Radical resection of tumor, bone; metatars | No | | | ALL |
| 28175 | Radical resection of tumor, bone; phalanx | No | | | ALL |
| 28190 | Removal of foreign body, foot; subcutaneo | No | | | ALL |
| 28192 | Removal of foreign body, foot; deep | No | | | ALL |
| 28193 | Removal of foreign body, foot; complicate | No | | | ALL |
| 28200 | Repair, tendon, flexor, foot; primary or sec | No | | | ALL |
| 28202 | Repair, tendon, flexor, foot; secondary wit | No | | | ALL |
| 28208 | Repair, tendon, extensor, foot; primary or | No | | | ALL |
| 28210 | Repair, tendon, extensor, foot; secondary | No | | | ALL |
| 28220 | Tenolysis, flexor, foot; single tendon | No | | | ALL |
| 28222 | Tenolysis, flexor, foot; multiple tendons | No | | | ALL |
| 28225 | Tenolysis, extensor, foot; single tendon | No | | | ALL |
| 28226 | Tenolysis, extensor, foot; multiple tendons | No | | | ALL |
| 28230 | Tenotomy, open, tendon flexor; foot, singl | No | | | ALL |
| 28232 | Tenotomy, open, tendon flexor; toe, single | No | | | ALL |
| 28234 | Tenotomy, open, extensor, foot or toe, eac | No | | | ALL |
| 28238 | Reconstruction (advancement), posterior t | No | | | ALL |
| 28240 | Tenotomy, lengthening, or release, abduc | No | | | ALL |
| 28250 | Division of plantar fascia and muscle (eg, | No | | | ALL |
| 28260 | Capsulotomy, midfoot; medial release only | No | | | ALL |
| 28261 | Capsulotomy, midfoot; with tendon length | No | | | ALL |
| 28262 | Capsulotomy, midfoot; extensive, includin | No | | | ALL |
| 28264 | Capsulotomy, midtarsal (eg, Heyman type | No | | | ALL |
| 28270 | Capsulotomy; metatarsophalangeal joint, | No | | | ALL |
| 28272 | Capsulotomy; interphalangeal joint, each j | No | | | ALL |
| 28280 | Syndactylization, toes (eg, webbing or Kel | No | | | ALL |
| 28285 | Correction, hammertoe (eg, interphalange | No | | | ALL |
| 28286 | Correction, cock-up fifth toe, with plastic s | No | | | ALL |
| 28288 | Ostectomy, partial, exostectomy or condyl | No | | | ALL |
| 28289 | Hallux rigidus correction with cheilectomy, | No | | | ALL |
| 28291 | Hallux rigidus correction with cheilectomy, | No | | | ALL |
| 28292 | Correction, hallux valgus (bunion), with or | No | | | ALL |
| 28295 | Correction, hallux valgus (bunionectomy), | No | | | ALL |
| 28296 | Correction, hallux valgus (bunion), with or | No | | | ALL |
| 28297 | Correction, hallux valgus (bunion), with or | No | | | ALL |
| 28298 | Correction, hallux valgus (bunion), with or | No | | | ALL |
| 28299 | Correction, hallux valgus (bunion), with or | No | | | ALL |
| 28300 | Osteotomy; calcaneus (eg, Dwyer or Char | No | | | ALL |
| 28302 | Osteotomy; talus | No | | | ALL |
| 28304 | Osteotomy, tarsal bones, other than calca | No | | | ALL |
| 28305 | Osteotomy, tarsal bones, other than calca | No | | | ALL |
| 28306 | Osteotomy, with or without lengthening, sh | No | | | ALL |
| 28307 | Osteotomy, with or without lengthening, sh | No | | | ALL |
| 28308 | Osteotomy, with or without lengthening, sh | No | | | ALL |
| 28309 | Osteotomy, with or without lengthening, sh | No | | | ALL |
| 28310 | Osteotomy, shortening, angular or rotation | No | | | ALL |
| 28312 | Osteotomy, shortening, angular or rotation | No | | | ALL |
| 28313 | Reconstruction, angular deformity of toe, s | No | | | ALL |
| 28315 | Sesamoidectomy, first toe (separate proce | No | | | ALL |
| 28320 | Repair, nonunion or malunion; tarsal bone | No | | | ALL |
| 28322 | Repair, nonunion or malunion; metatarsal | No | | | ALL |
| 28340 | Reconstruction, toe, macrodactyly; soft tis | No | | | ALL |
| 28341 | Reconstruction, toe, macrodactyly; requiri | No | | | ALL |
| 28344 | Reconstruction, toe(s); polydactyly | No | | | ALL |
| 28345 | Reconstruction, toe(s); syndactyly, with or | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 28360 | Reconstruction, cleft foot | No | | | ALL |
| 28400 | Closed treatment of calcaneal fracture; wi | No | | | ALL |
| 28405 | Closed treatment of calcaneal fracture; wi | No | | | ALL |
| 28406 | Percutaneous skeletal fixation of calcanea | No | | | ALL |
| 28415 | Open treatment of calcaneal fracture, with | No | | | ALL |
| 28420 | Open treatment of calcaneal fracture, with | No | | | ALL |
| 28430 | Closed treatment of talus fracture; without | No | | | ALL |
| 28435 | Closed treatment of talus fracture; with ma | No | | | ALL |
| 28436 | Percutaneous skeletal fixation of talus frac | No | | | ALL |
| 28445 | Open treatment of talus fracture, with or w | No | | | ALL |
| 28446 | Open osteochondral autograft, talus (inclu | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 28446 | Open osteochondral autograft, talus (inclu | No | | | MCWRAP |
| 28450 | Treatment of tarsal bone fracture (except | No | | | ALL |
| 28455 | Treatment of tarsal bone fracture (except | No | | | ALL |
| 28456 | Percutaneous skeletal fixation of tarsal bo | No | | | ALL |
| 28465 | Open treatment of tarsal bone fracture (ex | No | | | ALL |
| 28470 | Closed treatment of metatarsal fracture; w | No | | | ALL |
| 28475 | Closed treatment of metatarsal fracture; w | No | | | ALL |
| 28476 | Percutaneous skeletal fixation of metatars | No | | | ALL |
| 28485 | Open treatment of metatarsal fracture, wit | No | | | ALL |
| 28490 | Closed treatment of fracture great toe, pha | No | | | ALL |
| 28495 | Closed treatment of fracture great toe, pha | No | | | ALL |
| 28496 | Percutaneous skeletal fixation of fracture g | No | | | ALL |
| 28505 | Open treatment of fracture great toe, phal | No | | | ALL |
| 28510 | Closed treatment of fracture, phalanx or p | No | | | ALL |
| 28515 | Closed treatment of fracture, phalanx or p | No | | | ALL |
| 28525 | Open treatment of fracture, phalanx or pha | No | | | ALL |
| 28530 | Closed treatment of sesamoid fracture | No | | | ALL |
| 28531 | Open treatment of sesamoid fracture, with | No | | | ALL |
| 28540 | Closed treatment of tarsal bone dislocatio | No | | | ALL |
| 28545 | Closed treatment of tarsal bone dislocatio | No | | | ALL |
| 28546 | Percutaneous skeletal fixation of tarsal bo | No | | | ALL |
| 28555 | Open treatment of tarsal bone dislocation, | No | | | ALL |
| 28570 | Closed treatment of talotarsal joint disloca | No | | | ALL |
| 28575 | Closed treatment of talotarsal joint disloca | No | | | ALL |
| 28576 | Percutaneous skeletal fixation of talotarsa | No | | | ALL |
| 28585 | Open treatment of talotarsal joint dislocati | No | | | ALL |
| 28600 | Closed treatment of tarsometatarsal joint d | No | | | ALL |
| 28605 | Closed treatment of tarsometatarsal joint d | No | | | ALL |
| 28606 | Percutaneous skeletal fixation of tarsomet | No | | | ALL |
| 28615 | Open treatment of tarsometatarsal joint di | No | | | ALL |
| 28630 | Closed treatment of metatarsophalangeal | No | | | ALL |
| 28635 | Closed treatment of metatarsophalangeal | No | | | ALL |
| 28636 | Percutaneous skeletal fixation of metatars | No | | | ALL |
| 28645 | Open treatment of metatarsophalangeal jo | No | | | ALL |
| 28660 | Closed treatment of interphalangeal joint d | No | | | ALL |
| 28665 | Closed treatment of interphalangeal joint d | No | | | ALL |
| 28666 | Percutaneous skeletal fixation of interphal | No | | | ALL |
| 28675 | Open treatment of interphalangeal joint dis | No | | | ALL |
| 28705 | Arthrodesis; pantalar | No | | | ALL |
| 28715 | Arthrodesis; triple | No | | | ALL |
| 28725 | Arthrodesis; subtalar | No | | | ALL |
| 28730 | Arthrodesis, midtarsal or tarsometatarsal, | No | | | ALL |
| 28735 | Arthrodesis, midtarsal or tarsometatarsal, | No | | | ALL |
| 28737 | Arthrodesis, with tendon lengthening and a | No | | | ALL |
| 28740 | Arthrodesis, midtarsal or tarsometatarsal, | No | | | ALL |
| 28750 | Arthrodesis, great toe; metatarsophalange | No | | | ALL |
| 28755 | Arthrodesis, great toe; interphalangeal join | No | | | ALL |
| 28760 | Arthrodesis, with extensor hallucis longus | No | | | ALL |
| 28800 | Amputation, foot; midtarsal (eg, Chopart ty | No | | | ALL |
| 28805 | Amputation, foot; transmetatarsal | No | | | ALL |
| 28810 | Amputation, metatarsal, with toe, single | No | | | ALL |
| 28820 | Amputation, toe; metatarsophalangeal join | No | | | ALL |
| 28825 | Amputation, toe; interphalangeal joint | No | | | ALL |
| 28890 | EXTRACORPOREAL SHOCK WAVE, HI I | Not Covered | | | ALL |
| 28899 | UNLISTED PROCEDURE, FOOT OR TOE | Yes | | | ALL (Except McWRAP) |
| 28899 | UNLISTED PROCEDURE, FOOT OR TOE | No | | | MCWRAP |
| 29000 | Application of halo type body cast (see 20 | No | | | ALL |
| 29010 | Application of Risser jacket, localizer, bod | No | | | ALL |
| 29015 | Application of Risser jacket, localizer, bod | No | | | ALL |
| 29035 | Application of body cast, shoulder to hips; | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 29040 | Application of body cast, shoulder to hips; | No | | | ALL |
| 29044 | Application of body cast, shoulder to hips; | No | | | ALL |
| 29046 | Application of body cast, shoulder to hips; | No | | | ALL |
| 29049 | Application, cast; figure-of-eight | No | | | ALL |
| 29055 | Application, cast; shoulder spica | No | | | ALL |
| 29058 | Application, cast; plaster Velpeau | No | | | ALL |
| 29065 | Application, cast; shoulder to hand (long a | No | | | ALL |
| 29075 | Application, cast; elbow to finger (short ar | No | | | ALL |
| 29085 | Application, cast; hand and lower forearm | No | | | ALL |
| 29086 | Application, cast; finger (eg, contracture) | No | | | ALL |
| 29105 | Application of long arm splint (shoulder to | No | | | ALL |
| 29125 | Application of short arm splint (forearm to | No | | | ALL |
| 29126 | Application of short arm splint (forearm to | No | | | ALL |
| 29130 | Application of finger splint; static | No | | | ALL |
| 29131 | Application of finger splint; dynamic | No | | | ALL |
| 29200 | Strapping; thorax | No | | | ALL |
| 29240 | Strapping; shoulder (eg, Velpeau) | No | | | ALL |
| 29260 | Strapping; elbow or wrist | No | | | ALL |
| 29280 | Strapping; hand or finger | No | | | ALL |
| 29305 | Application of hip spica cast; one leg | No | | | ALL |
| 29325 | Application of hip spica cast; one and one | No | | | ALL |
| 29345 | Application of long leg cast (thigh to toes); | No | | | ALL |
| 29355 | Application of long leg cast (thigh to toes); | No | | | ALL |
| 29358 | Application of long leg cast brace | No | | | ALL |
| 29365 | Application of cylinder cast (thigh to ankle | No | | | ALL |
| 29405 | Application of short leg cast (below knee t | No | | | ALL |
| 29425 | Application of short leg cast (below knee t | No | | | ALL |
| 29435 | Application of patellar tendon bearing (PT | No | | | ALL |
| 29440 | Adding walker to previously applied cast | No | | | ALL |
| 29445 | Application of rigid total contact leg cast | No | | | ALL |
| 29450 | Application of clubfoot cast with molding o | No | | | ALL |
| 29505 | Application of long leg splint (thigh to ankl | No | | | ALL |
| 29515 | Application of short leg splint (calf to foot) | No | | | ALL |
| 29520 | Strapping; hip | No | | | ALL |
| 29530 | Strapping; knee | No | | | ALL |
| 29540 | Strapping; ankle and/or foot | No | | | ALL |
| 29550 | Strapping; toes | No | | | ALL |
| 29580 | Strapping; Unna boot | No | | | ALL |
| 29581 | APPLICATION OF MULTI-LAYER VENOU | No | | | ALL |
| 29584 | Application of multi-layer compression sys | No | | | ALL |
| 29700 | Removal or bivalving; gauntlet, boot or bo | No | | | ALL |
| 29705 | Removal or bivalving; full arm or full leg ca | No | | | ALL |
| 29710 | Removal or bivalving; shoulder or hip spic | No | | | ALL |
| 29720 | Repair of spica, body cast or jacket | No | | | ALL |
| 29730 | Windowing of cast | No | | | ALL |
| 29740 | Wedging of cast (except clubfoot casts) | No | | | ALL |
| 29750 | Wedging of clubfoot cast | No | | | ALL |
| 29799 | UNLISTED PROCEDURE, CASTING OR | Yes | | | ALL (Except McWRAP) |
| 29799 | UNLISTED PROCEDURE, CASTING OR | No | | | MCWRAP |
| 29800 | Arthroscopy, temporomandibular joint, dia | No | | | ALL |
| 29804 | Arthroscopy, temporomandibular joint, sur | No | | | ALL |
| 29805 | Arthroscopy, shoulder, diagnostic, with or | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29805 | Arthroscopy, shoulder, diagnostic, with or | No | | | MCWRAP |
| 29806 | Arthroscopy, shoulder, surgical; capsulorr | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29806 | Arthroscopy, shoulder, surgical; capsulorr | No | | | MCWRAP |
| 29807 | Arthroscopy, shoulder, surgical; repair of S | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29807 | Arthroscopy, shoulder, surgical; repair of S | No | | | MCWRAP |
| 29819 | Arthroscopy, shoulder, surgical; with remo | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29819 | Arthroscopy, shoulder, surgical; with remo | No | | | MCWRAP |
| 29820 | Arthroscopy, shoulder, surgical; synovecto | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29820 | Arthroscopy, shoulder, surgical; synovecto | No | | | MCWRAP |
| 29821 | Arthroscopy, shoulder, surgical; synovecto | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29821 | Arthroscopy, shoulder, surgical; synovecto | No | | | MCWRAP |
| 29822 | Arthroscopy, shoulder, surgical; debridem | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29822 | Arthroscopy, shoulder, surgical; debridem | No | | | MCWRAP |
| 29823 | Arthroscopy, shoulder, surgical; debridem | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29823 | Arthroscopy, shoulder, surgical; debridem | No | | | MCWRAP |
| 29824 | Arthroscopy, shoulder, surgical; distal clav | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29824 | Arthroscopy, shoulder, surgical; distal clav | No | | | MCWRAP |
| 29825 | Arthroscopy, shoulder, surgical; with lysis | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29825 | Arthroscopy, shoulder, surgical; with lysis | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 29826 | Arthroscopy, shoulder, surgical; decompre | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29826 | Arthroscopy, shoulder, surgical; decompre | No | | | MCWRAP |
| 29827 | Arthroscopy, shoulder, surgical; with rotato | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29827 | Arthroscopy, shoulder, surgical; with rotato | No | | | MCWRAP |
| 29828 | ARTHROSCOPY, SHOULDER, SURGICA | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29828 | ARTHROSCOPY, SHOULDER, SURGICA | No | | | MCWRAP |
| 29830 | Arthroscopy, elbow, diagnostic, with or wit | No | | | ALL |
| 29834 | Arthroscopy, elbow, surgical; with remova | No | | | ALL |
| 29835 | Arthroscopy, elbow, surgical; synovectomy | No | | | ALL |
| 29836 | Arthroscopy, elbow, surgical; synovectomy | No | | | ALL |
| 29837 | Arthroscopy, elbow, surgical; debridement | No | | | ALL |
| 29838 | Arthroscopy, elbow, surgical; debridement | No | | | ALL |
| 29840 | Arthroscopy, wrist, diagnostic, with or with | No | | | ALL |
| 29843 | Arthroscopy, wrist, surgical; for infection, l | No | | | ALL |
| 29844 | Arthroscopy, wrist, surgical; synovectomy, | No | | | ALL |
| 29845 | Arthroscopy, wrist, surgical; synovectomy, | No | | | ALL |
| 29846 | Arthroscopy, wrist, surgical; excision and/o | No | | | ALL |
| 29847 | Arthroscopy, wrist, surgical; internal fixatio | No | | | ALL |
| 29848 | Endoscopy, wrist, surgical, with release of | No | | | ALL |
| 29850 | Arthroscopically aided treatment of interco | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29850 | Arthroscopically aided treatment of interco | No | | | MCWRAP |
| 29851 | Arthroscopically aided treatment of interco | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29851 | Arthroscopically aided treatment of interco | No | | | MCWRAP |
| 29855 | Arthroscopically aided treatment of tibial fr | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29855 | Arthroscopically aided treatment of tibial fr | No | | | MCWRAP |
| 29856 | Arthroscopically aided treatment of tibial fr | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29856 | Arthroscopically aided treatment of tibial fr | No | | | MCWRAP |
| 29860 | Arthroscopy, hip, diagnostic with or withou | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29860 | Arthroscopy, hip, diagnostic with or withou | No | | | MCWRAP |
| 29861 | Arthroscopy, hip, surgical; with removal of | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29861 | Arthroscopy, hip, surgical; with removal of | No | | | MCWRAP |
| 29862 | Arthroscopy, hip, surgical; with debrideme | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29862 | Arthroscopy, hip, surgical; with debrideme | No | | | MCWRAP |
| 29863 | Arthroscopy, hip, surgical; with synovector | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29863 | Arthroscopy, hip, surgical; with synovector | No | | | MCWRAP |
| 29866 | ARTHROSCOPY, KNEE, SURGICAL; OS | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29866 | ARTHROSCOPY, KNEE, SURGICAL; OS | No | | | MCWRAP |
| 29866 | ARTHROSCOPY, KNEE, SURGICAL; OS | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29866 | ARTHROSCOPY, KNEE, SURGICAL; OS | No | | | MCWRAP |
| 29867 | ARTHROSCOPY, KNEE; SURGICAL; OS | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29867 | ARTHROSCOPY, KNEE; SURGICAL; OS | No | | | MCWRAP |
| 29868 | ARTHROSCOPY, KNEE, SURGICAL; ME | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29868 | ARTHROSCOPY, KNEE, SURGICAL; ME | No | | | MCWRAP |
| 29870 | Arthroscopy, knee, diagnostic, with or with | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29870 | Arthroscopy, knee, diagnostic, with or with | No | | | MCWRAP |
| 29871 | ARTHROSCOPY, KNEE, SURGICAL; FO | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29871 | ARTHROSCOPY, KNEE, SURGICAL; FO | No | | | MCWRAP |
| 29873 | Arthroscopy, knee, surgical; with lateral re | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29873 | Arthroscopy, knee, surgical; with lateral re | No | | | MCWRAP |
| 29874 | ARTHROSCOPY, KNEE, SURGICAL; FO | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29874 | ARTHROSCOPY, KNEE, SURGICAL; FO | No | | | MCWRAP |
| 29875 | Arthroscopy, knee, surgical; synovectomy | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29875 | Arthroscopy, knee, surgical; synovectomy | No | | | MCWRAP |
| 29876 | Arthroscopy, knee, surgical; synovectomy | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29876 | Arthroscopy, knee, surgical; synovectomy | No | | | MCWRAP |
| 29877 | ARTHROSCOPY, KNEE, SURGICAL; DE | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29877 | ARTHROSCOPY, KNEE, SURGICAL; DE | No | | | MCWRAP |
| 29879 | ABRASION ARTHROPLASTY (INCLUDES | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29879 | ABRASION ARTHROPLASTY (INCLUDES | No | | | MCWRAP |
| 29880 | Arthroscopy, knee, surgical; with menisce | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29880 | Arthroscopy, knee, surgical; with menisce | No | | | MCWRAP |
| 29881 | Arthroscopy, knee, surgical; with menisce | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29881 | Arthroscopy, knee, surgical; with menisce | No | | | MCWRAP |
| 29882 | Arthroscopy, knee, surgical; with meniscu | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29882 | Arthroscopy, knee, surgical; with meniscu | No | | | MCWRAP |
| 29883 | Arthroscopy, knee, surgical; with meniscu | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29883 | Arthroscopy, knee, surgical; with meniscu | No | | | MCWRAP |
| 29884 | Arthroscopy, knee, surgical; with lysis of a | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29884 | Arthroscopy, knee, surgical; with lysis of a | No | | | MCWRAP |
| 29885 | Arthroscopy, knee, surgical; drilling for ost | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29885 | Arthroscopy, knee, surgical; drilling for ost | No | | | MCWRAP |
| 29886 | Arthroscopy, knee, surgical; drilling for inta | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29886 | Arthroscopy, knee, surgical; drilling for inta | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 29887 | Arthroscopy, knee, surgical; drilling for inta | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29887 | Arthroscopy, knee, surgical; drilling for inta | No | | | MCWRAP |
| 29888 | Arthroscopically aided anterior cruciate lig | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29888 | Arthroscopically aided anterior cruciate lig | No | | | MCWRAP |
| 29889 | Arthroscopically aided posterior cruciate li | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29889 | Arthroscopically aided posterior cruciate li | No | | | MCWRAP |
| 29891 | Arthroscopy, ankle, surgical, excision of o | No | | | ALL |
| 29892 | Arthroscopically aided repair of large oste | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29892 | Arthroscopically aided repair of large oste | No | | | MCWRAP |
| 29893 | Endoscopic plantar fasciotomy | No | | | ALL |
| 29894 | Arthroscopy, ankle (tibiotalar and fibulotala | No | | | ALL |
| 29895 | Arthroscopy, ankle (tibiotalar and fibulotala | No | | | ALL |
| 29897 | Arthroscopy, ankle (tibiotalar and fibulotala | No | | | ALL |
| 29898 | Arthroscopy, ankle (tibiotalar and fibulotala | No | | | ALL |
| 29899 | Arthroscopy, ankle (tibiotalar and fibulotala | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29899 | Arthroscopy, ankle (tibiotalar and fibulotala | No | | | MCWRAP |
| 29900 | Arthroscopy, metacarpophalangeal joint, d | No | | | ALL |
| 29901 | Arthroscopy, metacarpophalangeal joint, s | No | | | ALL |
| 29902 | Arthroscopy, metacarpophalangeal joint, s | No | | | ALL |
| 29904 | ARTHROSCOPY, SUBTALAR JOINT, SU | No | | | ALL |
| 29905 | ARTHROSCOPY, SUBTALAR JOINT, SU | No | | | ALL |
| 29906 | ARTHROSCOPY, SUBTALAR JOINT, SU | No | | | ALL |
| 29907 | ARTHROSCOPY, SUBTALAR JOINT, SU | No | | | ALL |
| 29914 | Arthroscopy, hip, surgical; with femoroplas | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29914 | Arthroscopy, hip, surgical; with femoroplas | No | | | MCWRAP |
| 29915 | Arthroscopy, hip, surgical; with acetabulop | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29915 | Arthroscopy, hip, surgical; with acetabulop | No | | | MCWRAP |
| 29916 | Arthroscopy, hip, surgical; with labral repa | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29916 | Arthroscopy, hip, surgical; with labral repa | No | | | MCWRAP |
| 29999 | UNLISTED ARTHROSCOPY PROCEDUR | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 29999 | UNLISTED ARTHROSCOPY PROCEDUR | No | | | MCWRAP |
| 30000 | Drainage abscess or hematoma, nasal, in | No | | | ALL |
| 30020 | Drainage abscess or hematoma, nasal se | No | | | ALL |
| 30100 | Biopsy, intranasal | No | | | ALL |
| 30110 | Excision, nasal polyp(s), simple | No | | | ALL |
| 30115 | Excision, nasal polyp(s), extensive | No | | | ALL |
| 30117 | Excision or destruction (eg, laser), intrana | No | | | ALL |
| 30118 | Excision or destruction (eg, laser), intrana | No | | | ALL |
| 30120 | Excision or surgical planing of skin of nose | No | | | ALL |
| 30124 | Excision dermoid cyst, nose; simple, skin, | No | | | ALL |
| 30125 | Excision dermoid cyst, nose; complex, und | No | | | ALL |
| 30130 | Excision turbinate, partial or complete, any | No | | | ALL |
| 30140 | Submucous resection turbinate, partial or | No | | | ALL |
| 30150 | Rhinectomy; partial | No | | | ALL |
| 30160 | Rhinectomy; total | No | | | ALL |
| 30200 | Injection into turbinate(s), therapeutic | No | | | ALL |
| 30210 | Displacement therapy (Proetz type) | No | | | ALL |
| 30220 | Insertion, nasal septal prosthesis (button) | No | | | ALL |
| 30300 | Removal foreign body, intranasal; office ty | No | | | ALL |
| 30310 | REMOVAL FOREIGN BODY, INTRANASA | No | | | ALL |
| 30320 | REMOVAL FOREIGN BODY, INTRANASA | No | | | ALL |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL AN | No | | | MCWRAP |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL AN | Yes | | | ALL (Except MCWRAP) |
| 30410 | RHINOPLASTY, PRIMARY; COMPLETE, | No | | | MCWRAP |
| 30410 | RHINOPLASTY, PRIMARY; COMPLETE, | Yes | | | ALL (Except MCWRAP) |
| 30420 | RHINOPLASTY, PRIMARY; INCLUDING M | Yes | | | ALL (Except MCWRAP) |
| 30420 | RHINOPLASTY, PRIMARY; INCLUDING M | No | | | MCWRAP |
| 30430 | RHINOPLASTY, SECONDARY; MINOR R | No | | | MCWRAP |
| 30430 | RHINOPLASTY, SECONDARY; MINOR R | Yes | | | ALL (Except MCWRAP) |
| 30435 | RHINOPLASTY, SECONDARY; INTERME | Yes | | | ALL (Except MCWRAP) |
| 30435 | RHINOPLASTY, SECONDARY; INTERME | No | | | MCWRAP |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR R | Yes | | | ALL (Except MCWRAP) |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR R | No | | | MCWRAP |
| 30460 | RHINOPLASTY FOR NASAL DEFORMITY | Yes | | | ALL (Except MCWRAP) |
| 30460 | RHINOPLASTY FOR NASAL DEFORMITY | No | | | MCWRAP |
| 30462 | RHINOPLASTY FOR NASAL DEFORMITY | No | | | ALL |
| 30465 | REPAIR OF NASAL VESTIBULAR STENO | No | | | ALL |
| 30468 | Repair of nasal valve collapse with subcut | Not Covered | | | ALL |
| 30469 | Repair of nasal valve collapse with low en | Yes | | | ALL (Except MCWRAP) |
| 30469 | Repair of nasal valve collapse with low en | No | | | MCWRAP |
| 30520 | SEPTOPLASTY OR SUBMUCOUS RESE | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 30540 | Repair choanal atresia; intranasal | No | | | ALL |
| 30545 | Repair choanal atresia; transpalatine | No | | | ALL |
| 30560 | Lysis intranasal synechia | No | | | ALL |
| 30580 | Repair fistula; oromaxillary (combine with | No | | | ALL |
| 30600 | Repair fistula; oronasal | No | | | ALL |
| 30620 | SEPTAL OR OTHER INTRANASAL DERM | No | | | ALL |
| 30630 | Repair nasal septal perforations | No | | | ALL |
| 30801 | Cautery and/or ablation, mucosa of turbina | No | | | ALL |
| 30802 | Cautery and/or ablation, mucosa of turbina | No | | | ALL |
| 30901 | Control nasal hemorrhage, anterior, simpl | No | | | ALL |
| 30903 | Control nasal hemorrhage, anterior, comp | No | | | ALL |
| 30905 | Control nasal hemorrhage, posterior, with | No | | | ALL |
| 30906 | Control nasal hemorrhage, posterior, with | No | | | ALL |
| 30915 | Ligation arteries; ethmoidal | No | | | ALL |
| 30920 | Ligation arteries; internal maxillary artery, | No | | | ALL |
| 30930 | Fracture nasal turbinate(s), therapeutic | No | | | ALL |
| 30999 | UNLISTED PROCEDURE, NOSE | Yes | | | ALL (Except MCWRAP) |
| 30999 | UNLISTED PROCEDURE, NOSE | No | | | MCWRAP |
| 31000 | Lavage by cannulation; maxillary sinus (ar | No | | | ALL |
| 31002 | Lavage by cannulation; sphenoid sinus | No | | | ALL |
| 31020 | Sinusotomy, maxillary (antrotomy); intrana | No | | | ALL |
| 31030 | Sinusotomy, maxillary (antrotomy); radical | No | | | ALL |
| 31032 | Sinusotomy, maxillary (antrotomy); radical | No | | | ALL |
| 31040 | Pterygomaxillary fossa surgery, any appro | No | | | ALL |
| 31050 | Sinusotomy, sphenoid, with or without bio | No | | | ALL |
| 31051 | Sinusotomy, sphenoid, with or without bio | No | | | ALL |
| 31070 | Sinusotomy frontal; external, simple (treph | No | | | ALL |
| 31075 | Sinusotomy frontal; transorbital, unilateral | No | | | ALL |
| 31080 | Sinusotomy frontal; obliterative without os | No | | | ALL |
| 31081 | Sinusotomy frontal; obliterative, without os | No | | | ALL |
| 31084 | Sinusotomy frontal; obliterative, with osteo | No | | | ALL |
| 31085 | Sinusotomy frontal; obliterative, with osteo | No | | | ALL |
| 31086 | Sinusotomy frontal; nonobliterative, with o | No | | | ALL |
| 31087 | Sinusotomy frontal; nonobliterative, with o | No | | | ALL |
| 31090 | Sinusotomy, unilateral, three or more para | No | | | ALL |
| 31200 | Ethmoidectomy; intranasal, anterior | No | | | ALL |
| 31201 | Ethmoidectomy; intranasal, total | No | | | ALL |
| 31205 | Ethmoidectomy; extranasal, total | No | | | ALL |
| 31225 | Maxillectomy; without orbital exenteration | No | | | ALL |
| 31230 | Maxillectomy; with orbital exenteration (en | No | | | ALL |
| 31231 | Nasal endoscopy, diagnostic, unilateral or | No | | | ALL |
| 31233 | Nasal/sinus endoscopy, diagnostic with m | No | | | ALL |
| 31235 | Nasal/sinus endoscopy, diagnostic with sp | No | | | ALL |
| 31237 | Nasal/sinus endoscopy, surgical; with biop | No | | | ALL |
| 31238 | Nasal/sinus endoscopy, surgical; with con | No | | | ALL |
| 31239 | Nasal/sinus endoscopy, surgical; with dac | No | | | ALL |
| 31240 | Nasal/sinus endoscopy, surgical; with con | No | | | ALL |
| 31241 | Nasal/sinus endoscopy, surgical; with liga | No | | | ALL |
| 31242 | Nasal/sinus endoscopy, surgical; with des | Yes | | | ALL (Except MCWRAP) |
| 31242 | Nasal/sinus endoscopy, surgical; with des | No | | | MCWRAP |
| 31243 | Nasal/sinus endoscopy, surgical; with des | Yes | | | ALL (Except MCWRAP) |
| 31243 | Nasal/sinus endoscopy, surgical; with des | No | | | MCWRAP |
| 31253 | Nasal/sinus endoscopy, surgical with ethm | No | | | ALL |
| 31254 | Nasal/sinus endoscopy, surgical; with ethr | No | | | ALL |
| 31255 | Nasal/sinus endoscopy, surgical; with ethr | No | | | ALL |
| 31256 | Nasal/sinus endoscopy, surgical, with max | No | | | ALL |
| 31257 | Nasal/sinus endoscopy, surgical with ethm | No | | | ALL |
| 31259 | Nasal/sinus endoscopy, surgical with ethm | No | | | ALL |
| 31267 | Nasal/sinus endoscopy, surgical, with max | No | | | ALL |
| 31276 | Nasal/sinus endoscopy, surgical with front | No | | | ALL |
| 31287 | Nasal/sinus endoscopy, surgical, with sph | No | | | ALL |
| 31288 | Nasal/sinus endoscopy, surgical, with sph | No | | | ALL |
| 31290 | Nasal/sinus endoscopy, surgical, with repa | No | | | ALL |
| 31291 | Nasal/sinus endoscopy, surgical, with repa | No | | | ALL |
| 31292 | Nasal/sinus endoscopy, surgical; with mec | No | | | ALL |
| 31293 | Nasal/sinus endoscopy, surgical; with mec | No | | | ALL |
| 31294 | Nasal/sinus endoscopy, surgical; with opti | No | | | ALL |
| 31295 | Nasal/sinus endoscopy, surgical; with dila | No | | | ALL |
| 31296 | Nasal/sinus endoscopy, surgical; with dila | No | | | ALL |
| 31297 | Nasal/sinus endoscopy, surgical; with dila | No | | | ALL |
| 31298 | Nasal/sinus endoscopy, surgical; with dila | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 31299 | UNLISTED PROCEDURE, ACCESSORY | Yes | | | ALL (Except MCWRAP) |
| 31299 | UNLISTED PROCEDURE, ACCESSORY | No | | | MCWRAP |
| 31300 | Laryngotomy (thyrotomy, laryngofissure); | No | | | ALL |
| 31360 | Laryngectomy; total, without radical neck | No | | | ALL |
| 31365 | Laryngectomy; total, with radical neck diss | No | | | ALL |
| 31367 | Laryngectomy; subtotal supraglottic, witho | No | | | ALL |
| 31368 | Laryngectomy; subtotal supraglottic, with | No | | | ALL |
| 31370 | Partial laryngectomy (hemilaryngectomy); | No | | | ALL |
| 31375 | Partial laryngectomy (hemilaryngectomy); | No | | | ALL |
| 31380 | Partial laryngectomy (hemilaryngectomy); | No | | | ALL |
| 31382 | Partial laryngectomy (hemilaryngectomy); | No | | | ALL |
| 31390 | Pharyngolaryngectomy, with radical neck | No | | | ALL |
| 31395 | Pharyngolaryngectomy, with radical neck | No | | | ALL |
| 31400 | Arytenoidectomy or arytenoidopexy, extern | No | | | ALL |
| 31420 | Epiglottidectomy | No | | | ALL |
| 31500 | Intubation, endotracheal, emergency proc | No | | | ALL |
| 31502 | Tracheotomy tube change prior to establis | No | | | ALL |
| 31505 | Laryngoscopy, indirect; diagnostic (separa | No | | | ALL |
| 31510 | Laryngoscopy, indirect; with biopsy | No | | | ALL |
| 31511 | Laryngoscopy, indirect; with removal of fo | No | | | ALL |
| 31512 | Laryngoscopy, indirect; with removal of les | No | | | ALL |
| 31513 | Laryngoscopy, indirect; with vocal cord inj | No | | | ALL |
| 31515 | Laryngoscopy direct, with or without trache | No | | | ALL |
| 31520 | Laryngoscopy direct, with or without trache | No | | | ALL |
| 31525 | Laryngoscopy direct, with or without trache | No | | | ALL |
| 31526 | Laryngoscopy direct, with or without trache | No | | | ALL |
| 31527 | Laryngoscopy direct, with or without trache | No | | | ALL |
| 31528 | Laryngoscopy direct, with or without trache | No | | | ALL |
| 31529 | Laryngoscopy direct, with or without trache | No | | | ALL |
| 31530 | Laryngoscopy, direct, operative, with forei | No | | | ALL |
| 31531 | Laryngoscopy, direct, operative, with forei | No | | | ALL |
| 31535 | Laryngoscopy, direct, operative, with biops | No | | | ALL |
| 31536 | Laryngoscopy, direct, operative, with biops | No | | | ALL |
| 31540 | Laryngoscopy, direct, operative, with excis | No | | | ALL |
| 31541 | Laryngoscopy, direct, operative, with excis | No | | | ALL |
| 31545 | Laryngoscopy, direct, operative, with oper | No | | | ALL |
| 31546 | Laryngoscopy, direct, operative, with oper | No | | | ALL |
| 31551 | Laryngoplasty; for laryngeal stenosis, with | No | | | ALL |
| 31552 | Laryngoplasty; for laryngeal stenosis, with | No | | | ALL |
| 31553 | Laryngoplasty; for laryngeal stenosis, with | No | | | ALL |
| 31554 | Laryngoplasty; for laryngeal stenosis, with | No | | | ALL |
| 31560 | Laryngoscopy, direct, operative, with aryte | No | | | ALL |
| 31561 | Laryngoscopy, direct, operative, with aryte | No | | | ALL |
| 31570 | Laryngoscopy, direct, with injection into vo | No | | | ALL |
| 31571 | Laryngoscopy, direct, with injection into vo | No | | | ALL |
| 31572 | Laryngoscopy, flexible; with ablation or de | No | | | ALL |
| 31573 | Laryngoscopy, flexible; with therapeutic in | No | | | ALL |
| 31574 | Laryngoscopy, flexible; with injection(s) fo | Yes | | | ALL (Except MCWRAP) |
| 31574 | Laryngoscopy, flexible; with injection(s) fo | No | | | MCWRAP |
| 31575 | Laryngoscopy, flexible fiberoptic; diagnost | No | | | ALL |
| 31576 | Laryngoscopy, flexible fiberoptic; with biop | No | | | ALL |
| 31577 | Laryngoscopy, flexible fiberoptic; with rem | No | | | ALL |
| 31578 | Laryngoscopy, flexible fiberoptic; with rem | No | | | ALL |
| 31579 | Laryngoscopy, flexible or rigid fiberoptic, v | No | | | ALL |
| 31580 | Laryngoplasty; for laryngeal web, two stag | No | | | ALL |
| 31584 | Laryngoplasty; with open reduction of frac | No | | | ALL |
| 31587 | Laryngoplasty, cricoid split | No | | | ALL |
| 31590 | Laryngeal reinnervation by neuromuscular | No | | | ALL |
| 31591 | Laryngoplasty, medialization, unilateral | No | | | ALL |
| 31592 | Cricotracheal resection | No | | | ALL |
| 31599 | UNLISTED PROCEDURE, LARYNX | Yes | | | ALL (Except MCWRAP) |
| 31599 | UNLISTED PROCEDURE, LARYNX | No | | | MCWRAP |
| 31600 | Tracheostomy, planned (separate procedu | No | | | ALL |
| 31601 | Tracheostomy, planned (separate procedu | No | | | ALL |
| 31603 | Tracheostomy, emergency procedure; trar | No | | | ALL |
| 31605 | Tracheostomy, emergency procedure; cric | No | | | ALL |
| 31610 | Tracheostomy, fenestration procedure with | No | | | ALL |
| 31611 | Construction of tracheoesophageal fistula | No | | | ALL |
| 31612 | Tracheal puncture, percutaneous with trar | No | | | ALL |
| 31613 | Tracheostoma revision; simple, without fla | No | | | ALL |
| 31614 | Tracheostoma revision; complex, with flap | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 31615 | Tracheobronchoscopy through establishe | No | | | ALL |
| 31622 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31623 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31624 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31625 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31626 | BRONCHOSCOPY, RIGID OR FLEXIBLE | No | | | ALL |
| 31627 | BRONCHOSCOPY, RIGID OR FLEXIBLE | No | | | ALL |
| 31628 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31629 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31630 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31631 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31632 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31633 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31634 | Bronchoscopy, rigid or flexible, including fl | No | | | ALL |
| 31635 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31636 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31637 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31638 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31640 | Bronchoscopy, rigid or flexible, with or with | No | | | ALL |
| 31641 | Bronchoscopy, (rigid or flexible); with dest | No | | | ALL |
| 31643 | Bronchoscopy, (rigid or flexible); with plac | No | | | ALL |
| 31645 | Bronchoscopy, (rigid or flexible); with thera | No | | | ALL |
| 31646 | Bronchoscopy, (rigid or flexible); with thera | No | | | ALL |
| 31647 | Bronchoscopy, rigid or flexible, including fl | Yes | | | ALL (Except MCWRAP) |
| 31647 | Bronchoscopy, rigid or flexible, including fl | No | | | MCWRAP |
| 31648 | Bronchoscopy, rigid or flexible, including fl | Yes | | | ALL (Except MCWRAP) |
| 31648 | Bronchoscopy, rigid or flexible, including fl | No | | | MCWRAP |
| 31649 | Bronchoscopy, rigid or flexible, including fl | Yes | | | ALL (Except MCWRAP) |
| 31649 | Bronchoscopy, rigid or flexible, including fl | No | | | MCWRAP |
| 31651 | Bronchoscopy, rigid or flexible, including fl | Yes | | | ALL (Except MCWRAP) |
| 31651 | Bronchoscopy, rigid or flexible, including fl | No | | | MCWRAP |
| 31652 | Bronchoscopy, rigid or flexible, including fluoros | No | | | ALL |
| 31653 | Bronchoscopy, rigid or flexible, including fluoros | No | | | ALL |
| 31654 | Bronchoscopy, rigid or flexible, including fluoros | No | | | ALL |
| 31660 | Bronchoscopy, rigid or flexible, including fl | Yes | | | ALL (Except MCWRAP) |
| 31660 | Bronchoscopy, rigid or flexible, including fl | No | | | MCWRAP |
| 31661 | Bronchoscopy, rigid or flexible, including fl | No | | | ALL |
| 31717 | Catheterization with bronchial brush biops | No | | | ALL |
| 31720 | Catheter aspiration (separate procedure); | No | | | ALL |
| 31725 | Catheter aspiration (separate procedure); | No | | | ALL |
| 31730 | Transtracheal (percutaneous) introduction | No | | | ALL |
| 31750 | Tracheoplasty; cervical | No | | | ALL |
| 31755 | Tracheoplasty; tracheopharyngeal fistuliza | No | | | ALL |
| 31760 | Tracheoplasty; intrathoracic | No | | | ALL |
| 31766 | Carinal reconstruction | No | | | ALL |
| 31770 | Bronchoplasty; graft repair | No | | | ALL |
| 31775 | Bronchoplasty; excision stenosis and anas | No | | | ALL |
| 31780 | Excision tracheal stenosis and anastomos | No | | | ALL |
| 31781 | Excision tracheal stenosis and anastomos | No | | | ALL |
| 31785 | Excision of tracheal tumor or carcinoma; c | No | | | ALL |
| 31786 | Excision of tracheal tumor or carcinoma; t | No | | | ALL |
| 31800 | Suture of tracheal wound or injury; cervica | No | | | ALL |
| 31805 | Suture of tracheal wound or injury; intratho | No | | | ALL |
| 31820 | Surgical closure tracheostomy or fistula; w | No | | | ALL |
| 31825 | Surgical closure tracheostomy or fistula; w | No | | | ALL |
| 31830 | Revision of tracheostomy scar | No | | | ALL |
| 31899 | UNLISTED PROCEDURE, TRACHEA, BR | Yes | | | ALL (Except MCWRAP) |
| 31899 | UNLISTED PROCEDURE, TRACHEA, BR | No | | | MCWRAP |
| 32035 | Thoracostomy; with rib resection for empy | No | | | ALL |
| 32036 | Thoracostomy; with open flap drainage for | No | | | ALL |
| 32096 | Thoracotomy, with diagnostic biopsy(ies) o | No | | | ALL |
| 32097 | Thoracotomy, with diagnostic biopsy(ies) o | No | | | ALL |
| 32098 | Thoracotomy, with biopsy(ies) of pleura | No | | | ALL |
| 32100 | Thoracotomy, major; with exploration and | No | | | ALL |
| 32110 | Thoracotomy, major; with control of traum | No | | | ALL |
| 32120 | Thoracotomy, major; for postoperative cor | No | | | ALL |
| 32124 | Thoracotomy, major; with open intrapleura | No | | | ALL |
| 32140 | Thoracotomy, major; with cyst(s) removal, | No | | | ALL |
| 32141 | Thoracotomy, major; with excision-plicatio | No | | | ALL |
| 32150 | Thoracotomy, major; with removal of intra | No | | | ALL |
| 32151 | Thoracotomy, major; with removal of intra | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 32160 | Thoracotomy, major; with cardiac massag | No | | | ALL |
| 32200 | PNEUMONOSTOMY; WITH OPEN DRAIN | No | | | ALL |
| 32215 | Pleural scarification for repeat pneumotho | No | | | ALL |
| 32220 | Decortication, pulmonary (separate proce | No | | | ALL |
| 32225 | Decortication, pulmonary (separate proce | No | | | ALL |
| 32310 | Pleurectomy, parietal (separate procedure | No | | | ALL |
| 32320 | Decortication and parietal pleurectomy | No | | | ALL |
| 32400 | Biopsy, pleura; percutaneous needle | No | | | ALL |
| 32405 | Biopsy, lung or mediastinum, percutaneou | No | | | ALL |
| 32408 | Core needle biopsy, lung or mediastinum, | No | | | ALL |
| 32440 | Removal of lung, total pneumonectomy; | No | | | ALL |
| 32442 | Removal of lung, total pneumonectomy; w | No | | | ALL |
| 32445 | Removal of lung, total pneumonectomy; e | No | | | ALL |
| 32480 | Removal of lung, other than total pneumo | No | | | ALL |
| 32482 | Removal of lung, other than total pneumo | No | | | ALL |
| 32484 | Removal of lung, other than total pneumo | No | | | ALL |
| 32486 | Removal of lung, other than total pneumo | No | | | ALL |
| 32488 | Removal of lung, other than total pneumo | No | | | ALL |
| 32491 | REMOVAL OF LUNG, OTHER THAN TOT | No | | | ALL |
| 32501 | Resection and repair of portion of bronchu | No | | | ALL |
| 32503 | RESECTION OF APICAL LUNG TUMOR ( | No | | | ALL |
| 32504 | RESECTION OF APICAL LUNG TUMOR ( | No | | | ALL |
| 32505 | Thoracotomy; with therapeutic wedge rese | No | | | ALL |
| 32506 | Thoracotomy; with therapeutic wedge rese | No | | | ALL |
| 32507 | Thoracotomy; with diagnostic wedge rese | No | | | ALL |
| 32540 | Extrapleural enucleation of empyema (em | No | | | ALL |
| 32550 | INSERTION OF INDWELLING TUNNELE | No | | | ALL |
| 32551 | TUBE THORACOSTOMY, INCLUDES WA | No | | | ALL |
| 32552 | REMOVAL OF INDWELLING TUNNELED | No | | | ALL |
| 32553 | PLACE INTERSTITIAL DEVICE(S) FOR R | No | | | ALL |
| 32554 | Thoracentesis, needle or catheter, aspirat | No | | | ALL |
| 32555 | Thoracentesis, needle or catheter, aspirat | No | | | ALL |
| 32556 | Pleural drainage, percutaneous, with inse | No | | | ALL |
| 32557 | Pleural drainage, percutaneous, with inse | No | | | ALL |
| 32560 | CHEMICAL PLEURODESIS (EG, FOR RE | No | | | ALL |
| 32561 | INSTILLATION, VIA CHEST TUBE/CATHE | No | | | ALL |
| 32562 | INSTILLATION, VIA CHEST TUBE/CATHE | No | | | ALL |
| 32601 | Thoracoscopy, diagnostic (separate proce | No | | | ALL |
| 32604 | Thoracoscopy, diagnostic (separate proce | No | | | ALL |
| 32606 | Thoracoscopy, diagnostic (separate proce | No | | | ALL |
| 32607 | Thoracoscopy; with diagnostic biopsy(ies) | No | | | ALL |
| 32608 | Thoracoscopy; with diagnostic biopsy(ies) | No | | | ALL |
| 32609 | Thoracoscopy; with biopsy(ies) of pleura | No | | | ALL |
| 32650 | Thoracoscopy, surgical; with pleurodesis ( | No | | | ALL |
| 32651 | Thoracoscopy, surgical; with partial pulmo | No | | | ALL |
| 32652 | Thoracoscopy, surgical; with total pulmona | No | | | ALL |
| 32653 | Thoracoscopy, surgical; with removal of in | No | | | ALL |
| 32654 | Thoracoscopy, surgical; with control of tra | No | | | ALL |
| 32655 | Thoracoscopy, surgical; with excision-plica | No | | | ALL |
| 32656 | Thoracoscopy, surgical; with parietal pleur | No | | | ALL |
| 32658 | Thoracoscopy, surgical; with removal of cl | No | | | ALL |
| 32659 | Thoracoscopy, surgical; with creation of pe | No | | | ALL |
| 32661 | Thoracoscopy, surgical; with excision of p | No | | | ALL |
| 32662 | Thoracoscopy, surgical; with excision of m | No | | | ALL |
| 32663 | Thoracoscopy, surgical; with lobectomy, to | No | | | ALL |
| 32664 | THORACOSCOPY, SURGICAL; WITH TH | No | | | ALL |
| 32665 | Thoracoscopy, surgical; with esophagomy | No | | | ALL |
| 32666 | Thoracoscopy, surgical; with therapeutic w | No | | | ALL |
| 32667 | Thoracoscopy, surgical; with therapeutic w | No | | | ALL |
| 32668 | Thoracoscopy, surgical; with diagnostic we | No | | | ALL |
| 32669 | Thoracoscopy, surgical; with removal of a | No | | | ALL |
| 32670 | Thoracoscopy, surgical; with removal of 2 | No | | | ALL |
| 32671 | Thoracoscopy, surgical; with removal of lu | No | | | ALL |
| 32672 | Thoracoscopy, surgical; with resection-plic | No | | | ALL |
| 32673 | Thoracoscopy, surgical; with resection of t | No | | | ALL |
| 32674 | Thoracoscopy, surgical; with mediastinal a | No | | | ALL |
| 32701 | Thoracic target(s) delineation for stereotac | No | | | ALL |
| 32800 | Repair lung hernia through chest wall | No | | | ALL |
| 32810 | Closure of chest wall following open flap d | No | | | ALL |
| 32815 | Open closure of major bronchial fistula | No | | | ALL |
| 32820 | Major reconstruction, chest wall (posttraur | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 32850 | DONOR PNEUMONECTOMY(IES) (INCLU | No | | | ALL |
| 32851 | LUNG TRANSPLANT, SINGLE; WITHOU | No | | | ALL |
| 32852 | LUNG TRANSPLANT, SINGLE; WITH CA | No | | | ALL |
| 32853 | LUNG TRANSPLANT, DOUBLE (BILATEF | No | | | ALL |
| 32854 | LUNG TRANSPLANT, DOUBLE (BILATEF | No | | | ALL |
| 32855 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 32856 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 32900 | Resection of ribs, extrapleural, all stages | No | | | ALL |
| 32905 | Thoracoplasty, Schede type or extrapleura | No | | | ALL |
| 32906 | Thoracoplasty, Schede type or extrapleura | No | | | ALL |
| 32940 | Pneumonolysis, extraperiosteal, including | No | | | ALL |
| 32960 | Pneumothorax, therapeutic, intrapleural in | No | | | ALL |
| 32994 | Ablation therapy for reduction or eradicatic | No | | | ALL |
| 32997 | Total lung lavage (unilateral) | No | | | ALL |
| 32998 | ALBATION THERAPY FOR REDUCTION | No | | | ALL |
| 32999 | UNLISTED PROCEDURE, LUNGS AND F | Yes | | | ALL (Except MCWRAP) |
| 32999 | UNLISTED PROCEDURE, LUNGS AND F | No | | | MCWRAP |
| 33016 | Pericardiocentesis, including imaging guic | No | | | ALL |
| 33017 | Pericardial drainage with insertion of indw | No | | | ALL |
| 33018 | Pericardial drainage with insertion of indw | No | | | ALL |
| 33019 | Pericardial drainage with insertion of indw | No | | | ALL |
| 33020 | Pericardiotomy for removal of clot or foreig | No | | | ALL |
| 33025 | Creation of pericardial window or partial re | No | | | ALL |
| 33030 | Pericardiectomy, subtotal or complete; wit | No | | | ALL |
| 33031 | Pericardiectomy, subtotal or complete; wit | No | | | ALL |
| 33050 | Excision of pericardial cyst or tumor | No | | | ALL |
| 33120 | Excision of intracardiac tumor, resection w | No | | | ALL |
| 33130 | Resection of external cardiac tumor | No | | | ALL |
| 33140 | TRANSMYOCARDIAL LASER REVASCU | No | | | ALL |
| 33141 | PERFORMED ST THE TIME OF OTHER ( | No | | | ALL |
| 33202 | INSERTION OF EPICARDIAL ELECTROD | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33202 | INSERTION OF EPICARDIAL ELECTROD | No | | | MCWRAP |
| 33203 | INSERTION OF EPICARDIAL ELECTROD | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33203 | INSERTION OF EPICARDIAL ELECTROD | No | | | MCWRAP |
| 33206 | Insertion or replacement of permanent pac | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33206 | Insertion or replacement of permanent pac | No | | | MCWRAP |
| 33207 | Insertion or replacement of permanent pac | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33207 | Insertion or replacement of permanent pac | No | | | MCWRAP |
| 33208 | Insertion or replacement of permanent pac | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33208 | Insertion or replacement of permanent pac | No | | | MCWRAP |
| 33210 | Insertion or replacement of temporary tran | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33210 | Insertion or replacement of temporary tran | No | | | MCWRAP |
| 33211 | Insertion or replacement of temporary tran | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33211 | Insertion or replacement of temporary tran | No | | | MCWRAP |
| 33212 | Insertion or replacement of pacemaker pu | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33212 | Insertion or replacement of pacemaker pu | No | | | MCWRAP |
| 33213 | Insertion or replacement of pacemaker pu | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33213 | Insertion or replacement of pacemaker pu | No | | | MCWRAP |
| 33214 | Upgrade of implanted pacemaker system, | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33214 | Upgrade of implanted pacemaker system, | No | | | MCWRAP |
| 33215 | Repositioning of previously implanted tran | No | | | ALL |
| 33216 | Insertion of a transvenous electrode; singl | No | | | ALL |
| 33217 | Insertion of a transvenous electrode; dual | No | | | ALL |
| 33218 | Repair of single transvenous electrode for | No | | | ALL |
| 33220 | Repair of two transvenous electrodes for a | No | | | ALL |
| 33221 | Insertion of pacemaker pulse generator or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33221 | Insertion of pacemaker pulse generator or | No | | | MCWRAP |
| 33222 | Revision or relocation of skin pocket for pa | No | | | ALL |
| 33223 | REVISION OF SKIN POCKET FOR SINGL | No | | | ALL |
| 33224 | Insertion of pacing electrode, cardiac vend | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33224 | Insertion of pacing electrode, cardiac vend | No | | | MCWRAP |
| 33225 | Insertion of pacing electrode, cardiac vend | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33225 | Insertion of pacing electrode, cardiac vend | No | | | MCWRAP |
| 33226 | Repositioning of previously implanted card | No | | | ALL |
| 33227 | Removal of permanent pacemaker pulse ( | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33227 | Removal of permanent pacemaker pulse ( | No | | | MCWRAP |
| 33228 | Removal of permanent pacemaker pulse ( | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33228 | Removal of permanent pacemaker pulse ( | No | | | MCWRAP |
| 33229 | Removal of permanent pacemaker pulse ( | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33229 | Removal of permanent pacemaker pulse ( | No | | | MCWRAP |
| 33230 | Insertion of pacing cardioverter-defibrillato | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33230 | Insertion of pacing cardioverter-defibrillato | No | | | MCWRAP |
| 33231 | Insertion of pacing cardioverter-defibrillato | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33231 | Insertion of pacing cardioverter-defibrillato | No | | | MCWRAP |
| 33233 | Removal of permanent pacemaker pulse | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33233 | Removal of permanent pacemaker pulse | No | | | MCWRAP |
| 33234 | Removal of transvenous pacemaker elect | No | | | ALL |
| 33235 | Removal of transvenous pacemaker elect | No | | | ALL |
| 33236 | Removal of permanent epicardial pacema | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33236 | Removal of permanent epicardial pacema | No | | | MCWRAP |
| 33237 | Removal of permanent epicardial pacema | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33237 | Removal of permanent epicardial pacema | No | | | MCWRAP |
| 33238 | Removal of permanent transvenous electr | No | | | ALL |
| 33240 | INSERTION OF SINGLE OR DUAL CHAM | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33240 | INSERTION OF SINGLE OR DUAL CHAM | No | | | MCWRAP |
| 33241 | SUBCUTANEOUS REMOVAL OF SINGLE | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33241 | SUBCUTANEOUS REMOVAL OF SINGLE | No | | | MCWRAP |
| 33243 | REMOVAL OF SINGLE OR DUAL CHAME | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33243 | REMOVAL OF SINGLE OR DUAL CHAME | No | | | MCWRAP |
| 33244 | REMOVAL OF SINGLE OR DUAL CHAME | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33244 | REMOVAL OF SINGLE OR DUAL CHAME | No | | | MCWRAP |
| 33249 | INSERTION OR REPOSITIONING OF ELI | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33249 | INSERTION OR REPOSITIONING OF ELI | No | | | MCWRAP |
| 33250 | Operative ablation of supraventricular arrh | No | | | ALL |
| 33251 | Operative ablation of supraventricular arrh | No | | | ALL |
| 33254 | OPERATIVE TISSUE ABLATION AND RE | No | | | ALL |
| 33255 | OPERATIVE TISSUE ABLATION OF ATR | No | | | ALL |
| 33256 | OPERATIVE TISSUE ALBATION OF ATR | No | | | ALL |
| 33257 | OPERATIVE TISSUE ABLATION AND RE | No | | | ALL |
| 33258 | OPERATIVE TISSUE ABLATION AND RE | No | | | ALL |
| 33259 | OPERATIVE TISSUE ABLATION AND RE | No | | | ALL |
| 33261 | Operative ablation of ventricular arrhythm | No | | | ALL |
| 33262 | Removal of implantable defibrillator pulse | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33262 | Removal of implantable defibrillator pulse | No | | | MCWRAP |
| 33263 | Removal of implantable defibrillator pulse | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33263 | Removal of implantable defibrillator pulse | No | | | MCWRAP |
| 33264 | Removal of implantable defibrillator pulse | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33264 | Removal of implantable defibrillator pulse | No | | | MCWRAP |
| 33264 | Removal of implantable defibrillator pulse | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33264 | Removal of implantable defibrillator pulse | No | | | MCWRAP |
| 33265 | ENDOSCOPY, SURGICAL; OPERATIVE | No | | | ALL |
| 33266 | ENDOSCOPY, SURGICAL; OPERATIVE | No | | | ALL |
| 33267 | Exclusion of left atrial appendage, open, a | No | | | ALL |
| 33268 | Exclusion of left atrial appendage, open, p | No | | | ALL |
| 33269 | Exclusion of left atrial appendage, thoraco | No | | | ALL |
| 33270 | Insertion or replacement of permanent sul | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33270 | Insertion or replacement of permanent sul | No | | | MCWRAP |
| 33271 | Insertion of subcutaneous implantable def | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33271 | Insertion of subcutaneous implantable def | No | | | MCWRAP |
| 33272 | Removal of subcutaneous implantable de | No | | | ALL |
| 33273 | Repositioning of previously implanted sub | No | | | ALL |
| 33274 | Transcatheter insertion or replacement of | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33274 | Transcatheter insertion or replacement of | No | | | MCWRAP |
| 33275 | Transcatheter removal of permanent leadl | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33275 | Transcatheter removal of permanent leadl | No | | | MCWRAP |
| 33276 | Insertion of phrenic nerve stimulator syste | Yes | | | ALL (Except MCWRAP) |
| 33276 | Insertion of phrenic nerve stimulator syste | No | | | MCWRAP |
| 33277 | Insertion of phrenic nerve stimulator trans | Yes | | | ALL (Except MCWRAP) |
| 33277 | Insertion of phrenic nerve stimulator trans | No | | | MCWRAP |
| 33278 | Removal of phrenic nerve stimulator, inclu | Yes | | | ALL (Except MCWRAP) |
| 33278 | Removal of phrenic nerve stimulator, inclu | No | | | MCWRAP |
| 33279 | Removal of phrenic nerve stimulator, inclu | No | | | ALL |
| 33280 | Removal of phrenic nerve stimulator, inclu | No | | | ALL |
| 33281 | Repositioning of phrenic nerve stimulator | No | | | ALL |
| 33285 | Insertion, subcutaneous cardiac rhythm m | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33285 | Insertion, subcutaneous cardiac rhythm m | No | | | MCWRAP |
| 33286 | Removal, subcutaneous cardiac rhythm m | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33286 | Removal, subcutaneous cardiac rhythm m | No | | | MCWRAP |
| 33287 | Removal and replacement of phrenic nerv | Yes | | | ALL (Except MCWRAP) |
| 33287 | Removal and replacement of phrenic nerv | No | | | MCWRAP |
| 33288 | Removal and replacement of phrenic nerv | Yes | | | ALL (Except MCWRAP) |
| 33288 | Removal and replacement of phrenic nerv | No | | | MCWRAP |
| 33289 | Transcatheter implantation of wireless pul | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33289 | Transcatheter implantation of wireless pul | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33300 | Repair of cardiac wound; without bypass | No | | | ALL |
| 33305 | Repair of cardiac wound; with cardiopulmo | No | | | ALL |
| 33310 | Cardiotomy, exploratory (includes remova | No | | | ALL |
| 33315 | Cardiotomy, exploratory (includes remova | No | | | ALL |
| 33320 | Suture repair of aorta or great vessels; wit | No | | | ALL |
| 33321 | Suture repair of aorta or great vessels; wit | No | | | ALL |
| 33330 | Insertion of graft, aorta or great vessels; w | No | | | ALL |
| 33332 | Insertion of graft, aorta or great vessels; w | No | | | ALL |
| 33335 | Insertion of graft, aorta or great vessels; w | No | | | ALL |
| 33340 | Percutaneous transcatheter closure of the | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33340 | Percutaneous transcatheter closure of the | No | | | MCWRAP |
| 33361 | Transcatheter aortic valve replacement (T | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33361 | Transcatheter aortic valve replacement (T | No | | | MCWRAP |
| 33362 | Transcatheter aortic valve replacement (T | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33362 | Transcatheter aortic valve replacement (T | No | | | MCWRAP |
| 33363 | Transcatheter aortic valve replacement (T | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33363 | Transcatheter aortic valve replacement (T | No | | | MCWRAP |
| 33364 | Transcatheter aortic valve replacement (T | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33364 | Transcatheter aortic valve replacement (T | No | | | MCWRAP |
| 33365 | Transcatheter aortic valve replacement (T | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33365 | Transcatheter aortic valve replacement (T | No | | | MCWRAP |
| 33366 | Transcatheter aortic valve replacement (T | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33366 | Transcatheter aortic valve replacement (T | No | | | MCWRAP |
| 33367 | Transcatheter aortic valve replacement (T | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33367 | Transcatheter aortic valve replacement (T | No | | | MCWRAP |
| 33368 | Transcatheter aortic valve replacement (T | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33368 | Transcatheter aortic valve replacement (T | No | | | MCWRAP |
| 33369 | Transcatheter aortic valve replacement (T | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33369 | Transcatheter aortic valve replacement (T | No | | | MCWRAP |
| 33370 | Transcatheter placement and subsequent | No | | | ALL |
| 33390 | Valvuloplasty, aortic valve, open, with card | No | | | ALL |
| 33391 | Valvuloplasty, aortic valve, open, with card | No | | | ALL |
| 33404 | Construction of apical-aortic conduit | No | | | ALL |
| 33405 | Replacement, aortic valve, with cardiopulr | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33405 | Replacement, aortic valve, with cardiopulr | No | | | MCWRAP |
| 33406 | Replacement, aortic valve, with cardiopulr | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33406 | Replacement, aortic valve, with cardiopulr | No | | | MCWRAP |
| 33410 | Replacement, aortic valve, with cardiopulr | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33410 | Replacement, aortic valve, with cardiopulr | No | | | MCWRAP |
| 33411 | Replacement, aortic valve; with aortic ann | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33411 | Replacement, aortic valve; with aortic ann | No | | | MCWRAP |
| 33412 | Replacement, aortic valve; with transventr | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33412 | Replacement, aortic valve; with transventr | No | | | MCWRAP |
| 33413 | Replacement, aortic valve; by translocatio | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33413 | Replacement, aortic valve; by translocatio | No | | | MCWRAP |
| 33414 | Repair of left ventricular outflow tract obst | No | | | ALL |
| 33415 | Resection or incision of subvalvular tissue | No | | | ALL |
| 33416 | Ventriculomyotomy (-myectomy) for idiopa | No | | | ALL |
| 33417 | Aortoplasty (gusset) for supravalvular ster | No | | | ALL |
| 33418 | Transcatheter mitral valve repair, percutar | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33418 | Transcatheter mitral valve repair, percutar | No | | | MCWRAP |
| 33419 | Transcatheter mitral valve repair, percutar | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33419 | Transcatheter mitral valve repair, percutar | No | | | MCWRAP |
| 33420 | Valvotomy, mitral valve; closed heart | No | | | ALL |
| 33422 | Valvotomy, mitral valve; open heart, with c | No | | | ALL |
| 33425 | Valvuloplasty, mitral valve, with cardiopulr | No | | | ALL |
| 33426 | Valvuloplasty, mitral valve, with cardiopulr | No | | | ALL |
| 33427 | Valvuloplasty, mitral valve, with cardiopulr | No | | | ALL |
| 33430 | Replacement, mitral valve, with cardiopulr | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33430 | Replacement, mitral valve, with cardiopulr | No | | | MCWRAP |
| 33440 | Replacement, aortic valve; by translocatio | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33440 | Replacement, aortic valve; by translocatio | No | | | MCWRAP |
| 33460 | Valvectomy, tricuspid valve, with cardiopu | No | | | ALL |
| 33463 | Valvuloplasty, tricuspid valve; without ring | No | | | ALL |
| 33464 | Valvuloplasty, tricuspid valve; with ring ins | No | | | ALL |
| 33465 | Replacement, tricuspid valve, with cardiop | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33465 | Replacement, tricuspid valve, with cardiop | No | | | MCWRAP |
| 33468 | Tricuspid valve repositioning and plication | No | | | ALL |
| 33474 | Valvotomy, pulmonary valve, open heart; v | No | | | ALL |
| 33475 | Replacement, pulmonary valve | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33475 | Replacement, pulmonary valve | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33476 | Right ventricular resection for infundibular | No | | | ALL |
| 33477 | Transcatheter pulmonary valve implantatio | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33477 | Transcatheter pulmonary valve implantatio | No | | | MCWRAP |
| 33478 | Outflow tract augmentation (gusset), with | No | | | ALL |
| 33496 | Repair of non-structural prosthetic valve d | No | | | ALL |
| 33500 | Repair of coronary arteriovenous or arterio | No | | | ALL |
| 33501 | Repair of coronary arteriovenous or arterio | No | | | ALL |
| 33502 | Repair of anomalous coronary artery; by li | No | | | ALL |
| 33503 | Repair of anomalous coronary artery; by g | No | | | ALL |
| 33504 | Repair of anomalous coronary artery; by g | No | | | ALL |
| 33505 | Repair of anomalous coronary artery; with | No | | | ALL |
| 33506 | Repair of anomalous coronary artery; by tr | No | | | ALL |
| 33507 | REPAIR OF ANOMALOUS (EG, INTRAMU | No | | | ALL |
| 33508 | Endoscopy, surgical, including video-assis | No | | | ALL |
| 33509 | Harvest of upper extremity artery, 1 segme | No | | | ALL |
| 33510 | Coronary artery bypass, vein only; single c | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33510 | Coronary artery bypass, vein only; single c | No | | | MCWRAP |
| 33511 | Coronary artery bypass, vein only; two cor | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33511 | Coronary artery bypass, vein only; two cor | No | | | MCWRAP |
| 33512 | Coronary artery bypass, vein only; three c | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33512 | Coronary artery bypass, vein only; three c | No | | | MCWRAP |
| 33513 | Coronary artery bypass, vein only; four cor | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33513 | Coronary artery bypass, vein only; four cor | No | | | MCWRAP |
| 33514 | Coronary artery bypass, vein only; five cor | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33514 | Coronary artery bypass, vein only; five cor | No | | | MCWRAP |
| 33516 | Coronary artery bypass, vein only; six or m | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33516 | Coronary artery bypass, vein only; six or m | No | | | MCWRAP |
| 33517 | Coronary artery bypass, using venous gra | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33517 | Coronary artery bypass, using venous gra | No | | | MCWRAP |
| 33518 | Coronary artery bypass, using venous gra | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33518 | Coronary artery bypass, using venous gra | No | | | MCWRAP |
| 33519 | Coronary artery bypass, using venous gra | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33519 | Coronary artery bypass, using venous gra | No | | | MCWRAP |
| 33521 | Coronary artery bypass, using venous gra | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33521 | Coronary artery bypass, using venous gra | No | | | MCWRAP |
| 33522 | Coronary artery bypass, using venous gra | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33522 | Coronary artery bypass, using venous gra | No | | | MCWRAP |
| 33523 | Coronary artery bypass, using venous gra | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33523 | Coronary artery bypass, using venous gra | No | | | MCWRAP |
| 33530 | Reoperation, coronary artery bypass proce | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33530 | Reoperation, coronary artery bypass proce | No | | | MCWRAP |
| 33533 | Coronary artery bypass, using arterial graf | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33533 | Coronary artery bypass, using arterial graf | No | | | MCWRAP |
| 33534 | Coronary artery bypass, using arterial graf | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33534 | Coronary artery bypass, using arterial graf | No | | | MCWRAP |
| 33535 | Coronary artery bypass, using arterial graf | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33535 | Coronary artery bypass, using arterial graf | No | | | MCWRAP |
| 33536 | Coronary artery bypass, using arterial graf | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33536 | Coronary artery bypass, using arterial graf | No | | | MCWRAP |
| 33542 | Myocardial resection (eg, ventricular aneu | No | | | ALL |
| 33545 | Repair of postinfarction ventricular septal | No | | | ALL |
| 33548 | SURCIAL VENTRICULAR RESTORATION | Not Covered | | | ALL |
| 33572 | Coronary endarterectomy, open, any meth | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 33572 | Coronary endarterectomy, open, any meth | No | | | MCWRAP |
| 33600 | Closure of atrioventricular valve (mitral or | No | | | ALL |
| 33602 | Closure of semilunar valve (aortic or pulm | No | | | ALL |
| 33606 | Anastomosis of pulmonary artery to aorta | No | | | ALL |
| 33608 | Repair of complex cardiac anomaly other | No | | | ALL |
| 33610 | Repair of complex cardiac anomalies (eg, | No | | | ALL |
| 33611 | Repair of double outlet right ventricle with | No | | | ALL |
| 33612 | Repair of double outlet right ventricle with | No | | | ALL |
| 33615 | Repair of complex cardiac anomalies (eg, | No | | | ALL |
| 33617 | Repair of complex cardiac anomalies (eg, | No | | | ALL |
| 33619 | Repair of single ventricle with aortic outflo | No | | | ALL |
| 33620 | Application of right and left pulmonary arte | No | | | ALL |
| 33621 | Transthoracic insertion of catheter for sten | No | | | ALL |
| 33622 | Reconstruction of complex cardiac anoma | No | | | ALL |
| 33641 | Repair atrial septal defect, secundum, with | No | | | ALL |
| 33645 | Direct or patch closure, sinus venosus, wi | No | | | ALL |
| 33647 | Repair of atrial septal defect and ventricul | No | | | ALL |
| 33660 | Repair of incomplete or partial atrioventric | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33665 | Repair of intermediate or transitional atrio | No | | | ALL |
| 33670 | Repair of complete atrioventricular canal, | No | | | ALL |
| 33675 | CLOSURE OF MULTIPLE VENTRICULAR | No | | | ALL |
| 33676 | CLOSURE OF VENTRICULAR SEPTAL D | No | | | ALL |
| 33677 | CLOSURE OF MULTIPLE VENTRICULAR | No | | | ALL |
| 33681 | Closure of ventricular septal defect, with o | No | | | ALL |
| 33684 | Closure of ventricular septal defect, with o | No | | | ALL |
| 33688 | Closure of ventricular septal defect, with o | No | | | ALL |
| 33690 | Banding of pulmonary artery | No | | | ALL |
| 33692 | Complete repair tetralogy of Fallot without | No | | | ALL |
| 33694 | Complete repair tetralogy of Fallot without | No | | | ALL |
| 33697 | Complete repair tetralogy of Fallot with pu | No | | | ALL |
| 33702 | Repair sinus of Valsalva fistula, with cardi | No | | | ALL |
| 33710 | Repair sinus of Valsalva fistula, with cardi | No | | | ALL |
| 33720 | Repair sinus of Valsalva aneurysm, with c | No | | | ALL |
| 33724 | REPAIR OF ISOLATED PARTIAL ANOMA | No | | | ALL |
| 33726 | REPAIR OF PULMONARY VENOUS STE | No | | | ALL |
| 33730 | Complete repair of anomalous venous ret | No | | | ALL |
| 33732 | Repair of cor triatriatum or supravalvular r | No | | | ALL |
| 33735 | Atrial septectomy or septostomy; closed h | No | | | ALL |
| 33736 | Atrial septectomy or septostomy; open he | No | | | ALL |
| 33741 | Transcatheter atrial septostomy (TAS) for | No | | | ALL |
| 33745 | Transcatheter intracardiac shunt (TIS) cre | No | | | ALL |
| 33746 | Transcatheter intracardiac shunt (TIS) cre | No | | | ALL |
| 33750 | Shunt; subclavian to pulmonary artery (Bla | No | | | ALL |
| 33755 | Shunt; ascending aorta to pulmonary arter | No | | | ALL |
| 33762 | Shunt; descending aorta to pulmonary arte | No | | | ALL |
| 33764 | Shunt; central, with prosthetic graft | No | | | ALL |
| 33766 | Shunt; superior vena cava to pulmonary a | No | | | ALL |
| 33767 | Shunt; superior vena cava to pulmonary a | No | | | ALL |
| 33768 | ANASTOMOSIS, CAVOPULMONARY, 2N | No | | | ALL |
| 33770 | Repair of transposition of the great arterie | No | | | ALL |
| 33771 | Repair of transposition of the great arterie | No | | | ALL |
| 33774 | Repair of transposition of the great arterie | No | | | ALL |
| 33775 | Repair of transposition of the great arterie | No | | | ALL |
| 33776 | Repair of transposition of the great arterie | No | | | ALL |
| 33777 | Repair of transposition of the great arterie | No | | | ALL |
| 33778 | Repair of transposition of the great arterie | No | | | ALL |
| 33779 | Repair of transposition of the great arterie | No | | | ALL |
| 33780 | Repair of transposition of the great arterie | No | | | ALL |
| 33781 | Repair of transposition of the great arterie | No | | | ALL |
| 33782 | AORTIC ROOT TRANSLOCATION W/VE | No | | | ALL |
| 33783 | AORTIC ROOT TRANSLOCATE W/VENT | No | | | ALL |
| 33786 | Total repair, truncus arteriosus (Rastelli ty | No | | | ALL |
| 33788 | Reimplantation of an anomalous pulmona | No | | | ALL |
| 33800 | Aortic suspension (aortopexy) for tracheal | No | | | ALL |
| 33802 | Division of aberrant vessel (vascular ring); | No | | | ALL |
| 33803 | Division of aberrant vessel (vascular ring); | No | | | ALL |
| 33814 | Obliteration of aortopulmonary septal defe | No | | | ALL |
| 33820 | Repair of patent ductus arteriosus; by liga | No | | | ALL |
| 33822 | Repair of patent ductus arteriosus; by divi | No | | | ALL |
| 33824 | Repair of patent ductus arteriosus; by divi | No | | | ALL |
| 33840 | Excision of coarctation of aorta, with or wi | No | | | ALL |
| 33845 | Excision of coarctation of aorta, with or wi | No | | | ALL |
| 33851 | Excision of coarctation of aorta, with or wi | No | | | ALL |
| 33852 | Repair of hypoplastic or interrupted aortic | No | | | ALL |
| 33853 | Repair of hypoplastic or interrupted aortic | No | | | ALL |
| 33858 | Ascending aorta graft, with cardiopulmona | No | | | ALL |
| 33859 | Ascending aorta graft, with cardiopulmona | No | | | ALL |
| 33863 | Ascending aorta graft, with cardiopulmona | No | | | ALL |
| 33864 | Ascending aorta graft, with cardiopulmona | No | | | ALL |
| 33866 | Aortic hemiarch graft including isolation ar | No | | | ALL |
| 33871 | Transverse aortic arch graft, with cardiopu | No | | | ALL |
| 33875 | Descending thoracic aorta graft, with or wi | No | | | ALL |
| 33877 | Repair of thoracoabdominal aortic aneurys | No | | | ALL |
| 33880 | ENDOVASCULAR REPAIR OF DESCEND | No | | | ALL |
| 33881 | ENDOVASCULAR REPAIR OF DESCEND | No | | | ALL |
| 33883 | PLACEMENT OF PROXIMAL EXTENSIO | No | | | ALL |
| 33886 | PLACEMENT OF DISTAL EXTENSION PI | No | | | ALL |
| 33894 | Endovascular stent repair of coarctation o | No | | | ALL |
| 33895 | Endovascular stent repair of coarctation o | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33897 | Percutaneous transluminal angioplasty of | No | | | ALL |
| 33900 | Percutaneous pulmonary artery revascula | No | | | ALL |
| 33901 | Percutaneous pulmonary artery revascula | No | | | ALL |
| 33902 | Percutaneous pulmonary artery revascula | No | | | ALL |
| 33903 | Percutaneous pulmonary artery revascula | No | | | ALL |
| 33904 | Percutaneous pulmonary artery revascula | No | | | ALL |
| 33910 | Pulmonary artery embolectomy; with cardi | No | | | ALL |
| 33915 | Pulmonary artery embolectomy; without ca | No | | | ALL |
| 33916 | Pulmonary endarterectomy, with or withou | No | | | ALL |
| 33917 | Repair of pulmonary artery stenosis by rec | No | | | ALL |
| 33920 | Repair of pulmonary atresia with ventricul | No | | | ALL |
| 33922 | Transection of pulmonary artery with cardi | No | | | ALL |
| 33924 | Ligation and takedown of a systemic-to-pu | No | | | ALL |
| 33925 | REPAIR OF PULMONARY ARTERY ARB | No | | | ALL |
| 33926 | REPAIR OF PULMONARY ARTERY ARB | No | | | ALL |
| 33927 | Implantation of a total replacement heart s | Yes | | | ALL (Except MCWRAP) |
| 33927 | Implantation of a total replacement heart s | No | | | MCWRAP |
| 33928 | Removal and replacement of total replace | No | | | ALL |
| 33929 | Removal of a total replacement heart syst | No | | | ALL |
| 33930 | DONOR CARDIECTOMY-PNEUMONECT | No | | | ALL |
| 33933 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 33935 | HEART-LUNG TRANSPLANT WITH REC | No | | | ALL |
| 33940 | DONOR CARDIECTOMY, WITH COLD PI | No | | | ALL |
| 33944 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 33945 | HEART TRANSPLANT, WITH OR WITHO | No | | | ALL |
| 33946 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33947 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33948 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33949 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33951 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33952 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33953 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33954 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33955 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33956 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33957 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33958 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33959 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33962 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33963 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33964 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33965 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33966 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33967 | Insertion of intra-aortic balloon assist devi | No | | | ALL |
| 33968 | Removal of intra-aortic balloon assist devi | No | | | ALL |
| 33969 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33970 | Insertion of intra-aortic balloon assist devi | No | | | ALL |
| 33971 | Removal of intra-aortic balloon assist devi | No | | | ALL |
| 33973 | Insertion of intra-aortic balloon assist devi | No | | | ALL |
| 33974 | Removal of intra-aortic balloon assist devi | No | | | ALL |
| 33975 | IMPLANTATION OF VENTRICULAR ASS | No | | | ALL |
| 33976 | IMPLANTATION OF VENTRICULAR ASS | No | | | ALL |
| 33977 | REMOVAL OF VENTRICULAR ASSIST D | No | | | ALL |
| 33978 | REMOVAL OF VENTRICULAR ASSIST D | No | | | ALL |
| 33979 | INSERTION OF INTRACORPORAL VENT | No | | | ALL |
| 33980 | REMOVAL OF INTRACORPORAL VENTF | No | | | ALL |
| 33981 | REPLACEMENT OF EXTRACORPOREAL | No | | | ALL |
| 33982 | REPLACE EXTRACORPOREAL VENTRI | No | | | ALL |
| 33983 | REPLACE EXTRACORPOREAL VENTRI | No | | | ALL |
| 33984 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33985 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33986 | Extracorporeal membrane oxygenation (E | No | | | ALL |
| 33987 | Arterial exposure with creation of graft cor | No | | | ALL |
| 33988 | Insertion of left heart vent by thoracic incis | No | | | ALL |
| 33989 | Removal of left heart vent by thoracic incis | No | | | ALL |
| 33990 | Insertion of ventricular assist device, percu | No | | | ALL |
| 33991 | Insertion of ventricular assist device, percu | No | | | ALL |
| 33992 | Removal of percutaneous ventricular assis | No | | | ALL |
| 33993 | Repositioning of percutaneous ventricular | No | | | ALL |
| 33995 | Insertion of ventricular assist device, percu | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33997 | Removal of percutaneous right heart ventr | No | | | ALL |
| 33999 | UNLISTED PROCEDURE, CARDIAC SUR | Yes | | | ALL (Except MCWRAP) |
| 33999 | UNLISTED PROCEDURE, CARDIAC SUR | No | | | MCWRAP |
| 34001 | Embolectomy or thrombectomy, with or wi | No | | | ALL |
| 34051 | Embolectomy or thrombectomy, with or wi | No | | | ALL |
| 34101 | Embolectomy or thrombectomy, with or wi | No | | | ALL |
| 34111 | Embolectomy or thrombectomy, with or wi | No | | | ALL |
| 34151 | Embolectomy or thrombectomy, with or wi | No | | | ALL |
| 34201 | Embolectomy or thrombectomy, with or wi | No | | | ALL |
| 34203 | Embolectomy or thrombectomy, with or wi | No | | | ALL |
| 34401 | Thrombectomy, direct or with catheter; ve | No | | | ALL |
| 34421 | Thrombectomy, direct or with catheter; ve | No | | | ALL |
| 34451 | Thrombectomy, direct or with catheter; ve | No | | | ALL |
| 34471 | Thrombectomy, direct or with catheter; su | No | | | ALL |
| 34490 | Thrombectomy, direct or with catheter; axi | No | | | ALL |
| 34501 | Valvuloplasty, femoral vein | No | | | ALL |
| 34502 | Reconstruction of vena cava, any method | No | | | ALL |
| 34510 | Venous valve transposition, any vein donc | No | | | ALL |
| 34520 | Cross-over vein graft to venous system | No | | | ALL |
| 34530 | Saphenopopliteal vein anastomosis | No | | | ALL |
| 34701 | Endovascular repair of infrarenal aorta by | No | | | ALL |
| 34702 | Endovascular repair of infrarenal aorta by | No | | | ALL |
| 34703 | Endovascular repair of infrarenal aorta an | No | | | ALL |
| 34704 | Endovascular repair of infrarenal aorta an | No | | | ALL |
| 34705 | Endovascular repair of infrarenal aorta an | No | | | ALL |
| 34706 | Endovascular repair of infrarenal aorta an | No | | | ALL |
| 34707 | Endovascular repair of iliac artery by deplo | No | | | ALL |
| 34708 | Endovascular repair of iliac artery by deplo | No | | | ALL |
| 34709 | Placement of extension prosthesis(es) dis | No | | | ALL |
| 34710 | Delayed placement of distal or proximal ex | No | | | ALL |
| 34711 | Delayed placement of distal or proximal ex | No | | | ALL |
| 34712 | Transcatheter delivery of enhanced fixatio | No | | | ALL |
| 34713 | Percutaneous access and closure of femo | No | | | ALL |
| 34714 | Open femoral artery exposure with creatio | No | | | ALL |
| 34715 | Open axillary/subclavian artery exposure f | No | | | ALL |
| 34716 | Open axillary/subclavian artery exposure v | No | | | ALL |
| 34717 | Endovascular repair of iliac artery at the ti | No | | | ALL |
| 34718 | Endovascular repair of iliac artery, not ass | No | | | ALL |
| 34808 | Endovascular placement of iliac artery occ | No | | | ALL |
| 34812 | Open femoral artery exposure for delivery | No | | | ALL |
| 34813 | Placement of femoral-femoral prosthetic g | No | | | ALL |
| 34820 | Open iliac artery exposure for delivery of e | No | | | ALL |
| 34830 | Open repair of infrarenal aortic aneurysm | No | | | ALL |
| 34831 | Open repair of infrarenal aortic aneurysm | No | | | ALL |
| 34832 | Open repair of infrarenal aortic aneurysm | No | | | ALL |
| 34833 | OPEN ILIAC ARTERY EXPOSURE W/CR | No | | | ALL |
| 34834 | Open brachial artery exposure to assist in | No | | | ALL |
| 34839 | Physician planning of a patient-specific fe | No | | | ALL |
| 34841 | Endovascular repair of visceral aorta (eg, | No | | | ALL |
| 34842 | Endovascular repair of visceral aorta (eg, | No | | | ALL |
| 34843 | Endovascular repair of visceral aorta (eg, | No | | | ALL |
| 34844 | Endovascular repair of visceral aorta (eg, | No | | | ALL |
| 34845 | Endovascular repair of visceral aorta and | No | | | ALL |
| 34846 | Endovascular repair of visceral aorta and | No | | | ALL |
| 34847 | Endovascular repair of visceral aorta and | No | | | ALL |
| 34848 | Endovascular repair of visceral aorta and | No | | | ALL |
| 35001 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35002 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35005 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35011 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35013 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35021 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35022 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35045 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35081 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35082 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35091 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35092 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35102 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35103 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 35111 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35112 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35121 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35122 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35131 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35132 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35141 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35142 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35151 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35152 | Direct repair of aneurysm, pseudoaneurys | No | | | ALL |
| 35180 | Repair, congenital arteriovenous fistula; h | No | | | ALL |
| 35182 | Repair, congenital arteriovenous fistula; th | No | | | ALL |
| 35184 | Repair, congenital arteriovenous fistula; e | No | | | ALL |
| 35188 | Repair, acquired or traumatic arteriovenou | No | | | ALL |
| 35189 | Repair, acquired or traumatic arteriovenou | No | | | ALL |
| 35190 | Repair, acquired or traumatic arteriovenou | No | | | ALL |
| 35201 | Repair blood vessel, direct; neck | No | | | ALL |
| 35206 | Repair blood vessel, direct; upper extremi | No | | | ALL |
| 35207 | Repair blood vessel, direct; hand, finger | No | | | ALL |
| 35211 | Repair blood vessel, direct; intrathoracic, | No | | | ALL |
| 35216 | Repair blood vessel, direct; intrathoracic, | No | | | ALL |
| 35221 | Repair blood vessel, direct; intra-abdomin | No | | | ALL |
| 35226 | Repair blood vessel, direct; lower extremit | No | | | ALL |
| 35231 | Repair blood vessel with vein graft; neck | No | | | ALL |
| 35236 | Repair blood vessel with vein graft; upper | No | | | ALL |
| 35241 | Repair blood vessel with vein graft; intrath | No | | | ALL |
| 35246 | Repair blood vessel with vein graft; intrath | No | | | ALL |
| 35251 | Repair blood vessel with vein graft; intra-a | No | | | ALL |
| 35256 | Repair blood vessel with vein graft; lower | No | | | ALL |
| 35261 | Repair blood vessel with graft other than v | No | | | ALL |
| 35266 | Repair blood vessel with graft other than v | No | | | ALL |
| 35271 | Repair blood vessel with graft other than v | No | | | ALL |
| 35276 | Repair blood vessel with graft other than v | No | | | ALL |
| 35281 | Repair blood vessel with graft other than v | No | | | ALL |
| 35286 | Repair blood vessel with graft other than v | No | | | ALL |
| 35301 | Thromboendarterectomy, with or without p | No | | | ALL |
| 35302 | THROMBOENDARTERECTOMY; SUPER | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35302 | THROMBOENDARTERECTOMY; SUPER | No | | | MCWRAP |
| 35303 | THROMBOENDARTERECTOMY; POPLIT | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35303 | THROMBOENDARTERECTOMY; POPLIT | No | | | MCWRAP |
| 35304 | THROMBOENDARTERECTOMY; TIBIOP | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35304 | THROMBOENDARTERECTOMY; TIBIOP | No | | | MCWRAP |
| 35305 | THROMBOENDARTERECTOMY; TIBIAL | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35305 | THROMBOENDARTERECTOMY; TIBIAL | No | | | MCWRAP |
| 35306 | THROMBOENDARTERECTOMY; TIBIAL | No | | | ALL |
| 35311 | Thromboendarterectomy, with or without p | No | | | ALL |
| 35321 | Thromboendarterectomy, with or without p | No | | | ALL |
| 35331 | Thromboendarterectomy, with or without p | No | | | ALL |
| 35341 | Thromboendarterectomy, with or without p | No | | | ALL |
| 35351 | Thromboendarterectomy, with or without p | No | | | ALL |
| 35355 | Thromboendarterectomy, with or without p | No | | | ALL |
| 35361 | Thromboendarterectomy, with or without p | No | | | ALL |
| 35363 | Thromboendarterectomy, with or without p | No | | | ALL |
| 35371 | Thromboendarterectomy, with or without p | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35371 | Thromboendarterectomy, with or without p | No | | | MCWRAP |
| 35372 | Thromboendarterectomy, with or without p | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35372 | Thromboendarterectomy, with or without p | No | | | MCWRAP |
| 35390 | Reoperation, carotid, thromboendarterecto | No | | | ALL |
| 35400 | Angioscopy (non-coronary vessels or graf | No | | | ALL |
| 35500 | Harvest of upper extremity vein, one segm | No | | | ALL |
| 35501 | Bypass graft, with vein; carotid | No | | | ALL |
| 35506 | Bypass graft, with vein; carotid-subclavian | No | | | ALL |
| 35508 | Bypass graft, with vein; carotid-vertebral | No | | | ALL |
| 35509 | Bypass graft, with vein; carotid-carotid | No | | | ALL |
| 35510 | Bypass graft, with vein; carotid-brachial | No | | | ALL |
| 35511 | Bypass graft, with vein; subclavian-subcla | No | | | ALL |
| 35512 | Bypass graft, with vein; subclavian-brachia | No | | | ALL |
| 35515 | Bypass graft, with vein; subclavian-vertebı | No | | | ALL |
| 35516 | Bypass graft, with vein; subclavian-axillary | No | | | ALL |
| 35518 | Bypass graft, with vein; axillary-axillary | No | | | ALL |
| 35521 | Bypass graft, with vein; axillary-femoral | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 35522 | Bypass graft, with vein; axillary-brachial | No | | | ALL |
| 35523 | BYPASS GRAFT, WITH VEIN; BRACHIAL | No | | | ALL |
| 35525 | Bypass graft, with vein; brachial-brachial | No | | | ALL |
| 35526 | Bypass graft, with vein; aortosubclavian, a | No | | | ALL |
| 35531 | Bypass graft, with vein; aortoceliac or aort | No | | | ALL |
| 35533 | Bypass graft, with vein; axillary-femoral-fe | No | | | ALL |
| 35535 | Bypass graft, with vein; hepatorenal | No | | | ALL |
| 35536 | Bypass graft, with vein; splenorenal | No | | | ALL |
| 35537 | BYPASS GRAFT, WITH VEIN; AORTOILI | No | | | ALL |
| 35538 | BYPASS GRAFT, WITH VEIN; AORTOBI- | No | | | ALL |
| 35539 | BYPASS GRAFT, WITH VEIN; AORTOFE | No | | | ALL |
| 35540 | BYPASS GRAFT, WITH VEIN; AORTOBI | No | | | ALL |
| 35556 | Bypass graft, with vein; femoral-popliteal | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35556 | Bypass graft, with vein; femoral-popliteal | No | | | MCWRAP |
| 35558 | Bypass graft, with vein; femoral-femoral | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35558 | Bypass graft, with vein; femoral-femoral | No | | | MCWRAP |
| 35560 | Bypass graft, with vein; aortorenal | No | | | ALL |
| 35563 | Bypass graft, with vein; ilioiliac | No | | | ALL |
| 35565 | Bypass graft, with vein; iliofemoral | No | | | ALL |
| 35566 | Bypass graft, with vein; femoral-anterior ti | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35566 | Bypass graft, with vein; femoral-anterior ti | No | | | MCWRAP |
| 35570 | Bypass graft, with vein; tibial-tibial, perone | No | | | ALL |
| 35571 | Bypass graft, with vein; popliteal-tibial, -pe | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35571 | Bypass graft, with vein; popliteal-tibial, -pe | No | | | MCWRAP |
| 35572 | Harvest of femoropopliteal vein, one segm | No | | | ALL |
| 35583 | In-situ vein bypass; femoral-popliteal | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35583 | In-situ vein bypass; femoral-popliteal | No | | | MCWRAP |
| 35585 | In-situ vein bypass; femoral-anterior tibial, | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35585 | In-situ vein bypass; femoral-anterior tibial, | No | | | MCWRAP |
| 35587 | In-situ vein bypass; popliteal-tibial, perone | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35587 | In-situ vein bypass; popliteal-tibial, perone | No | | | MCWRAP |
| 35600 | Harvest of upper extremity artery, one seg | No | | | ALL |
| 35601 | Bypass graft, with other than vein; carotid | No | | | ALL |
| 35606 | Bypass graft, with other than vein; carotid- | No | | | ALL |
| 35612 | Bypass graft, with other than vein; subclav | No | | | ALL |
| 35616 | Bypass graft, with other than vein; subclav | No | | | ALL |
| 35621 | Bypass graft, with other than vein; axillary- | No | | | ALL |
| 35623 | Bypass graft, with other than vein; axillary- | No | | | ALL |
| 35626 | Bypass graft, with other than vein; aortosu | No | | | ALL |
| 35631 | Bypass graft, with other than vein; aortoce | No | | | ALL |
| 35632 | Bypass graft, with other than vein; ilio-celi | No | | | ALL |
| 35633 | Bypass graft, with other than vein; ilio-mes | No | | | ALL |
| 35634 | Bypass graft, with other than vein; iliorena | No | | | ALL |
| 35636 | Bypass graft, with other than vein; splenor | No | | | ALL |
| 35637 | BYPASS GRAFT, WITH OTHER THAN VI | No | | | ALL |
| 35638 | BYPASS GRAFT, WITH OTHER THAN VI | No | | | ALL |
| 35642 | Bypass graft, with other than vein; carotid- | No | | | ALL |
| 35645 | Bypass graft, with other than vein; subclav | No | | | ALL |
| 35646 | Bypass graft, with other than vein; aortobi | No | | | ALL |
| 35647 | Bypass graft, with other than vein; aortofe | No | | | ALL |
| 35650 | Bypass graft, with other than vein; axillary- | No | | | ALL |
| 35654 | Bypass graft, with other than vein; axillary- | No | | | ALL |
| 35656 | Bypass graft, with other than vein; femora | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35656 | Bypass graft, with other than vein; femora | No | | | MCWRAP |
| 35661 | Bypass graft, with other than vein; femora | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35661 | Bypass graft, with other than vein; femora | No | | | MCWRAP |
| 35663 | Bypass graft, with other than vein; ilioiliac | No | | | ALL |
| 35665 | Bypass graft, with other than vein; iliofemo | No | | | ALL |
| 35666 | Bypass graft, with other than vein; femora | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35666 | Bypass graft, with other than vein; femora | No | | | MCWRAP |
| 35671 | Bypass graft, with other than vein; poplitea | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35671 | Bypass graft, with other than vein; poplitea | No | | | MCWRAP |
| 35681 | Bypass graft; composite, prosthetic and ve | No | | | ALL |
| 35682 | Bypass graft; autogenous composite, two | No | | | ALL |
| 35683 | Bypass graft; autogenous composite, thre | No | | | ALL |
| 35685 | Placement of vein patch or cuff at distal ar | No | | | ALL |
| 35686 | Creation of distal arteriovenous fistula dur | No | | | ALL |
| 35691 | Transposition and/or reimplantation; verte | No | | | ALL |
| 35693 | Transposition and/or reimplantation; verte | No | | | ALL |
| 35694 | Transposition and/or reimplantation; subcl | No | | | ALL |
| 35695 | Transposition and/or reimplantation; carot | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 35697 | Reimplantation, visceral artery to infrarena | No | | | ALL |
| 35700 | Reoperation, femoral-popliteal or femoral | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35700 | Reoperation, femoral-popliteal or femoral | No | | | MCWRAP |
| 35701 | Exploration (not followed by surgical repai | No | | | ALL |
| 35702 | Exploration not followed by surgical repair | No | | | ALL |
| 35703 | Exploration not followed by surgical repair | No | | | ALL |
| 35800 | Exploration for postoperative hemorrhage | No | | | ALL |
| 35820 | Exploration for postoperative hemorrhage | No | | | ALL |
| 35840 | Exploration for postoperative hemorrhage | No | | | ALL |
| 35860 | Exploration for postoperative hemorrhage | No | | | ALL |
| 35870 | Repair of graft-enteric fistula | No | | | ALL |
| 35875 | Thrombectomy of arterial or venous graft ( | No | | | ALL |
| 35876 | Thrombectomy of arterial or venous graft ( | No | | | ALL |
| 35879 | Revision, lower extremity arterial bypass, | No | | | ALL |
| 35881 | Revision, lower extremity arterial bypass, | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35881 | Revision, lower extremity arterial bypass, | No | | | MCWRAP |
| 35883 | REVISION, FEMORAL ANASTOMOSIS O | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35883 | REVISION, FEMORAL ANASTOMOSIS O | No | | | MCWRAP |
| 35884 | REVISION, FEMORAL ANASTOMOSIS O | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 35884 | REVISION, FEMORAL ANASTOMOSIS O | No | | | MCWRAP |
| 35901 | Excision of infected graft; neck | No | | | ALL |
| 35903 | Excision of infected graft; extremity | No | | | ALL |
| 35905 | Excision of infected graft; thorax | No | | | ALL |
| 35907 | Excision of infected graft; abdomen | No | | | ALL |
| 36000 | Introduction of needle or intracatheter, vei | No | | | ALL |
| 36002 | Injection procedures (eg, thrombin) for per | No | | | ALL |
| 36005 | Injection procedure for extremity venograp | No | | | ALL |
| 36010 | Introduction of catheter, superior or inferio | No | | | ALL |
| 36011 | SELECTIVE CATHETER PLACEMENT, V | No | | | ALL |
| 36012 | Selective catheter placement, venous sys | No | | | ALL |
| 36013 | Introduction of catheter, right heart or mai | No | | | ALL |
| 36014 | Selective catheter placement, left or right | No | | | ALL |
| 36015 | Selective catheter placement, segmental ( | No | | | ALL |
| 36100 | Introduction of needle or intracatheter, car | No | | | ALL |
| 36140 | Introduction of needle or intracatheter; ext | No | | | ALL |
| 36160 | Introduction of needle or intracatheter, aor | No | | | ALL |
| 36200 | Introduction of catheter, aorta | No | | | ALL |
| 36215 | Selective catheter placement, arterial syst | No | | | ALL |
| 36216 | Selective catheter placement, arterial syst | No | | | ALL |
| 36217 | Selective catheter placement, arterial syst | No | | | ALL |
| 36218 | Selective catheter placement, arterial syst | No | | | ALL |
| 36221 | Non-selective catheter placement, thoraci | No | | | ALL |
| 36222 | Selective catheter placement, common ca | No | | | ALL |
| 36223 | Selective catheter placement, common ca | No | | | ALL |
| 36224 | Selective catheter placement, internal car | No | | | ALL |
| 36225 | Selective catheter placement, subclavian | No | | | ALL |
| 36226 | Selective catheter placement, vertebral ar | No | | | ALL |
| 36227 | Selective catheter placement, external car | No | | | ALL |
| 36228 | Selective catheter placement, each intracr | No | | | ALL |
| 36245 | Selective catheter placement, arterial syst | No | | | ALL |
| 36246 | Selective catheter placement, arterial syst | No | | | ALL |
| 36247 | Selective catheter placement, arterial syst | No | | | ALL |
| 36248 | Selective catheter placement, arterial syst | No | | | ALL |
| 36251 | Selective catheter placement (first-order), | No | | | ALL |
| 36252 | Selective catheter placement (first-order), | No | | | ALL |
| 36253 | Superselective catheter placement (one o | No | | | ALL |
| 36254 | Superselective catheter placement (one o | No | | | ALL |
| 36260 | INSERTION OF IMPLANTABLE INTRA-AI | No | | | ALL |
| 36261 | REVISION OF IMPLANTED INTRA-ARTE | No | | | ALL |
| 36262 | Removal of implanted intra-arterial infusio | No | | | ALL |
| 36299 | UNLISTED PROCEDURE, VASCULAR IN | Yes | | | ALL (Except MCWRAP) |
| 36299 | UNLISTED PROCEDURE, VASCULAR IN | No | | | MCWRAP |
| 36400 | Venipuncture, under age 3 years, necessi | No | | | ALL |
| 36405 | Venipuncture, under age 3 years, necessi | No | | | ALL |
| 36406 | Venipuncture, under age 3 years, necessi | No | | | ALL |
| 36410 | Venipuncture, age 3 years or older, neces | No | | | ALL |
| 36415 | Collection of venous blood by venipunctur | No | | | ALL |
| 36416 | Collection of capillary blood specimen (eg | No | | | ALL |
| 36420 | Venipuncture, cutdown; under age 1 year | No | | | ALL |
| 36425 | Venipuncture, cutdown; age 1 or over | No | | | ALL |
| 36430 | Transfusion, blood or blood components | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36440 | Push transfusion, blood, 2 years or under | No | | | ALL |
| 36450 | Exchange transfusion, blood; newborn | No | | | ALL |
| 36455 | Exchange transfusion, blood; other than n | No | | | ALL |
| 36456 | Partial exchange transfusion, blood, plasn | No | | | ALL |
| 36460 | Transfusion, intrauterine, fetal | No | | | ALL |
| 36465 | Injection of non-compounded foam scleros | No | | | ALL |
| 36466 | Injection of non-compounded foam scleros | No | | | ALL |
| 36468 | SINGLE OR MULTIPLE INJECTIONS OF | Not Covered | | | ALL (Except MA, MCWRAP) |
| 36468 | SINGLE OR MULTIPLE INJECTIONS OF | No | | | MA, MCWRAP |
| 36470 | INJECTION OF SCLEROSING SOLUTION | No | | | ALL |
| 36471 | INJECTION OF SCLEROSING SOLUTION | No | | | ALL |
| 36473 | Endovenous ablation therapy of incompet | Yes | | | ALL (Except MA, MCWRAP) |
| 36473 | Endovenous ablation therapy of incompet | No | | | MA, MCWRAP |
| 36474 | Endovenous ablation therapy of incompet | Yes | | | ALL (Except MA, MCWRAP) |
| 36474 | Endovenous ablation therapy of incompet | No | | | MA, MCWRAP |
| 36475 | ENDOVENOUS ABLATION THERAPY OF | No | | | ALL |
| 36476 | ENDOVENOUS ABLATION THERAPY OF | No | | | ALL |
| 36478 | ENDOVENOUS ABLATION THERAPY OF | No | | | ALL |
| 36479 | ENDOVENOUS ABLATION THERAPY OF | No | | | ALL |
| 36481 | Percutaneous portal vein catheterization b | No | | | ALL |
| 36482 | Endovenous ablation therapy of incompet | No | | | ALL |
| 36483 | Endovenous ablation therapy of incompet | No | | | ALL |
| 36500 | Venous catheterization for selective organ | No | | | ALL |
| 36510 | Catheterization of umbilical vein for diagn | No | | | ALL |
| 36511 | THERAPEUTIC APHERESIS; FOR WHIT | No | | | ALL |
| 36512 | Therapeutic apheresis; for red blood cells | No | | | ALL |
| 36513 | THERAPEUTIC APHERESIS; FOR PLATI | No | | | ALL |
| 36514 | Therapeutic apheresis; for plasma pheres | No | | | ALL |
| 36516 | THERAPEUTIC APHERESIS;WITH EXTR | No | | | ALL |
| 36522 | Photopheresis, extracorporeal | No | | | ALL |
| 36555 | Insertion of non-tunneled centrally inserte | No | | | ALL |
| 36556 | Insertion of non-tunneled centrally inserte | No | | | ALL |
| 36557 | Insertion of tunneled centrally inserted cer | No | | | ALL |
| 36558 | Insertion of tunneled centrally inserted cer | No | | | ALL |
| 36560 | Insertion of tunneled centrally inserted cer | No | | | ALL |
| 36561 | Insertion of tunneled centrally inserted cer | No | | | ALL |
| 36563 | Insertion of tunneled centrally inserted cer | No | | | ALL |
| 36565 | Insertion of tunneled centrally inserted cer | No | | | ALL |
| 36566 | Insertion of tunneled centrally inserted cer | No | | | ALL |
| 36568 | Insertion of peripherally inserted central ve | No | | | ALL |
| 36569 | Insertion of peripherally inserted central ve | No | | | ALL |
| 36570 | Insertion of peripherally inserted central ve | No | | | ALL |
| 36571 | Insertion of peripherally inserted central ve | No | | | ALL |
| 36572 | Insertion of peripherally inserted central ve | No | | | ALL |
| 36573 | Insertion of peripherally inserted central ve | No | | | ALL |
| 36575 | Repair of tunneled or non-tunneled centra | No | | | ALL |
| 36576 | Repair of central venous access device, w | No | | | ALL |
| 36578 | Replacement, catheter only, of central ver | No | | | ALL |
| 36580 | Replacement, complete, of a non-tunnele | No | | | ALL |
| 36581 | Replacement, complete, of a tunneled cer | No | | | ALL |
| 36582 | Replacement, complete, of a tunneled cer | No | | | ALL |
| 36583 | Replacement, complete, of a tunneled cer | No | | | ALL |
| 36584 | Replacement, complete, of a peripherally | No | | | ALL |
| 36585 | Replacement, complete, of a peripherally | No | | | ALL |
| 36589 | Removal of tunneled central venous cathe | No | | | ALL |
| 36590 | Removal of tunneled central venous acces | No | | | ALL |
| 36591 | COLLECTION OF BLOOD SPECIMEN FR | No | | | ALL |
| 36592 | COLLECTION OF BLOOD SPECIMEN US | No | | | ALL |
| 36593 | DECLOTTING BY THROMBOLYTIC AGE | No | | | ALL |
| 36595 | Mechanical removal of pericatheter obstru | No | | | ALL |
| 36596 | Mechanical removal of intraluminal (intrac | No | | | ALL |
| 36597 | Repositioning of previously placed central | No | | | ALL |
| 36598 | CONTRAST INJECTION(S) FOR RADIOL | No | | | ALL |
| 36600 | Arterial puncture, withdrawal of blood for d | No | | | ALL |
| 36620 | Arterial catheterization or cannulation for s | No | | | ALL |
| 36625 | Arterial catheterization or cannulation for s | No | | | ALL |
| 36640 | Arterial catheterization for prolonged infus | No | | | ALL |
| 36660 | Catheterization, umbilical artery, newborn, | No | | | ALL |
| 36680 | Placement of needle for intraosseous infu | No | | | ALL |
| 36800 | Insertion of cannula for hemodialysis, othe | No | | | ALL |
| 36810 | Insertion of cannula for hemodialysis, othe | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36815 | Insertion of cannula for hemodialysis, othe | No | | | ALL |
| 36818 | ARTERIOVENOUS ANASTOMOSIS, OPE | No | | | ALL |
| 36819 | Arteriovenous anastomosis, open; by upp | No | | | ALL |
| 36820 | Arteriovenous anastomosis, open; by fore | No | | | ALL |
| 36821 | Arteriovenous anastomosis, open; direct, | No | | | ALL |
| 36823 | Insertion of arterial and venous cannula(s | No | | | ALL |
| 36825 | Creation of arteriovenous fistula by other t | No | | | ALL |
| 36830 | Creation of arteriovenous fistula by other t | No | | | ALL |
| 36831 | Thrombectomy, open, arteriovenous fistul | No | | | ALL |
| 36832 | Revision, open, arteriovenous fistula; with | No | | | ALL |
| 36833 | Revision, open, arteriovenous fistula; with | No | | | ALL |
| 36835 | Insertion of Thomas shunt (separate proce | No | | | ALL |
| 36836 | Percutaneous arteriovenous fistula creatio | No | | | ALL |
| 36837 | Percutaneous arteriovenous fistula creatio | No | | | ALL |
| 36838 | DISTAL REVASCULARIZATION AND INT | No | | | ALL |
| 36860 | External cannula declotting (separate proc | No | | | ALL |
| 36861 | External cannula declotting (separate proc | No | | | ALL |
| 36901 | Introduction of needle(s) and/or catheter(s | No | | | ALL |
| 36902 | Introduction of needle(s) and/or catheter(s | No | | | ALL |
| 36903 | Introduction of needle(s) and/or catheter(s | No | | | ALL |
| 36904 | Percutaneous transluminal mechanical thr | No | | | ALL |
| 36905 | Percutaneous transluminal mechanical thr | No | | | ALL |
| 36906 | Percutaneous transluminal mechanical thr | No | | | ALL |
| 36907 | Transluminal balloon angioplasty, central | No | | | ALL |
| 36908 | Transcatheter placement of intravascular | No | | | ALL |
| 36909 | Dialysis circuit permanent vascular embol | No | | | ALL |
| 37140 | Venous anastomosis, open; portocaval | No | | | ALL |
| 37145 | Venous anastomosis, open; renoportal | No | | | ALL |
| 37160 | Venous anastomosis, open; caval-mesent | No | | | ALL |
| 37180 | Venous anastomosis, open; splenorenal, | No | | | ALL |
| 37181 | Venous anastomosis, open; splenorenal, | No | | | ALL |
| 37182 | INSERTION OF TRANSVENOUS INTRAH | No | | | ALL |
| 37183 | REVISION OF TRANSVENOUS INTRAHE | No | | | ALL |
| 37184 | PRIMARY PERCUTANEOUS TRANSUMI | No | | | ALL |
| 37185 | PRIMARY PERCUTANEOUS TRANSLUM | No | | | ALL |
| 37186 | SECONDARY PERCUTANEOUS TRANS | No | | | ALL |
| 37187 | PERCUTANEOUS TRANSLUMINAL MEC | No | | | ALL |
| 37188 | PERCUTANEOUS TRANSLUMINAL MEC | No | | | ALL |
| 37191 | Insertion of intravascular vena cava filter, | No | | | ALL |
| 37192 | Repositioning of intravascular vena cava f | No | | | ALL |
| 37193 | Retrieval (removal) of intravascular vena c | No | | | ALL |
| 37195 | Thrombolysis, cerebral, by intravenous inf | No | | | ALL |
| 37197 | Transcatheter retrieval, percutaneous, of i | No | | | ALL |
| 37200 | Transcatheter biopsy | No | | | ALL |
| 37211 | Transcatheter therapy, arterial infusion for | No | | | ALL |
| 37212 | Transcatheter therapy, venous infusion fo | No | | | ALL |
| 37213 | Transcatheter therapy, arterial or venous i | No | | | ALL |
| 37214 | Transcatheter therapy, arterial or venous i | No | | | ALL |
| 37215 | TRANSCATHETER PLACEMENT OF INT | No | | | ALL |
| 37216 | TRANSCATHETER PLACEMENT OF INT | No | | | ALL |
| 37217 | Transcatheter placement of an intravascu | No | | | ALL |
| 37218 | Transcatheter placement of intravascular | No | | | ALL |
| 37236 | Transcatheter placement of an intravascu | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37236 | Transcatheter placement of an intravascu | No | | | MCWRAP |
| 37237 | Transcatheter placement of an intravascu | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37237 | Transcatheter placement of an intravascu | No | | | MCWRAP |
| 37238 | Transcatheter placement of an intravascu | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37238 | Transcatheter placement of an intravascu | No | | | MCWRAP |
| 37239 | Transcatheter placement of an intravascu | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37239 | Transcatheter placement of an intravascu | No | | | MCWRAP |
| 37241 | Vascular embolization or occlusion, inclus | No | | | ALL |
| 37242 | Vascular embolization or occlusion, inclus | No | | | ALL |
| 37243 | Vascular embolization or occlusion, inclus | No | | | ALL |
| 37244 | Vascular embolization or occlusion, inclus | No | | | ALL |
| 37246 | Transluminal balloon angioplasty (except | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37246 | Transluminal balloon angioplasty (except | No | | | MCWRAP |
| 37247 | Transluminal balloon angioplasty (except | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37247 | Transluminal balloon angioplasty (except | No | | | MCWRAP |
| 37248 | Transluminal balloon angioplasty (except | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37248 | Transluminal balloon angioplasty (except | No | | | MCWRAP |
| 37249 | Transluminal balloon angioplasty (except | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 37249 | Transluminal balloon angioplasty (except | No | | | MCWRAP |
| 37252 | Intravascular ultrasound (noncoronary ves | No | | | ALL |
| 37253 | Intravascular ultrasound (noncoronary ves | No | | | ALL |
| 37254 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37254 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37255 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37255 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37256 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37256 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37257 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37257 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37258 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37258 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37259 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37259 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37260 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37260 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37261 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37261 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37263 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37263 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37264 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37264 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37265 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37265 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37266 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37266 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37267 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37267 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37268 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37268 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37269 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37269 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37270 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37270 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37271 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37271 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37271 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37271 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37272 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37272 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37273 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37273 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37274 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37274 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37275 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37275 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37276 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37276 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37277 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37277 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37278 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37278 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37280 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37280 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37281 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37281 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37282 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37282 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37283 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37283 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37284 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37284 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37285 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37285 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37286 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37286 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37287 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37287 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37288 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37288 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37289 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37289 | Revascularization, endovascular, open or | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 37290 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37290 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37291 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37291 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37292 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37292 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37293 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37293 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37294 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37294 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37295 | Revascularization, endovascular, open or | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 37295 | Revascularization, endovascular, open or | No | | | MCWRAP |
| 37296 | Revascularization, endovascular, open or | No | | | ALL |
| 37297 | Revascularization, endovascular, open or | No | | | ALL |
| 37298 | Revascularization, endovascular, open or | No | | | ALL |
| 37299 | Revascularization, endovascular, open or | No | | | ALL |
| 37501 | UNLISTED VASCULAR ENDOSCOPY PR | Yes | | | ALL (Except McWRAP) |
| 37501 | UNLISTED VASCULAR ENDOSCOPY PR | No | | | MCWRAP |
| 37565 | Ligation, internal jugular vein | No | | | ALL |
| 37600 | Ligation; external carotid artery | No | | | ALL |
| 37605 | Ligation; internal or common carotid artery | No | | | ALL |
| 37606 | Ligation; internal or common carotid artery | No | | | ALL |
| 37607 | Ligation or banding of angioaccess arterio | No | | | ALL |
| 37609 | LIGATION OR BIOPSY, TEMPORAL ART | No | | | ALL |
| 37615 | Ligation, major artery (eg, post-traumatic, | No | | | ALL |
| 37616 | Ligation, major artery (eg, post-traumatic, | No | | | ALL |
| 37617 | Ligation, major artery (eg, post-traumatic, | No | | | ALL |
| 37618 | Ligation, major artery (eg, post-traumatic, | No | | | ALL |
| 37619 | Ligation of inferior vena cava | No | | | ALL |
| 37650 | Ligation of femoral vein | No | | | ALL |
| 37660 | Ligation of common iliac vein | No | | | ALL |
| 37700 | Ligation and division of long saphenous ve | No | | | ALL |
| 37718 | LIGATION, DIVISION & STRIPPING, SHO | No | | | ALL |
| 37722 | LIGATION, DIVISION & STRIPPING, LON | No | | | ALL |
| 37735 | Ligation and division and complete strippi | No | | | ALL |
| 37760 | Ligation of perforator veins, subfascial, rad | No | | | ALL |
| 37761 | LIGATION OF PERFORATOR VEINS(S), | No | | | ALL |
| 37765 | STAB PHLEBECTOMY OF VARICOSE VE | No | | | ALL |
| 37766 | STAB PHLEBECTOMY OF VARICOSE VE | No | | | ALL |
| 37780 | LIGATION AND DIVISION OF SHORT SA | No | | | ALL |
| 37785 | LIGATION, DIVISION, AND/OR EXCISION | No | | | ALL |
| 37788 | Penile revascularization, artery, with or wit | No | | | ALL |
| 37790 | Penile venous occlusive procedure | No | | | ALL |
| 37799 | UNLISTED PROCEDURE, VASCULAR SU | No | | | ALL (Except McWRAP) |
| 37799 | UNLISTED PROCEDURE, VASCULAR SU | Yes | | | MCWRAP |
| 38100 | Splenectomy; total (separate procedure) | No | | | ALL |
| 38101 | Splenectomy; partial (separate procedure) | No | | | ALL |
| 38102 | Splenectomy; total, en bloc for extensive d | No | | | ALL |
| 38115 | Repair of ruptured spleen (splenorrhaphy) | No | | | ALL |
| 38120 | Laparoscopy, surgical, splenectomy | No | | | ALL |
| 38129 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except McWRAP) |
| 38129 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 38200 | Injection procedure for splenoportography | No | | | ALL |
| 38204 | MANAGEMENT OF RECIPIENT HEMATO | No | | | ALL |
| 38205 | BLOOD-DERIVED HEMATOPOIETIC PRO | No | | | ALL |
| 38206 | BLOOD-DERIVED HEMATOPOIETIC PRO | No | | | ALL |
| 38207 | TRANSPLANT PREPARATION OF OF HE | No | | | ALL |
| 38208 | THAWING OF PREVIOULSY FROZEN HA | No | | | ALL |
| 38209 | THAWING OF PREVIOUSLY FROZEN HA | No | | | ALL |
| 38210 | SPECIFIC CELL DEPLETION WITH HAR | No | | | ALL |
| 38211 | TUMOR CELL DEPLETION | No | | | ALL |
| 38212 | RED BLOOD CELL REMOVAL | No | | | ALL |
| 38213 | PLATELET DEPLETION | No | | | ALL |
| 38214 | PLASMA (VOLUME) DEPLETION | No | | | ALL |
| 38215 | CELL CONCENTRATION IN PLASMA, MO | No | | | ALL |
| 38220 | Bone marrow; aspiration only | No | | | ALL |
| 38221 | Bone marrow; biopsy, needle or trocar | No | | | ALL |
| 38222 | Diagnostic bone marrow; biopsy(ies) and a | No | | | ALL |
| 38225 | Chimeric antigen receptor T-cell (CAR-T) t | Yes | | | ALL (Except MCWRAP) |
| 38225 | Chimeric antigen receptor T-cell (CAR-T) t | No | | | MCWRAP |
| 38226 | Chimeric antigen receptor T-cell (CAR-T) t | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 38226 | Chimeric antigen receptor T-cell (CAR-T) | No | | | MCWRAP |
| 38227 | Chimeric antigen receptor T-cell (CAR-T) | Yes | | | ALL (Except MCWRAP) |
| 38227 | Chimeric antigen receptor T-cell (CAR-T) | No | | | MCWRAP |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) | Yes | | | ALL (Except MCWRAP) |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) | No | | | MCWRAP |
| 38230 | BONE MARROW HARVESTING FOR TR | No | | | ALL |
| 38232 | Bone marrow harvesting for transplantatio | No | | | ALL |
| 38240 | BONE MARROW OR BLOOD-DERIVED P | No | | | ALL |
| 38241 | BONE MARROW OR BLOOD-DERIVED P | No | | | ALL |
| 38242 | ALLOGENEIC DONOR LYMPHOCYTE IN | No | | | ALL |
| 38243 | Hematopoietic progenitor cell (HPC); HPC | No | | | ALL |
| 38300 | Drainage of lymph node abscess or lymph | No | | | ALL |
| 38305 | Drainage of lymph node abscess or lymph | No | | | ALL |
| 38308 | Lymphangiotomy or other operations on ly | No | | | ALL |
| 38380 | Suture and/or ligation of thoracic duct; cer | No | | | ALL |
| 38381 | Suture and/or ligation of thoracic duct; tho | No | | | ALL |
| 38382 | Suture and/or ligation of thoracic duct; abd | No | | | ALL |
| 38500 | Biopsy or excision of lymph node(s); open | No | | | ALL |
| 38505 | Biopsy or excision of lymph node(s); by ne | No | | | ALL |
| 38510 | Biopsy or excision of lymph node(s); open | No | | | ALL |
| 38520 | Biopsy or excision of lymph node(s); open | No | | | ALL |
| 38525 | Biopsy or excision of lymph node(s); open | No | | | ALL |
| 38530 | Biopsy or excision of lymph node(s); open | No | | | ALL |
| 38531 | Biopsy or excision of lymph node(s); open | No | | | ALL |
| 38542 | Dissection, deep jugular node(s) | No | | | ALL |
| 38550 | Excision of cystic hygroma, axillary or cerv | No | | | ALL |
| 38555 | Excision of cystic hygroma, axillary or cerv | No | | | ALL |
| 38562 | Limited lymphadenectomy for staging (sep | No | | | ALL |
| 38564 | Limited lymphadenectomy for staging (sep | No | | | ALL |
| 38570 | Laparoscopy, surgical; with retroperitonea | No | | | ALL |
| 38571 | Laparoscopy, surgical; with bilateral total p | No | | | ALL |
| 38572 | Laparoscopy, surgical; with bilateral total p | No | | | ALL |
| 38573 | Laparoscopy, surgical; with bilateral total p | No | | | ALL |
| 38589 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except McWRAP) |
| 38589 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 38700 | Suprahyoid lymphadenectomy | No | | | ALL |
| 38720 | Cervical lymphadenectomy (complete) | No | | | ALL |
| 38724 | Cervical lymphadenectomy (modified radi | No | | | ALL |
| 38740 | Axillary lymphadenectomy; superficial | No | | | ALL |
| 38745 | Axillary lymphadenectomy; complete | No | | | ALL |
| 38746 | Thoracic lymphadenectomy, regional, incl | No | | | ALL |
| 38747 | Abdominal lymphadenectomy, regional, in | No | | | ALL |
| 38760 | Inguinofemoral lymphadenectomy, superfi | No | | | ALL |
| 38765 | Inguinofemoral lymphadenectomy, superfi | No | | | ALL |
| 38770 | Pelvic lymphadenectomy, including extern | No | | | ALL |
| 38780 | Retroperitoneal transabdominal lymphade | No | | | ALL |
| 38790 | Injection procedure; lymphangiography | No | | | ALL |
| 38792 | Injection procedure; for identification of se | No | | | ALL |
| 38794 | Cannulation, thoracic duct | No | | | ALL |
| 38900 | Intraoperative identification (eg, mapping) | No | | | ALL |
| 38999 | UNLISTED PROCEDURE, HEMIC OR LY | Yes | | | ALL (Except McWRAP) |
| 38999 | UNLISTED PROCEDURE, HEMIC OR LY | No | | | MCWRAP |
| 39000 | Mediastinotomy with exploration, drainage | No | | | ALL |
| 39010 | Mediastinotomy with exploration, drainage | No | | | ALL |
| 39200 | Excision of mediastinal cyst | No | | | ALL |
| 39220 | Excision of mediastinal tumor | No | | | ALL |
| 39401 | Mediastinscopy; includes biopsy(ies) of mediast | No | | | ALL |
| 39402 | Mediastinscopy; includes biopsy(ies) of mediast | No | | | ALL |
| 39499 | UNLISTED PROCEDURE, MEDIASTINUM | Yes | | | ALL (Except McWRAP) |
| 39499 | UNLISTED PROCEDURE, MEDIASTINUM | No | | | MCWRAP |
| 39501 | Repair, laceration of diaphragm, any appr | No | | | ALL |
| 39503 | Repair, neonatal diaphragmatic hernia, wi | No | | | ALL |
| 39540 | Repair, diaphragmatic hernia (other than r | No | | | ALL |
| 39541 | Repair, diaphragmatic hernia (other than r | No | | | ALL |
| 39545 | Imbrication of diaphragm for eventration, t | No | | | ALL |
| 39560 | Resection, diaphragm; with simple repair ( | No | | | ALL |
| 39561 | Resection, diaphragm; with complex repai | No | | | ALL |
| 39599 | UNLISTED PROCEDURE, DIAPHRAGM | Yes | | | ALL (Except McWRAP) |
| 39599 | UNLISTED PROCEDURE, DIAPHRAGM | No | | | MCWRAP |
| 40490 | Biopsy of lip | No | | | ALL |
| 40500 | VERMILIONECTOMY (LIP SHAVE), WITH | Yes | | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 40500 | VERMILIONECTOMY (LIP SHAVE), WITH | No | | | MCWRAP |
| 40510 | EXCISION OF LIP; TRANSVERSE WEDG | No | | | ALL |
| 40520 | EXCISION OF LIP; V-EXCISION WITH PF | No | | | ALL |
| 40525 | EXCISION OF LIP; FULL THICKNESS, RE | No | | | ALL |
| 40527 | EXCISION OF LIP; FULL THICKNESS, RE | No | | | ALL |
| 40530 | RESECTION OF LIP, MORE THAN ONE- | No | | | ALL |
| 40650 | REPAIR LIP, FULL THICKNESS; VERMIL | No | | | ALL |
| 40652 | REPAIR LIP, FULL THICKNESS; UP TO H | No | | | ALL |
| 40654 | REPAIR LIP, FULL THICKNESS; OVER C | No | | | ALL |
| 40700 | PLASTIC REPAIR OF CLEFT LIP/NASAL | No | | | ALL |
| 40701 | PLASTIC REPAIR OF CLEFT LIP/NASAL | No | | | ALL |
| 40702 | PLASTIC REPAIR OF CLEFT LIP/NASAL | No | | | ALL |
| 40720 | PLASTIC REPAIR OF CLEFT LIP/NASAL | No | | | ALL |
| 40761 | PLASTIC REPAIR OF CLEFT LIP/NASAL | No | | | ALL |
| 40799 | UNLISTED PROCEDURE, LIPS | Yes | | | ALL (Except McWRAP) |
| 40799 | UNLISTED PROCEDURE, LIPS | No | | | MCWRAP |
| 40800 | DRAINAGE OF ABSCESS, CYST, HEMAT | No | | | ALL |
| 40801 | Drainage of abscess, cyst, hematoma, ves | No | | | ALL |
| 40804 | REMOVAL OF EMBEDDED FOREIGN BO | No | | | ALL |
| 40805 | Removal of embedded foreign body, vesti | No | | | ALL |
| 40806 | INCISION OF LABIAL FRENUM (FRENOT | No | | | ALL |
| 40808 | Biopsy, vestibule of mouth | No | | | ALL |
| 40810 | EXCISION OF LESION OF MUCOSA AND | No | | | ALL |
| 40812 | Excision of lesion of mucosa and submuc | No | | | ALL |
| 40814 | Excision of lesion of mucosa and submuc | No | | | ALL |
| 40816 | Excision of lesion of mucosa and submuc | No | | | ALL |
| 40818 | Excision of mucosa of vestibule of mouth | No | | | ALL |
| 40819 | Excision of frenum, labial or buccal (frenu | No | | | ALL |
| 40820 | Destruction of lesion or scar of vestibule o | No | | | ALL |
| 40830 | Closure of laceration, vestibule of mouth; | No | | | ALL |
| 40831 | Closure of laceration, vestibule of mouth; | No | | | ALL |
| 40840 | Vestibuloplasty; anterior | No | | | ALL |
| 40842 | Vestibuloplasty; posterior, unilateral | No | | | ALL |
| 40843 | Vestibuloplasty; posterior, bilateral | No | | | ALL |
| 40844 | Vestibuloplasty; entire arch | No | | | ALL |
| 40845 | Vestibuloplasty; complex (including ridge | No | | | ALL |
| 40899 | UNLISTED PROCEDURE, VESTIBULE O | Yes | | | ALL (Except McWRAP) |
| 40899 | UNLISTED PROCEDURE, VESTIBULE O | No | | | MCWRAP |
| 41000 | Intraoral incision and drainage of abscess | No | | | ALL |
| 41005 | Intraoral incision and drainage of abscess | No | | | ALL |
| 41006 | Intraoral incision and drainage of abscess | No | | | ALL |
| 41007 | Intraoral incision and drainage of abscess | No | | | ALL |
| 41008 | Drainage of mouth lesion | No | | | ALL |
| 41009 | Intraoral incision and drainage of abscess | No | | | ALL |
| 41010 | INCISION OF LINGUAL FRENUM (FREN | No | | | ALL |
| 41015 | Extraoral incision and drainage of abscess | No | | | ALL |
| 41016 | Extraoral incision and drainage of abscess | No | | | ALL |
| 41017 | Extraoral incision and drainage of abscess | No | | | ALL |
| 41018 | Extraoral incision and drainage of abscess | No | | | ALL |
| 41019 | PLACEMENT OF NEEDLES, CATHETER | No | | | ALL |
| 41100 | Biopsy of tongue; anterior two-thirds | No | | | ALL |
| 41105 | Biopsy of tongue; posterior one-third | No | | | ALL |
| 41108 | Biopsy of floor of mouth | No | | | ALL |
| 41110 | Excision of lesion of tongue without closur | No | | | ALL |
| 41112 | Excision of lesion of tongue with closure; a | No | | | ALL |
| 41113 | Excision of lesion of tongue with closure; p | No | | | ALL |
| 41114 | Excision of lesion of tongue with closure; w | No | | | ALL |
| 41115 | EXCISION OF LINGUAL FRENUM (FREN | No | | | ALL |
| 41116 | Excision, lesion of floor of mouth | No | | | ALL |
| 41120 | Glossectomy; less than one-half tongue | No | | | ALL |
| 41130 | Glossectomy; hemiglossectomy | No | | | ALL |
| 41135 | Glossectomy; partial, with unilateral radica | No | | | ALL |
| 41140 | Glossectomy; complete or total, with or wi | No | | | ALL |
| 41145 | Glossectomy; complete or total, with or wi | No | | | ALL |
| 41150 | Glossectomy; composite procedure with re | No | | | ALL |
| 41153 | Glossectomy; composite procedure with re | No | | | ALL |
| 41155 | Glossectomy; composite procedure with re | No | | | ALL |
| 41250 | Repair of laceration 2.5 cm or less; floor o | No | | | ALL |
| 41251 | Repair of laceration 2.5 cm or less; poster | No | | | ALL |
| 41252 | Repair of laceration of tongue, floor of mo | No | | | ALL |
| 41510 | Suture of tongue to lip for micrognathia (D | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 41512 | Tongue base suspension, permanent sutu | Not Covered | | | ALL (Except MA) |
| 41512 | Tongue base suspension, permanent sutu | No | | | MA |
| 41520 | Frenoplasty (surgical revision of frenum, e | No | | | ALL |
| 41530 | Submucosal ablation of the tongue base, | Not Covered | | | ALL |
| 41599 | UNLISTED PROCEDURE, TONGUE, FLO | Yes | | | ALL (Except McWRAP) |
| 41599 | UNLISTED PROCEDURE, TONGUE, FLO | No | | | MCWRAP |
| 41800 | Drainage of abscess, cyst, hematoma fror | No | | | ALL |
| 41805 | Removal of embedded foreign body from | No | | | ALL |
| 41806 | Removal of embedded foreign body from | No | | | ALL |
| 41820 | Gingivectomy, excision gingiva, each qua | No | | | ALL |
| 41821 | Operculectomy, excision pericoronal tissu | No | | | ALL |
| 41822 | Excision of fibrous tuberosities, dentoalve | No | | | ALL |
| 41823 | Excision of osseous tuberosities, dentoalv | Not Covered | | | ALL |
| 41825 | Excision of lesion or tumor (except listed a | Yes | | | ALL (Except McWRAP) |
| 41825 | Excision of lesion or tumor (except listed a | No | | | MCWRAP |
| 41826 | Excision of lesion or tumor (except listed a | Yes | | | ALL (Except McWRAP) |
| 41826 | Excision of lesion or tumor (except listed a | No | | | MCWRAP |
| 41827 | Excision of lesion or tumor (except listed a | Yes | | | ALL (Except McWRAP) |
| 41827 | Excision of lesion or tumor (except listed a | No | | | MCWRAP |
| 41828 | Excision of hyperplastic alveolar mucosa, | Not Covered | | | ALL |
| 41830 | Alveolectomy, including curettage of ostei | No | | | ALL |
| 41850 | Destruction of lesion (except excision), de | No | | | ALL |
| 41870 | Periodontal mucosal grafting | No | | | ALL |
| 41872 | Gingivoplasty, each quadrant (specify) | No | | | ALL |
| 41874 | ALVEOLOPLASTY, EACH QUADRANT (S | Not Covered | | | ALL (Except MA) |
| 41874 | ALVEOLOPLASTY, EACH QUADRANT (S | No | | | MA |
| 41899 | UNLISTED PROCEDURE, DENTOALVEO | Yes | | | ALL (Except McWRAP) |
| 41899 | UNLISTED PROCEDURE, DENTOALVEO | No | | | MCWRAP |
| 42000 | Drainage of abscess of palate, uvula | No | | | ALL |
| 42100 | Biopsy of palate, uvula | No | | | ALL |
| 42104 | Excision, lesion of palate, uvula; without c | No | | | ALL |
| 42106 | Excision, lesion of palate, uvula; with simp | No | | | ALL |
| 42107 | Excision, lesion of palate, uvula; with loca | No | | | ALL |
| 42120 | RESECTION OF PALATE OR EXTENSIV | Yes | | | ALL (Except McWRAP) |
| 42120 | RESECTION OF PALATE OR EXTENSIV | No | | | MCWRAP |
| 42140 | UVULECTOMY, EXCISION OF UVULA | No | | | ALL |
| 42145 | PALATOPHARYNGOPLASTY (EG, UVUL | Yes | | | ALL (Except McWRAP) |
| 42145 | PALATOPHARYNGOPLASTY (EG, UVUL | No | | | MCWRAP |
| 42160 | DESTRUCTION OF LESION, PALATE OR | No | | | ALL |
| 42180 | Repair, laceration of palate; up to 2 cm | No | | | ALL |
| 42182 | Repair, laceration of palate; over 2 cm or | No | | | ALL |
| 42200 | PALATOPLASTY FOR CLEFT PALATE, S | No | | | ALL |
| 42205 | PALATOPLASTY FOR CLEFT PALATE, V | No | | | ALL |
| 42210 | PALATOPLASTY FOR CLEFT PALATE, V | No | | | ALL |
| 42215 | PALATOPLASTY FOR CLEFT PALATE; M | No | | | ALL |
| 42220 | PALATOPLASTY FOR CLEFT PALATE; S | No | | | ALL |
| 42225 | PALATOPLASTY FOR CLEFT PALATE; A | No | | | ALL |
| 42226 | LENGTHENING OF PALATE, AND PHAR | No | | | ALL |
| 42227 | LENGTHENING OF PALATE, WITH ISLA | No | | | ALL |
| 42235 | REPAIR OF ANTERIOR PALATE, INCLUI | No | | | ALL |
| 42260 | REPAIR OF NASOLABIAL FISTULA | No | | | ALL |
| 42280 | MAXILLARY IMPRESSION FOR PALATA | No | | | ALL |
| 42281 | INSERTION OF PIN-RETAINED PALATAI | No | | | ALL |
| 42299 | UNLISTED PROCEDURE, PALATE, UVU | Yes | | | ALL (Except McWRAP) |
| 42299 | UNLISTED PROCEDURE, PALATE, UVU | No | | | MCWRAP |
| 42300 | Drainage of abscess; parotid, simple | No | | | ALL |
| 42305 | Drainage of abscess; parotid, complicated | No | | | ALL |
| 42310 | Drainage of abscess; submaxillary or subl | No | | | ALL |
| 42320 | Drainage of abscess; submaxillary, extern | No | | | ALL |
| 42330 | Sialolithotomy; submandibular (submaxilla | No | | | ALL |
| 42335 | Sialolithotomy; submandibular (submaxilla | No | | | ALL |
| 42340 | Sialolithotomy; parotid, extraoral or compl | No | | | ALL |
| 42400 | Biopsy of salivary gland; needle | No | | | ALL |
| 42405 | Biopsy of salivary gland; incisional | No | | | ALL |
| 42408 | Excision of sublingual salivary cyst (ranula | No | | | ALL |
| 42409 | Marsupialization of sublingual salivary cys | No | | | ALL |
| 42410 | Excision of parotid tumor or parotid gland; | No | | | ALL |
| 42415 | Excision of parotid tumor or parotid gland; | No | | | ALL |
| 42420 | Excision of parotid tumor or parotid gland; | No | | | ALL |
| 42425 | Excision of parotid tumor or parotid gland; | No | | | ALL |
| 42426 | Excision of parotid tumor or parotid gland; | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 42440 | Excision of submandibular (submaxillary) | No | | | ALL |
| 42450 | Excision of sublingual gland | No | | | ALL |
| 42500 | Plastic repair of salivary duct, sialodochop | No | | | ALL |
| 42505 | Plastic repair of salivary duct, sialodochop | No | | | ALL |
| 42507 | Parotid duct diversion, bilateral (Wilke typ | No | | | ALL |
| 42509 | Parotid duct diversion, bilateral (Wilke typ | No | | | ALL |
| 42510 | Parotid duct diversion, bilateral (Wilke typ | No | | | ALL |
| 42550 | Injection procedure for sialography | No | | | ALL |
| 42600 | Closure salivary fistula | No | | | ALL |
| 42650 | Dilation salivary duct | No | | | ALL |
| 42660 | Dilation and catheterization of salivary duc | No | | | ALL |
| 42665 | Ligation salivary duct, intraoral | No | | | ALL |
| 42699 | UNLISTED PROCEDURE, SALIVARY GL | Yes | | | ALL (Except McWRAP) |
| 42699 | UNLISTED PROCEDURE, SALIVARY GL | No | | | MCWRAP |
| 42700 | Incision and drainage abscess; peritonsilla | No | | | ALL |
| 42720 | Incision and drainage abscess; retrophary | No | | | ALL |
| 42725 | Incision and drainage abscess; retrophary | No | | | ALL |
| 42800 | Biopsy; oropharynx | No | | | ALL |
| 42804 | Biopsy; nasopharynx, visible lesion, simpl | No | | | ALL |
| 42806 | Biopsy; nasopharynx, survey for unknown | No | | | ALL |
| 42808 | Excision or destruction of lesion of pharyn | No | | | ALL |
| 42809 | Removal of foreign body from pharynx | No | | | ALL |
| 42810 | Excision branchial cleft cyst or vestige, co | No | | | ALL |
| 42815 | Excision branchial cleft cyst, vestige, or fis | No | | | ALL |
| 42820 | Tonsillectomy and adenoidectomy; under | No | | | ALL |
| 42821 | Tonsillectomy and adenoidectomy; age 12 | No | | | ALL |
| 42825 | Tonsillectomy, primary or secondary; unde | No | | | ALL |
| 42826 | Tonsillectomy, primary or secondary; age | No | | | ALL |
| 42830 | Adenoidectomy, primary; under age 12 | No | | | ALL |
| 42831 | Adenoidectomy, primary; age 12 or over | No | | | ALL |
| 42835 | Adenoidectomy, secondary; under age 12 | No | | | ALL |
| 42836 | Adenoidectomy, secondary; age 12 or ove | No | | | ALL |
| 42842 | Radical resection of tonsil, tonsillar pillars, | No | | | ALL |
| 42844 | Radical resection of tonsil, tonsillar pillars, | No | | | ALL |
| 42845 | Radical resection of tonsil, tonsillar pillars, | No | | | ALL |
| 42860 | Excision of tonsil tags | No | | | ALL |
| 42870 | Excision or destruction lingual tonsil, any r | No | | | ALL |
| 42890 | Limited pharyngectomy | No | | | ALL |
| 42892 | Resection of lateral pharyngeal wall or pyr | No | | | ALL |
| 42894 | Resection of pharyngeal wall requiring clo | No | | | ALL |
| 42900 | Suture pharynx for wound or injury | No | | | ALL |
| 42950 | Pharyngoplasty (plastic or reconstructive c | No | | | ALL |
| 42953 | Pharyngoesophageal repair | No | | | ALL |
| 42955 | Pharyngostomy (fistulization of pharynx, e | No | | | ALL |
| 42960 | Control oropharyngeal hemorrhage, prima | No | | | ALL |
| 42961 | Control oropharyngeal hemorrhage, prima | No | | | ALL |
| 42962 | Control oropharyngeal hemorrhage, prima | No | | | ALL |
| 42970 | Control of nasopharyngeal hemorrhage, p | No | | | ALL |
| 42971 | Control of nasopharyngeal hemorrhage, p | No | | | ALL |
| 42972 | Control of nasopharyngeal hemorrhage, p | No | | | ALL |
| 42975 | Drug-induced sleep endoscopy, with dyna | No | | | ALL |
| 42999 | UNLISTED PROCEDURE, PHARYNX, AD | Yes | | | ALL (Except McWRAP) |
| 42999 | UNLISTED PROCEDURE, PHARYNX, AD | No | | | MCWRAP |
| 43020 | Esophagotomy, cervical approach, with re | No | | | ALL |
| 43030 | Cricopharyngeal myotomy | No | | | ALL |
| 43045 | Esophagotomy, thoracic approach, with re | No | | | ALL |
| 43100 | Excision of lesion, esophagus, with primar | No | | | ALL |
| 43101 | Excision of lesion, esophagus, with primar | No | | | ALL |
| 43107 | Total or near total esophagectomy, withou | No | | | ALL |
| 43108 | Total or near total esophagectomy, withou | No | | | ALL |
| 43112 | Total or near total esophagectomy, with th | No | | | ALL |
| 43113 | Total or near total esophagectomy, with th | No | | | ALL |
| 43116 | Partial esophagectomy, cervical, with free | No | | | ALL |
| 43117 | Partial esophagectomy, distal two-thirds, v | No | | | ALL |
| 43118 | Partial esophagectomy, distal two-thirds, v | No | | | ALL |
| 43121 | Partial esophagectomy, distal two-thirds, v | No | | | ALL |
| 43122 | Partial esophagectomy, thoracoabdomina | No | | | ALL |
| 43123 | Partial esophagectomy, thoracoabdomina | No | | | ALL |
| 43124 | Total or partial esophagectomy, without re | No | | | ALL |
| 43130 | Diverticulectomy of hypopharynx or esoph | No | | | ALL |
| 43135 | Diverticulectomy of hypopharynx or esoph | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43180 | Esophagoscopy, rigid, transoral with diver | No | | | ALL |
| 43191 | Esophagoscopy, rigid, transoral; diagnosti | No | | | ALL |
| 43192 | Esophagoscopy, rigid, transoral; with direc | No | | | ALL |
| 43193 | Esophagoscopy, rigid, transoral; with biop | No | | | ALL |
| 43194 | Esophagoscopy, rigid, transoral; with remo | No | | | ALL |
| 43195 | Esophagoscopy, rigid, transoral; with ballo | No | | | ALL |
| 43196 | Esophagoscopy, rigid, transoral; with inse | No | | | ALL |
| 43197 | Esophagoscopy, flexible, transnasal; diagr | No | | | ALL |
| 43198 | Esophagoscopy, flexible, transnasal; with | No | | | ALL |
| 43200 | Esophagoscopy, rigid or flexible; diagnost | No | | | ALL |
| 43201 | ESOPHAGOSCOPY, RIGID OR FLEXIBL | No | | | ALL |
| 43202 | Esophagoscopy, rigid or flexible; with biop | No | | | ALL |
| 43204 | ESOPHAGOSCOPY, RIGID OR FLEXIBL | No | | | ALL |
| 43205 | ESOPHAGOSCOPY, RIGID OR FLEXIBL | No | | | ALL |
| 43206 | Esophagoscopy, rigid or flexible; with optic | No | | | ALL |
| 43210 | Esophagogastroduodenoscopy, flexible, transor | No | | | ALL |
| 43211 | Esophagoscopy, flexible, transoral; with e | No | | | ALL |
| 43212 | Esophagoscopy, flexible, transoral; with pl | No | | | ALL |
| 43213 | Esophagoscopy, flexible, transoral; with di | No | | | ALL |
| 43214 | Esophagoscopy, flexible, transoral; with di | No | | | ALL |
| 43215 | ESOPHAGOSCOPY, RIGID OR FLEXIBL | No | | | ALL |
| 43216 | ESOPHAGOSCOPY, RIGID OR FLEXIBL | No | | | ALL |
| 43217 | Esophagoscopy, rigid or flexible; with rem | No | | | ALL |
| 43220 | ESOPHAGOSCOPY, RIGID OR FLEXIBL | No | | | ALL |
| 43226 | Esophagoscopy, rigid or flexible; with inse | No | | | ALL |
| 43227 | Esophagoscopy, rigid or flexible; with cont | No | | | ALL |
| 43229 | Esophagoscopy, flexible, transoral; with a | No | | | ALL |
| 43231 | Esophagoscopy, rigid or flexible; with end | No | | | ALL |
| 43232 | Esophagoscopy, rigid or flexible; with tran | No | | | ALL |
| 43233 | Esophagogastroduodenoscopy, flexible, tr | No | | | ALL |
| 43235 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43236 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43237 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43238 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43239 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43240 | UPPER GASTROINTESTINAL ENDOSCO | No | | | ALL |
| 43241 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43242 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43243 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43244 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43245 | UPPER GASTROINTESTINAL ENDOSCO | No | | | ALL |
| 43246 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43247 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43248 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43249 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43250 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43251 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43252 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43253 | Esophagogastroduodenoscopy, flexible, tr | No | | | ALL |
| 43254 | Esophagogastroduodenoscopy, flexible, tr | No | | | ALL |
| 43255 | UPPER GASTROINTESTINAL ENDOSCO | No | | | ALL |
| 43257 | UPPER GI ENDOSCOPY INCL ESOPHA | Not Covered | | | ALL |
| 43259 | Upper gastrointestinal endoscopy includin | No | | | ALL |
| 43260 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43261 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43262 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43263 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43264 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43265 | ENDOSCOPIC RETROGRADE CHOLAN | No | | | ALL |
| 43266 | Esophagogastroduodenoscopy, flexible, tr | No | | | ALL |
| 43270 | Esophagogastroduodenoscopy, flexible, tr | No | | | ALL |
| 43273 | Endoscopic cannulation of papilla with dire | No | | | ALL |
| 43274 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43275 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43276 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43277 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43278 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| 43279 | Laparoscopy, surgical, esophagomyotomy | No | | | ALL |
| 43280 | Laparoscopy, surgical, esophagogastric fu | No | | | ALL |
| 43281 | LAPAROSCOPY, SURGICAL, REPAIR OI | No | | | ALL |
| 43282 | LAPAROSCOPY, SURGICAL, REPAIR OI | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43283 | Laparoscopy, surgical, esophageal length | No | | | ALL |
| 43284 | Laparoscopy, surgical, esophageal sphinc | Not Covered | | | ALL |
| 43285 | Removal of esophageal sphincter augmer | No | | | ALL |
| 43286 | Esophagectomy, total or near total, with la | No | | | ALL |
| 43287 | Esophagectomy, distal two-thirds, with lap | No | | | ALL |
| 43288 | Esophagectomy, total or near total, with th | No | | | ALL |
| 43289 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except McWRAP) |
| 43289 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 43290 | Esophagogastroduodenoscopy, flexible, tr | Not Covered | | | ALL |
| 43291 | Esophagogastroduodenoscopy, flexible, tr | No | | | ALL |
| 43300 | Esophagoplasty (plastic repair or reconstr | No | | | ALL |
| 43305 | Esophagoplasty (plastic repair or reconstr | No | | | ALL |
| 43310 | Esophagoplasty (plastic repair or reconstr | No | | | ALL |
| 43312 | Esophagoplasty (plastic repair or reconstr | No | | | ALL |
| 43313 | Esophagoplasty for congenital defect (plas | No | | | ALL |
| 43314 | Esophagoplasty for congenital defect (plas | No | | | ALL |
| 43320 | Esophagogastrostomy (cardioplasty), with | No | | | ALL |
| 43325 | Esophagogastric fundoplasty; with fundic | No | | | ALL |
| 43327 | Esophagogastric fundoplasty partial or cor | No | | | ALL |
| 43328 | Esophagogastric fundoplasty partial or cor | No | | | ALL |
| 43330 | Esophagomyotomy (Heller type); abdomin | No | | | ALL |
| 43331 | Esophagomyotomy (Heller type); thoracic | No | | | ALL |
| 43332 | Repair, paraesophageal hiatal hernia (incl | No | | | ALL |
| 43333 | Repair, paraesophageal hiatal hernia (incl | No | | | ALL |
| 43334 | Repair, paraesophageal hiatal hernia (incl | No | | | ALL |
| 43335 | Repair, paraesophageal hiatal hernia (incl | No | | | ALL |
| 43336 | Repair, paraesophageal hiatal hernia (incl | No | | | ALL |
| 43337 | Repair, paraesophageal hiatal hernia (incl | No | | | ALL |
| 43338 | Esophageal lengthening procedure (eg, C | No | | | ALL |
| 43340 | Esophagojejunostomy (without total gastre | No | | | ALL |
| 43341 | Esophagojejunostomy (without total gastre | No | | | ALL |
| 43351 | Esophagostomy, fistulization of esophagu | No | | | ALL |
| 43352 | Esophagostomy, fistulization of esophagu | No | | | ALL |
| 43360 | Gastrointestinal reconstruction for previou | No | | | ALL |
| 43361 | Gastrointestinal reconstruction for previou | No | | | ALL |
| 43400 | Ligation, direct, esophageal varices | No | | | ALL |
| 43405 | Ligation or stapling at gastroesophageal ju | No | | | ALL |
| 43410 | Suture of esophageal wound or injury; cer | No | | | ALL |
| 43415 | Suture of esophageal wound or injury; trar | No | | | ALL |
| 43420 | Closure of esophagostomy or fistula; cerv | No | | | ALL |
| 43425 | Closure of esophagostomy or fistula; trans | No | | | ALL |
| 43450 | Dilation of esophagus, by unguided sound | No | | | ALL |
| 43453 | Dilation of esophagus, over guide wire | No | | | ALL |
| 43460 | Esophagogastric tamponade, with balloon | No | | | ALL |
| 43496 | Free jejunum transfer with microvascular a | No | | | ALL |
| 43497 | Lower esophageal myotomy, transoral (ie, | Yes | | | ALL (Except McWRAP) |
| 43497 | Lower esophageal myotomy, transoral | No | | | MCWRAP |
| 43499 | UNLISTED PROCEDURE, ESOPHAGUS | Yes | | | ALL (Except McWRAP) |
| 43499 | UNLISTED PROCEDURE, ESOPHAGUS | No | | | MCWRAP |
| 43500 | Gastrotomy; with exploration or foreign bo | No | | | ALL |
| 43501 | Gastrotomy; with suture repair of bleeding | No | | | ALL |
| 43502 | Gastrotomy; with suture repair of pre-exist | No | | | ALL |
| 43510 | Gastrotomy; with esophageal dilation and | No | | | ALL |
| 43520 | Pyloromyotomy, cutting of pyloric muscle ( | No | | | ALL |
| 43605 | Biopsy of stomach, by laparotomy | No | | | ALL |
| 43610 | EXCISION, LOCAL; ULCER OR BENIGN | No | | | ALL |
| 43611 | EXCISION, LOCAL; MALIGNANT TUMOR | No | | | ALL |
| 43620 | GASTRECTOMY, TOTAL; WITH ESOPHA | No | | | ALL |
| 43621 | GASTRECTOMY, TOTAL; WITH ROUX-E | No | | | ALL |
| 43622 | GASTRECTOMY, TOTAL; WITH FORMA | No | | | ALL |
| 43631 | GASTRECTOMY, PARTIAL, DISTAL; WIT | No | | | ALL |
| 43632 | GASTRECTOMY, PARTIAL, DISTAL; WIT | No | | | ALL |
| 43633 | GASTRECTOMY, PARTIAL, DISTAL; WIT | No | | | ALL |
| 43634 | GASTRECTOMY, PARTIAL, DISTAL; WIT | No | | | ALL |
| 43635 | VAGOTOMY WHEN PERFORMED WITH | No | | | ALL |
| 43640 | VAGOTOMY INCLUDING PYLOROPLAS | No | | | ALL |
| 43641 | VAGOTOMY INCLUDING PYLOROPLAS | No | | | ALL |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | ABAR | AHL |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | | ALL (Except McWRAP) |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC F | No | | | MCWRAP |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | ABAR | AHL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | | ALL (Except McWRAP) |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC F | No | | | MCWRAP |
| 43647 | LAPAROSCOPY, SURGICAL; IMPLANTA | No | | | ALL |
| 43648 | LAPAROSCOPY, SURGICAL; REVISION | No | | | ALL |
| 43651 | LAPAROSCOPY, SURGICAL; TRANSEC | No | | | ALL |
| 43652 | TRANSECTION OF VAGUS NERVES, SE | No | | | ALL |
| 43653 | GASTROSTOMY, WITHOUT CONSTRUC | No | | | ALL |
| 43659 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 43659 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 43752 | Naso- or oro-gastric tube placement, requ | No | | | ALL |
| 43753 | Gastric intubation and aspiration(s) therap | No | | | ALL |
| 43754 | Gastric intubation and aspiration, diagnos | No | | | ALL |
| 43755 | Gastric intubation and aspiration, diagnos | No | | | ALL |
| 43756 | Duodenal intubation and aspiration, diagn | No | | | ALL |
| 43757 | Duodenal intubation and aspiration, diagn | No | | | ALL |
| 43761 | Repositioning of the gastric feeding tube, | No | | | ALL |
| 43763 | Replacement of gastrostomy tube, percuta | No | | | ALL |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | | ALL (Except McWRAP) |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | ABAR | AHL |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC F | No | | | MCWRAP |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | | ALL (Except McWRAP) |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | ABAR | AHL |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC F | No | | | MCWRAP |
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | | ALL (Except McWRAP) |
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | ABAR | AHL |
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC F | No | | | MCWRAP |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | | ALL (Except McWRAP) |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | ABAR | AHL |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC F | No | | | MCWRAP |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | | ALL (Except McWRAP) |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | ABAR | AHL |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC F | No | | | MCWRAP |
| 43775 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | | ALL (Except McWRAP) |
| 43775 | LAPAROSCOPY, SURGICAL, GASTRIC F | Yes | | ABAR | AHL |
| 43775 | LAPAROSCOPY, SURGICAL, GASTRIC F | No | | | MCWRAP |
| 43800 | Pyloroplasty | No | | | ALL |
| 43810 | Gastroduodenostomy | No | | | ALL |
| 43820 | Gastrojejunostomy; without vagotomy | No | | | ALL |
| 43825 | Gastrojejunostomy; with vagotomy, any ty | No | | | ALL |
| 43830 | Gastrostomy, open; without construction o | No | | | ALL |
| 43831 | Gastrostomy, open; neonatal, for feeding | No | | | ALL |
| 43832 | Gastrostomy, open; with construction of ga | No | | | ALL |
| 43840 | Gastrorrhaphy, suture of perforated duode | No | | | ALL |
| 43842 | GASTRIC RESTRICTIVE PROCEDURE, V | Not Covered | | | ALL |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE, V | Yes | | | ALL (Except McWRAP) |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE, V | Yes | | ABAR | AHL |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE, V | No | | | MCWRAP |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE W | Yes | | | ALL (Except McWRAP) |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE W | Yes | | ABAR | AHL |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE W | No | | | MCWRAP |
| 43846 | GASTRIC RESTRICTIVE PROCEDURE, V | Yes | | | ALL (Except McWRAP) |
| 43846 | GASTRIC RESTRICTIVE PROCEDURE, V | Yes | | ABAR | AHL |
| 43846 | GASTRIC RESTRICTIVE PROCEDURE, V | No | | | MCWRAP |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE, V | Yes | | | ALL (Except McWRAP) |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE, V | Yes | | ABAR | AHL |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE, V | No | | | MCWRAP |
| 43848 | REVISION, OPEN, OF GASTRIC RESTR | Yes | | | ALL (Except McWRAP) |
| 43848 | REVISION, OPEN, OF GASTRIC RESTR | Yes | | ABAR | AHL |
| 43848 | REVISION, OPEN, OF GASTRIC RESTR | No | | | MCWRAP |
| 43860 | REVISION OF GASTROJEJUNAL ANAST | Yes | | | ALL (Except McWRAP) |
| 43860 | REVISION OF GASTROJEJUNAL ANAST | Yes | | ABAR | AHL |
| 43860 | REVISION OF GASTROJEJUNAL ANAST | No | | | MCWRAP |
| 43865 | REVISION OF GASTROJEJUNAL ANAST | Yes | | | ALL (Except McWRAP) |
| 43865 | REVISION OF GASTROJEJUNAL ANAST | Yes | | ABAR | AHL |
| 43865 | REVISION OF GASTROJEJUNAL ANAST | No | | | MCWRAP |
| 43870 | Closure of gastrostomy, surgical | No | | | ALL |
| 43880 | Closure of gastrocolic fistula | No | | | ALL |
| 43881 | IMPLANTATION OF GASTRIC NEUROST | Yes | | | ALL (Except MCWRAP) |
| 43881 | IMPLANTATION OF GASTRIC NEUROST | No | | | MCWRAP |
| 43882 | REVISION OR REMOVAL OF GASTRIC N | Yes | | | ALL |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE, ( | Yes | | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE, ( | Yes | | ABAR | AHL |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE, ( | No | | | MCWRAP |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE, ( | Yes | | | ALL (Except McWRAP) |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE, ( | Yes | | ABAR | AHL |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE, ( | No | | | MCWRAP |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE, ( | Yes | | | ALL (Except McWRAP) |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE, ( | Yes | | ABAR | AHL |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE, ( | No | | | MCWRAP |
| 43889 | Gastric restrictive procedure, transoral, en | Yes | | | ALL (Except MCWRAP |
| 43889 | Gastric restrictive procedure, transoral, en | No | | | MCWRAP |
| 43999 | UNLISTED PROCEDURE, STOMACH | Yes | | | ALL (Except MCWRAP) |
| 43999 | UNLISTED PROCEDURE, STOMACH | No | | | MCWRAP |
| 44005 | Enterolysis (freeing of intestinal adhesion) | No | | | ALL |
| 44010 | Duodenotomy, for exploration, biopsy(s), c | No | | | ALL |
| 44015 | Tube or needle catheter jejunostomy for e | No | | | ALL |
| 44020 | Enterotomy, small intestine, other than du | No | | | ALL |
| 44021 | Enterotomy, small intestine, other than du | No | | | ALL |
| 44025 | Colotomy, for exploration, biopsy(s), or for | No | | | ALL |
| 44050 | Reduction of volvulus, intussusception, int | No | | | ALL |
| 44055 | Correction of malrotation by lysis of duode | No | | | ALL |
| 44100 | Biopsy of intestine by capsule, tube, peror | No | | | ALL |
| 44110 | Excision of one or more lesions of small o | No | | | ALL |
| 44111 | Excision of one or more lesions of small o | No | | | ALL |
| 44120 | Enterectomy, resection of small intestine; | No | | | ALL |
| 44121 | Enterectomy, resection of small intestine; | No | | | ALL |
| 44125 | Enterectomy, resection of small intestine; | No | | | ALL |
| 44126 | Enterectomy, resection of small intestine f | No | | | ALL |
| 44127 | Enterectomy, resection of small intestine f | No | | | ALL |
| 44128 | Enterectomy, resection of small intestine f | No | | | ALL |
| 44130 | Enteroenterostomy, anastomosis of intest | No | | | ALL |
| 44132 | DONOR ENTERECTOMY, INCLUDING C | No | | | ALL |
| 44133 | DONOR ENTERECTOMY, INCLUDING C | No | | | ALL |
| 44135 | INTESTINAL ALLOTRANSPLANTATION; | No | | | ALL |
| 44136 | INTESTINAL ALLOTRANSPLANTATION; | No | | | ALL |
| 44137 | REMOVAL OF TRANSPLANTED INTEST | No | | | ALL |
| 44139 | Mobilization (take-down) of splenic flexure | No | | | ALL |
| 44140 | Colectomy, partial; with anastomosis | No | | | ALL |
| 44141 | Colectomy, partial; with skin level cecosto | No | | | ALL |
| 44143 | (Hartmann type procedure) | No | | | ALL |
| 44144 | Colectomy, partial; with resection, with col | No | | | ALL |
| 44145 | Colectomy, partial; with coloproctostomy ( | No | | | ALL |
| 44146 | Colectomy, partial; with coloproctostomy ( | No | | | ALL |
| 44147 | Colectomy, partial; abdominal and transar | No | | | ALL |
| 44150 | Colectomy, total, abdominal, without proct | No | | | ALL |
| 44151 | Colectomy, total, abdominal, without proct | No | | | ALL |
| 44155 | Colectomy, total, abdominal, with proctect | No | | | ALL |
| 44156 | Colectomy, total, abdominal, with proctect | No | | | ALL |
| 44157 | COLECTOMY, TOTAL, ABDOMINAL, W/F | No | | | ALL |
| 44158 | COLECTOMY, TOTAL, ABDOMINAL, W/F | No | | | ALL |
| 44160 | Colectomy, partial, with removal of termina | No | | | ALL |
| 44180 | Lap, enterolysis | No | | | ALL |
| 44186 | Lap, jejunostomy | No | | | ALL |
| 44187 | Lap, ileo/jejuno-stomy | No | | | ALL |
| 44188 | Lap, colostomy | No | | | ALL |
| 44202 | Laparoscopy, surgical; enterectomy, resec | No | | | ALL |
| 44203 | LAPAROSCOPIC RESECTION OF SMAL | No | | | ALL |
| 44204 | Laparoscopy, surgical; colectomy, partial, | No | | | ALL |
| 44205 | Laparoscopy, surgical; colectomy, partial, | No | | | ALL |
| 44206 | COLETOMY, PARTIAL, WITH END COLO | No | | | ALL |
| 44207 | COLETOMY, PARTIAL WITH ANASTOMO | No | | | ALL |
| 44208 | COLECTOMY,PARTIAL, WITH ANASTOM | No | | | ALL |
| 44210 | COLECTOMY, TOTAL, ABDOMINAL, WIT | No | | | ALL |
| 44211 | LAPAROSCOPY, SURGICAL; COLECTO | No | | | ALL |
| 44212 | Laparoscopy, surgical; colectomy, total, al | No | | | ALL |
| 44213 | Lap, mobil splenic fl add-on | No | | | ALL |
| 44227 | Lap, close enterostomy | No | | | ALL |
| 44238 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 44238 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 44300 | Enterostomy or cecostomy, tube (eg, for d | No | | | ALL |
| 44310 | Ileostomy or jejunostomy, non-tube (separ | No | | | ALL |
| 44312 | Revision of ileostomy; simple (release of s | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 44314 | Revision of ileostomy; complicated (recon | No | | | ALL |
| 44316 | Continent ileostomy (Kock procedure) (se | No | | | ALL |
| 44320 | Colostomy or skin level cecostomy; (sepa | No | | | ALL |
| 44322 | Colostomy or skin level cecostomy; with m | No | | | ALL |
| 44340 | Revision of colostomy; simple (release of | No | | | ALL |
| 44345 | Revision of colostomy; complicated (recor | No | | | ALL |
| 44346 | Revision of colostomy; with repair of para | No | | | ALL |
| 44360 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44361 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44363 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44364 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44365 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44366 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44369 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44370 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44372 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44373 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44376 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44377 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44378 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44379 | Small intestinal endoscopy, enteroscopy b | No | | | ALL |
| 44380 | Ileoscopy, through stoma; diagnostic, with | No | | | ALL |
| 44381 | Ileoscopy, through stoma; with transendos | No | | | ALL |
| 44382 | Ileoscopy, through stoma; with biopsy, sin | No | | | ALL |
| 44384 | Ileoscopy, through stoma; with placement | No | | | ALL |
| 44385 | Endoscopic evaluation of small intestinal ( | No | | | ALL |
| 44386 | Endoscopic evaluation of small intestinal ( | No | | | ALL |
| 44388 | Colonoscopy through stoma; diagnostic, w | No | | | ALL |
| 44389 | Colonoscopy through stoma; with biopsy, | No | | | ALL |
| 44390 | Colonoscopy through stoma; with removal | No | | | ALL |
| 44391 | Colonoscopy through stoma; with control o | No | | | ALL |
| 44392 | Colonoscopy through stoma; with removal | No | | | ALL |
| 44394 | Colonoscopy through stoma; with removal | No | | | ALL |
| 44401 | Colonoscopy through stoma; with ablation | No | | | ALL |
| 44402 | Colonoscopy through stoma; with endosco | No | | | ALL |
| 44403 | Colonoscopy through stoma; with endosco | No | | | ALL |
| 44404 | Colonoscopy through stoma; with directed | No | | | ALL |
| 44405 | Colonoscopy through stoma; with transen | No | | | ALL |
| 44406 | Colonoscopy through stoma; with endosco | No | | | ALL |
| 44407 | Colonoscopy through stoma; with transen | No | | | ALL |
| 44408 | Colonoscopy through stoma; with decomp | No | | | ALL |
| 44500 | Introduction of long gastrointestinal tube ( | No | | | ALL |
| 44602 | Suture of small intestine (enterorrhaphy) f | No | | | ALL |
| 44603 | Suture of small intestine (enterorrhaphy) f | No | | | ALL |
| 44604 | Suture of large intestine (colorrhaphy) for | No | | | ALL |
| 44605 | Suture of large intestine (colorrhaphy) for | No | | | ALL |
| 44615 | Intestinal stricturoplasty (enterotomy and e | No | | | ALL |
| 44620 | Closure of enterostomy, large or small inte | No | | | ALL |
| 44625 | Closure of enterostomy, large or small inte | No | | | ALL |
| 44626 | Closure of enterostomy, large or small inte | No | | | ALL |
| 44640 | Closure of intestinal cutaneous fistula | No | | | ALL |
| 44650 | Closure of enteroenteric or enterocolic fist | No | | | ALL |
| 44660 | Closure of enterovesical fistula; without in | No | | | ALL |
| 44661 | Closure of enterovesical fistula; with intest | No | | | ALL |
| 44680 | Intestinal plication (separate procedure) | No | | | ALL |
| 44700 | Exclusion of small intestine from pelvis by | No | | | ALL |
| 44701 | Intraoperative colonic lavage (List separat | No | | | ALL |
| 44705 | Preparation of fecal microbiota for instillati | No | | | ALL |
| 44715 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 44720 | BACKBENCH RECONSTRUCTION OF C/ | No | | | ALL |
| 44721 | BACKBENCH RECONSTRUCTION OF C/ | No | | | ALL |
| 44799 | UNLISTED PROCEDURE, INTESTINE | Yes | | | ALL (Except MCWRAP) |
| 44799 | UNLISTED PROCEDURE, INTESTINE | No | | | MCWRAP |
| 44800 | Excision of Meckel's diverticulum (divertic | No | | | ALL |
| 44820 | Excision of lesion of mesentery (separate | No | | | ALL |
| 44850 | Suture of mesentery (separate procedure) | No | | | ALL |
| 44899 | UNLISTED PROCEDURE, MECKEL'S DIV | Yes | | | ALL (Except MCWRAP) |
| 44899 | UNLISTED PROCEDURE, MECKEL'S DIV | No | | | MCWRAP |
| 44900 | Incision and drainage of appendiceal absc | No | | | ALL |
| 44950 | Appendectomy; | No | | | ALL |
| 44955 | Appendectomy; when done for indicated p | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 44960 | Appendectomy; for ruptured appendix with | No | | | ALL |
| 44970 | Laparoscopy, surgical, appendectomy | No | | | ALL |
| 44979 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 44979 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 45000 | Transrectal drainage of pelvic abscess | No | | | ALL |
| 45005 | Incision and drainage of submucosal absc | No | | | ALL |
| 45020 | Incision and drainage of deep supralevato | No | | | ALL |
| 45100 | Biopsy of anorectal wall, anal approach (e | No | | | ALL |
| 45108 | Anorectal myomectomy | No | | | ALL |
| 45110 | Proctectomy; complete, combined abdom | No | | | ALL |
| 45111 | Proctectomy; partial resection of rectum, t | No | | | ALL |
| 45112 | Proctectomy, combined abdominoperinea | No | | | ALL |
| 45113 | Proctectomy, partial, with rectal mucosect | No | | | ALL |
| 45114 | Proctectomy, partial, with anastomosis; ab | No | | | ALL |
| 45116 | Proctectomy, partial, with anastomosis; tra | No | | | ALL |
| 45119 | Proctectomy, combined abdominoperinea | No | | | ALL |
| 45120 | Proctectomy, complete (for congenital me | No | | | ALL |
| 45121 | Proctectomy, complete (for congenital me | No | | | ALL |
| 45123 | Proctectomy, partial, without anastomosis | No | | | ALL |
| 45126 | Pelvic exenteration for colorectal malignar | No | | | ALL |
| 45130 | Excision of rectal procidentia, with anastor | No | | | ALL |
| 45135 | Excision of rectal procidentia, with anastor | No | | | ALL |
| 45136 | Excision of ileoanal reservoir with ileostom | No | | | ALL |
| 45150 | Division of stricture of rectum | No | | | ALL |
| 45160 | Excision of rectal tumor by proctotomy, tra | No | | | ALL |
| 45171 | EXCISION OF RECTAL TUMOR, TRANSA | No | | | ALL |
| 45172 | EXCISION OF RECTAL TUMOR, TRANSA | No | | | ALL |
| 45190 | Destruction of rectal tumor (eg, electrodes | No | | | ALL |
| 45300 | Proctosigmoidoscopy, rigid; diagnostic, wi | No | | | ALL |
| 45303 | Proctosigmoidoscopy, rigid; with dilation ( | No | | | ALL |
| 45305 | Proctosigmoidoscopy, rigid; with biopsy, s | No | | | ALL |
| 45307 | Proctosigmoidoscopy, rigid; with removal | No | | | ALL |
| 45308 | Proctosigmoidoscopy, rigid; with removal | No | | | ALL |
| 45309 | Proctosigmoidoscopy, rigid; with removal | No | | | ALL |
| 45315 | Proctosigmoidoscopy, rigid; with removal | No | | | ALL |
| 45317 | Proctosigmoidoscopy, rigid; with control of | No | | | ALL |
| 45320 | Proctosigmoidoscopy, rigid; with ablation | No | | | ALL |
| 45321 | Proctosigmoidoscopy, rigid; with decompr | No | | | ALL |
| 45327 | Proctosigmoidoscopy, rigid; with transend | No | | | ALL |
| 45330 | Sigmoidoscopy, flexible; diagnostic, with c | No | | | ALL |
| 45331 | Sigmoidoscopy, flexible; with biopsy, singl | No | | | ALL |
| 45332 | Sigmoidoscopy, flexible; with removal of fo | No | | | ALL |
| 45333 | Sigmoidoscopy, flexible; with removal of tu | No | | | ALL |
| 45334 | Sigmoidoscopy, flexible; with control of ble | No | | | ALL |
| 45335 | Sigmoidoscopy, flexible; with directed sub | No | | | ALL |
| 45337 | Sigmoidoscopy, flexible; with decompress | No | | | ALL |
| 45338 | Sigmoidoscopy, flexible; with removal of tu | No | | | ALL |
| 45340 | Sigmoidoscopy, flexible; with dilation by ba | No | | | ALL |
| 45341 | Sigmoidoscopy, flexible; with endoscopic | No | | | ALL |
| 45342 | Sigmoidoscopy, flexible; with transendosc | No | | | ALL |
| 45345 | Sigmoidoscopy, flexible; with transendosc | No | | | ALL |
| 45346 | Sigmoidoscopy, flexible; with ablation of tu | No | | | ALL |
| 45347 | Sigmoidoscopy, flexible; with placement o | No | | | ALL |
| 45349 | Sigmoidoscopy, flexible; with endoscopic | No | | | ALL |
| 45350 | Sigmoidoscopy, flexible; with band ligation | No | | | ALL |
| 45378 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45379 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45380 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45381 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45382 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45384 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45385 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45386 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45388 | Colonoscopy, flexible; with ablation of tum | No | | | ALL |
| 45389 | Colonoscopy, flexible; with endoscopic ste | No | | | ALL |
| 45390 | Colonoscopy, flexible; with endoscopic mu | No | | | ALL |
| 45391 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45392 | Colonoscopy, flexible, proximal to splenic | No | | | ALL |
| 45393 | Colonoscopy, flexible; with decompressior | No | | | ALL |
| 45395 | Lap, removal of rectum | No | | | ALL |
| 45397 | Lap, remove rectum w/pouch | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 45398 | Colonoscopy, flexible; with band ligation(s | No | | | ALL |
| 45399 | Unlisted procedure, colon | Yes | | | ALL (Except MCWRAP) |
| 45399 | Unlisted procedure, colon | No | | | MCWRAP |
| 45400 | Laparoscopic proctopexy | No | | | ALL |
| 45402 | Lap proctopexy w/sig resect | No | | | ALL |
| 45499 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 45499 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 45500 | Proctoplasty; for stenosis | No | | | ALL |
| 45505 | Proctoplasty; for prolapse of mucous mem | No | | | ALL |
| 45520 | Perirectal injection of sclerosing solution f | No | | | ALL |
| 45540 | Proctopexy for prolapse; abdominal appro | No | | | ALL |
| 45541 | Proctopexy for prolapse; perineal approac | No | | | ALL |
| 45550 | Proctopexy combined with sigmoid resect | No | | | ALL |
| 45560 | Repair of rectocele (separate procedure) | No | | | ALL |
| 45562 | Exploration, repair, and presacral drainage | No | | | ALL |
| 45563 | Exploration, repair, and presacral drainage | No | | | ALL |
| 45800 | Closure of rectovesical fistula; | No | | | ALL |
| 45805 | Closure of rectovesical fistula; with colosto | No | | | ALL |
| 45820 | Closure of rectourethral fistula; | No | | | ALL |
| 45825 | Closure of rectourethral fistula; with colost | No | | | ALL |
| 45900 | Reduction of procidentia (separate proced | No | | | ALL |
| 45905 | Dilation of anal sphincter (separate proced | No | | | ALL |
| 45910 | Dilation of rectal stricture (separate proced | No | | | ALL |
| 45915 | Removal of fecal impaction or foreign bod | No | | | ALL |
| 45990 | Surg dx exam, anorectal | No | | | ALL |
| 45999 | UNLISTED PROCEDURE, RECTUM | Yes | | | ALL (Except MCWRAP) |
| 45999 | UNLISTED PROCEDURE, RECTUM | No | | | MCWRAP |
| 46020 | Placement of seton | No | | | ALL |
| 46030 | Removal of anal seton, other marker | No | | | ALL |
| 46040 | Incision and drainage of ischiorectal and/o | No | | | ALL |
| 46045 | Incision and drainage of intramural, intram | No | | | ALL |
| 46050 | Incision and drainage, perianal abscess, s | No | | | ALL |
| 46060 | Incision and drainage of ischiorectal or int | No | | | ALL |
| 46070 | Incision, anal septum (infant) | No | | | ALL |
| 46080 | Sphincterotomy, anal, division of sphincte | No | | | ALL |
| 46083 | Incision of thrombosed hemorrhoid, extern | No | | | ALL |
| 46200 | Fissurectomy, with or without sphincteroto | No | | | ALL |
| 46210 | Cryptectomy; single | No | | | ALL |
| 46211 | Cryptectomy; multiple (separate procedure | No | | | ALL |
| 46220 | Papillectomy or excision of single tag, anu | No | | | ALL |
| 46221 | Hemorrhoidectomy, by simple ligature (eg | No | | | ALL |
| 46230 | Excision of external hemorrhoid tags and/ | No | | | ALL |
| 46250 | Hemorrhoidectomy, external, complete | No | | | ALL |
| 46255 | Hemorrhoidectomy, internal and external, | No | | | ALL |
| 46257 | Hemorrhoidectomy, internal and external, | No | | | ALL |
| 46258 | Hemorrhoidectomy, internal and external, | No | | | ALL |
| 46260 | Hemorrhoidectomy, internal and external, | No | | | ALL |
| 46261 | Hemorrhoidectomy, internal and external, | No | | | ALL |
| 46262 | Hemorrhoidectomy, internal and external, | No | | | ALL |
| 46270 | Surgical treatment of anal fistula (fistulecto | No | | | ALL |
| 46275 | Surgical treatment of anal fistula (fistulecto | No | | | ALL |
| 46280 | Surgical treatment of anal fistula (fistulecto | No | | | ALL |
| 46285 | Surgical treatment of anal fistula (fistulecto | No | | | ALL |
| 46288 | Closure of anal fistula with rectal advance | No | | | ALL |
| 46320 | Enucleation or excision of external thromb | No | | | ALL |
| 46500 | Injection of sclerosing solution, hemorrhoi | No | | | ALL |
| 46505 | Chemodenervation of internal anal sphinc | No | | | ALL |
| 46600 | Anoscopy; diagnostic, with or without colle | No | | | ALL |
| 46601 | Anoscopy; diagnostic, with high-resolution | No | | | ALL |
| 46604 | Anoscopy; with dilation (eg, balloon, guide | No | | | ALL |
| 46606 | Anoscopy; with biopsy, single or multiple | No | | | ALL |
| 46607 | Anoscopy; with high-resolution magnificat | No | | | ALL |
| 46608 | Anoscopy; with removal of foreign body | No | | | ALL |
| 46610 | Anoscopy; with removal of single tumor, p | No | | | ALL |
| 46611 | Anoscopy; with removal of single tumor, p | No | | | ALL |
| 46612 | Anoscopy; with removal of multiple tumors | No | | | ALL |
| 46614 | Anoscopy; with control of bleeding (eg, inj | No | | | ALL |
| 46615 | Anoscopy; with ablation of tumor(s), polyp | No | | | ALL |
| 46700 | Anoplasty, plastic operation for stricture; a | No | | | ALL |
| 46705 | Anoplasty, plastic operation for stricture; ir | No | | | ALL |
| 46706 | REPAIR OF ANAL FISTULA WITH FIBRIN | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 46707 | REPAIR OF ANORECTAL FISTULA WITH | Not Covered | | | ALL |
| 46710 | Repr per/vag pouch sngl proc | No | | | ALL |
| 46712 | Repr per/vag pouch dbl proc | No | | | ALL |
| 46715 | Repair of low imperforate anus; with anop | No | | | ALL |
| 46716 | Repair of low imperforate anus; with trans | No | | | ALL |
| 46730 | Repair of high imperforate anus without fis | No | | | ALL |
| 46735 | Repair of high imperforate anus without fis | No | | | ALL |
| 46740 | Repair of high imperforate anus with recto | No | | | ALL |
| 46742 | Repair of high imperforate anus with recto | No | | | ALL |
| 46744 | Repair of cloacal anomaly by anorectovag | No | | | ALL |
| 46746 | Repair of cloacal anomaly by anorectovag | No | | | ALL |
| 46748 | Repair of cloacal anomaly by anorectovag | No | | | ALL |
| 46750 | Sphincteroplasty, anal, for incontinence or | No | | | ALL |
| 46751 | Sphincteroplasty, anal, for incontinence or | No | | | ALL |
| 46753 | Graft (Thiersch operation) for rectal incont | No | | | ALL |
| 46754 | Removal of Thiersch wire or suture, anal c | No | | | ALL |
| 46760 | Sphincteroplasty, anal, for incontinence, a | No | | | ALL |
| 46761 | Sphincteroplasty, anal, for incontinence, a | No | | | ALL |
| 46762 | Sphincteroplasty, anal, for incontinence, a | No | | | ALL |
| 46900 | Destruction of lesion(s), anus (eg, condylo | No | | | ALL |
| 46910 | Destruction of lesion(s), anus (eg, condylo | No | | | ALL |
| 46916 | Destruction of lesion(s), anus (eg, condylo | No | | | ALL |
| 46917 | Destruction of lesion(s), anus (eg, condylo | No | | | ALL |
| 46922 | Destruction of lesion(s), anus (eg, condylo | No | | | ALL |
| 46924 | Destruction of lesion(s), anus (eg, condylo | No | | | ALL |
| 46930 | Destruction of internal hemorrhoid(s) by th | No | | | ALL |
| 46940 | Curettage or cautery of anal fissure, includ | No | | | ALL |
| 46942 | Curettage or cautery of anal fissure, includ | No | | | ALL |
| 46945 | Ligation of internal hemorrhoids; single pr | No | | | ALL |
| 46946 | Ligation of internal hemorrhoids; multiple p | No | | | ALL |
| 46947 | Hemorrhoidopexy (eg, for prolapsing inter | No | | | ALL |
| 46948 | Hemorrhoidectomy, internal, by transanal | No | | | ALL |
| 46999 | UNLISTED PROCEDURE, ANUS | Yes | | | ALL (Except MCWRAP) |
| 46999 | UNLISTED PROCEDURE, ANUS | No | | | MCWRAP |
| 47000 | Biopsy of liver, needle; percutaneous | No | | | ALL |
| 47001 | Biopsy of liver, needle; when done for indi | No | | | ALL |
| 47010 | Hepatotomy; for open drainage of abscess | No | | | ALL |
| 47015 | Laparotomy, with aspiration and/or injectio | No | | | ALL |
| 47100 | Biopsy of liver, wedge | No | | | ALL |
| 47120 | Hepatectomy, resection of liver; partial lob | No | | | ALL |
| 47122 | Hepatectomy, resection of liver; trisegmer | No | | | ALL |
| 47125 | Hepatectomy, resection of liver; total left lo | No | | | ALL |
| 47130 | Hepatectomy, resection of liver; total right | No | | | ALL |
| 47133 | DONOR HEPATECTOMY (INCLUDING C | No | | | ALL |
| 47135 | LIVER ALLOTRANSPLANTATION; ORTH | No | | | ALL |
| 47140 | DONOR HEPATECTOMY, INCLUDING C | No | | | ALL |
| 47141 | DONOR HEPATECTOMY, INCLUDING C | No | | | ALL |
| 47142 | DONOR HEPATECTOMY, INCLUDING C | No | | | ALL |
| 47143 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 47144 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 47145 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 47146 | BACKBENCH RECONSTRUCTION OF CA | No | | | ALL |
| 47147 | BACKBENCH RECONSTRUCTION OF CA | No | | | ALL |
| 47300 | Marsupialization of cyst or abscess of liver | No | | | ALL |
| 47350 | Management of liver hemorrhage; simple | No | | | ALL |
| 47360 | Management of liver hemorrhage; comple | No | | | ALL |
| 47361 | Management of liver hemorrhage; explora | No | | | ALL |
| 47362 | Management of liver hemorrhage; re-explo | No | | | ALL |
| 47370 | Laparoscopy, surgical, ablation of one or m | No | | | ALL |
| 47371 | Laparoscopy, surgical, ablation of one or m | No | | | ALL |
| 47379 | UNLISTED LAPAROSCOPIC PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 47379 | UNLISTED LAPAROSCOPIC PROCEDUR | No | | | MCWRAP |
| 47380 | OPEN RADIOFREQUENCY ABLATION O | No | | | ALL |
| 47381 | Ablation, open, of one or more liver tumor | No | | | ALL |
| 47382 | PERCUTANEOUS RADIOFREQUENCY A | No | | | ALL |
| 47383 | Ablation, 1 or more liver tumor(s), percuta | No | | | ALL |
| 47384 | Ablation, irreversible electroporation, liver, | Not Covered | | | ALL |
| 47399 | UNLISTED PROCEDURE, LIVER | Yes | | | ALL (Except MCWRAP) |
| 47399 | UNLISTED PROCEDURE, LIVER | No | | | MCWRAP |
| 47400 | Hepaticotomy or hepaticostomy with explo | No | | | ALL |
| 47420 | Choledochotomy or choledochostomy with | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 47425 | Choledochotomy or choledochostomy with | No | | | ALL |
| 47460 | Transduodenal sphincterotomy or sphincte | No | | | ALL |
| 47480 | Cholecystotomy or cholecystostomy, oper | No | | | ALL |
| 47490 | Cholecystostomy, percutaneous, complete | No | | | ALL |
| 47531 | Injection procedure for cholangiography, percuta | No | | | ALL |
| 47532 | Injection procedure for cholangiography, percuta | No | | | ALL |
| 47533 | Placement of biliary drainage catheter, percutar | No | | | ALL |
| 47534 | Placement of biliary drainage catheter, percutar | No | | | ALL |
| 47535 | Conversion of external biliary drainage catheter | No | | | ALL |
| 47536 | Exchange of biliary drainage catheter (e.g. exte | No | | | ALL |
| 47537 | Removal of biliary drainage catheter, percutane | No | | | ALL |
| 47538 | Placement of stents in bile duct, percutaneous, | No | | | ALL |
| 47539 | Placement of stents in bile duct, percutaneous, | No | | | ALL |
| 47540 | Placement of stents in bile duct, percutaneous, | No | | | ALL |
| 47541 | Placement of access through the biliary tree and | No | | | ALL |
| 47542 | Balloon dilation of biliary duct(s) or of ampulla (s | No | | | ALL |
| 47543 | Endoluminal biopsy(ies) of biliary tree, percutan | No | | | ALL |
| 47544 | Removal of calculi/debris from biliary duct(s) an | No | | | ALL |
| 47550 | Biliary endoscopy, intraoperative (choledo | No | | | ALL |
| 47552 | Biliary endoscopy, percutaneous via T-tub | No | | | ALL |
| 47553 | Biliary endoscopy, percutaneous via T-tub | No | | | ALL |
| 47554 | Biliary endoscopy, percutaneous via T-tub | No | | | ALL |
| 47555 | Biliary endoscopy, percutaneous via T-tub | No | | | ALL |
| 47556 | Biliary endoscopy, percutaneous via T-tub | No | | | ALL |
| 47562 | Laparoscopy, surgical; cholecystectomy | No | | | ALL |
| 47563 | Laparoscopy, surgical; cholecystectomy w | No | | | ALL |
| 47564 | Laparoscopy, surgical; cholecystectomy w | No | | | ALL |
| 47570 | Laparoscopy, surgical; cholecystoenterost | No | | | ALL |
| 47579 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 47579 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 47600 | Cholecystectomy; | No | | | ALL |
| 47605 | Cholecystectomy; with cholangiography | No | | | ALL |
| 47610 | Cholecystectomy with exploration of comn | No | | | ALL |
| 47612 | Cholecystectomy with exploration of comn | No | | | ALL |
| 47620 | Cholecystectomy with exploration of comn | No | | | ALL |
| 47700 | Exploration for congenital atresia of bile du | No | | | ALL |
| 47701 | Portoenterostomy (eg, Kasai procedure) | No | | | ALL |
| 47711 | Excision of bile duct tumor, with or without | No | | | ALL |
| 47712 | Excision of bile duct tumor, with or without | No | | | ALL |
| 47715 | Excision of choledochal cyst | No | | | ALL |
| 47720 | Cholecystoenterostomy; direct | No | | | ALL |
| 47721 | Cholecystoenterostomy; with gastroentero | No | | | ALL |
| 47740 | Cholecystoenterostomy; Roux-en-Y | No | | | ALL |
| 47741 | Cholecystoenterostomy; Roux-en-Y with g | No | | | ALL |
| 47760 | Anastomosis, of extrahepatic biliary ducts | No | | | ALL |
| 47765 | Anastomosis, of intrahepatic ducts and ga | No | | | ALL |
| 47780 | Anastomosis, Roux-en-Y, of extrahepatic | No | | | ALL |
| 47785 | Anastomosis, Roux-en-Y, of intrahepatic b | No | | | ALL |
| 47800 | Reconstruction, plastic, of extrahepatic bil | No | | | ALL |
| 47801 | Placement of choledochal stent | No | | | ALL |
| 47900 | Suture of extrahepatic biliary duct for pre-e | No | | | ALL |
| 47999 | UNLISTED PROCEDURE, BILIARY TRAC | Yes | | | ALL (Except MCWRAP) |
| 47999 | UNLISTED PROCEDURE, BILIARY TRAC | No | | | MCWRAP |
| 48000 | Placement of drains, peripancreatic, for ac | No | | | ALL |
| 48001 | Placement of drains, peripancreatic, for ac | No | | | ALL |
| 48020 | Removal of pancreatic calculus | No | | | ALL |
| 48100 | Biopsy of pancreas, open (eg, fine needle | No | | | ALL |
| 48102 | Biopsy of pancreas, percutaneous needle | No | | | ALL |
| 48105 | RESECTION OR DEBRIDEMENT OF PAI | No | | | ALL |
| 48120 | Excision of lesion of pancreas (eg, cyst, ac | No | | | ALL |
| 48140 | Pancreatectomy, distal subtotal, with or wi | No | | | ALL |
| 48145 | Pancreatectomy, distal subtotal, with or wi | No | | | ALL |
| 48146 | Pancreatectomy, distal, near-total with pre | No | | | ALL |
| 48148 | Excision of ampulla of Vater | No | | | ALL |
| 48150 | Pancreatectomy, proximal subtotal with to | No | | | ALL |
| 48152 | Pancreatectomy, proximal subtotal with to | No | | | ALL |
| 48153 | Pancreatectomy, proximal subtotal with ne | No | | | ALL |
| 48154 | Pancreatectomy, proximal subtotal with ne | No | | | ALL |
| 48155 | Pancreatectomy, total | No | | | ALL |
| 48160 | PANCREATECTOMY, TOTAL OR SUBTO | No | | | ALL |
| 48400 | Injection procedure for intraoperative panc | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 48500 | Marsupialization of pancreatic cyst | No | | | ALL |
| 48510 | External drainage, pseudocyst of pancrea | No | | | ALL |
| 48520 | Internal anastomosis of pancreatic cyst to | No | | | ALL |
| 48540 | Internal anastomosis of pancreatic cyst to | No | | | ALL |
| 48545 | Pancreatorrhaphy for injury | No | | | ALL |
| 48547 | Duodenal exclusion with gastrojejunostom | No | | | ALL |
| 48548 | PANCREATICOJEJUNOSTOMY, SIDE-T( | No | | | ALL |
| 48550 | DONOR PANCREATECTOMY, INCLUDIN | No | | | ALL |
| 48551 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 48552 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 48554 | TRANSPLANTATION OF PANCREATIC A | No | | | ALL |
| 48556 | REMOVAL OF TRANSPLANTED PANCR | No | | | ALL |
| 48999 | UNLISTED PROCEDURE, PANCREAS | Yes | | | ALL (Except MCWRAP) |
| 48999 | UNLISTED PROCEDURE, PANCREAS | No | | | MCWRAP |
| 49000 | Exploratory laparotomy, exploratory celiot | No | | | ALL |
| 49002 | Reopening of recent laparotomy | No | | | ALL |
| 49010 | Exploration, retroperitoneal area with or w | No | | | ALL |
| 49013 | Preperitoneal pelvic packing for hemorrha | No | | | ALL |
| 49014 | Re-exploration of pelvic wound with remov | No | | | ALL |
| 49020 | Drainage of peritoneal abscess or localize | No | | | ALL |
| 49040 | Drainage of subdiaphragmatic or subphre | No | | | ALL |
| 49060 | Drainage of retroperitoneal abscess; open | No | | | ALL |
| 49062 | Drainage of extraperitoneal lymphocele to | No | | | ALL |
| 49082 | Abdominal paracentesis (diagnostic or the | No | | | ALL |
| 49083 | Abdominal paracentesis (diagnostic or the | No | | | ALL |
| 49084 | Peritoneal lavage, including imaging guida | No | | | ALL |
| 49180 | Biopsy, abdominal or retroperitoneal mass | No | | | ALL |
| 49185 | Sclerotheraphy of a fluid collection (e.g., lympho | No | | | ALL |
| 49186 | Excision or destruction, open, intra-abdom | No | | | ALL |
| 49187 | Excision or destruction, open, intra-abdom | No | | | ALL |
| 49188 | Excision or destruction, open, intra-abdom | No | | | ALL |
| 49189 | Excision or destruction, open, intra-abdom | No | | | ALL |
| 49190 | Excision or destruction, open, intra-abdom | No | | | ALL |
| 49215 | Excision of presacral or sacrococcygeal tu | No | | | ALL |
| 49220 | Staging laparotomy for Hodgkins disease | No | | | ALL |
| 49250 | Umbilectomy, omphalectomy, excision of | No | | | ALL |
| 49255 | Omentectomy, epiploectomy, resection of | No | | | ALL |
| 49320 | Laparoscopy, abdomen, peritoneum, and | No | * | | ALL |
| 49321 | Laparoscopy, surgical; with biopsy (single | No | * | | ALL |
| 49322 | Laparoscopy, surgical; with aspiration of c | No | * | | ALL |
| 49323 | Laparoscopy, surgical; with drainage of lyr | No | | | ALL |
| 49324 | Laparoscopy, surgical; with insertion of tu | No | | | ALL |
| 49325 | LAPAROSCOPY, SURGICAL; W/REVISIC | No | | | ALL |
| 49326 | LAPAROSCOPY, SURGICAL; WITH OME | No | | | ALL |
| 49327 | Laparoscopy, surgical; with placement of i | No | | | ALL |
| 49329 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 49329 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 49400 | Injection of air or contrast into peritoneal c | No | | | ALL |
| 49402 | REMOVAL OF PERITONEAL FOREIGN B | No | | | ALL |
| 49405 | Image-guided fluid collection drainage by | No | | | ALL |
| 49406 | Image-guided fluid collection drainage by | No | | | ALL |
| 49407 | Image-guided fluid collection drainage by | No | | | ALL |
| 49411 | PLACE INTERSTITIAL DEVICE(S) FOR R | No | | | ALL |
| 49412 | Placement of interstitial device(s) for radia | No | | | ALL |
| 49418 | Insertion of tunneled intraperitoneal cathet | No | | | ALL |
| 49419 | Insertion of tunneled intraperitoneal cathet | No | | | ALL |
| 49421 | Insertion of tunneled intraperitoneal cathet | No | | | ALL |
| 49422 | Removal of tunneled intraperitoneal cathe | No | | | ALL |
| 49423 | Exchange of previously placed abscess or | No | | | ALL |
| 49424 | Contrast injection for assessment of absce | No | | | ALL |
| 49425 | Insertion of peritoneal-venous shunt | No | | | ALL |
| 49426 | Revision of peritoneal-venous shunt | No | | | ALL |
| 49427 | Injection procedure (eg, contrast media) fo | No | | | ALL |
| 49428 | Ligation of peritoneal-venous shunt | No | | | ALL |
| 49429 | Removal of peritoneal-venous shunt | No | | | ALL |
| 49435 | INSERTION OF SUBCUTANEOUS EXTE | No | | | ALL |
| 49436 | DELAYED CREATION OF EXIT SITE FRO | No | | | ALL |
| 49440 | INSERTION OF GASTROSTOMY TUBE, | No | | | ALL |
| 49441 | INSERTION OF DUODENOSTOMY OR JI | No | | | ALL |
| 49442 | INSERTION OF CECOSTOMY OR OTHE | No | | | ALL |
| 49446 | CONVERSION OF GASTROSTOMY TUB | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 49450 | REPLACEMENT OF GASTROSTOMY OR | No | | | ALL |
| 49451 | REPLACEMENT OF DUODENOSTOMY ( | No | | | ALL |
| 49452 | REPLACEMENT OF GASTRO-JEJUNOS | No | | | ALL |
| 49460 | MECHANICAL REMOVAL OF OBSTRUC | No | | | ALL |
| 49465 | CONTRAST INJECTION(S) FOR RADIOL | No | | | ALL |
| 49491 | Repair, initial inguinal hernia, preterm infa | No | | | ALL |
| 49492 | Repair, initial inguinal hernia, preterm infa | No | | | ALL |
| 49495 | Repair, initial inguinal hernia, full term infa | No | | | ALL |
| 49496 | Repair, initial inguinal hernia, full term infa | No | | | ALL |
| 49500 | Repair initial inguinal hernia, age 6 month | No | | | ALL |
| 49501 | Repair initial inguinal hernia, age 6 month | No | | | ALL |
| 49505 | Repair initial inguinal hernia, age 5 years ( | No | | | ALL |
| 49507 | Repair initial inguinal hernia, age 5 years ( | No | | | ALL |
| 49520 | Repair recurrent inguinal hernia, any age; | No | | | ALL |
| 49521 | Repair recurrent inguinal hernia, any age; | No | | | ALL |
| 49525 | Repair inguinal hernia, sliding, any age | No | | | ALL |
| 49540 | Repair lumbar hernia | No | | | ALL |
| 49550 | Repair initial femoral hernia, any age; redu | No | | | ALL |
| 49553 | Repair initial femoral hernia, any age; inca | No | | | ALL |
| 49555 | Repair recurrent femoral hernia; reducible | No | | | ALL |
| 49557 | Repair recurrent femoral hernia; incarcera | No | | | ALL |
| 49591 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49592 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49593 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49594 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49595 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49596 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49600 | Repair of small omphalocele, with primary | No | | | ALL |
| 49605 | Repair of large omphalocele or gastroschi | No | | | ALL |
| 49606 | Repair of large omphalocele or gastroschi | No | | | ALL |
| 49610 | Repair of omphalocele (Gross type operat | No | | | ALL |
| 49611 | Repair of omphalocele (Gross type operat | No | | | ALL |
| 49613 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49614 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49615 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49616 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49617 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49618 | Repair of anterior abdominal hernia(s) (ie, | No | | | ALL |
| 49621 | Repair of parastomal hernia, any approac | No | | | ALL |
| 49622 | Repair of parastomal hernia, any approac | No | | | ALL |
| 49623 | Removal of total or near total non-infected | No | | | ALL |
| 49650 | Laparoscopy, surgical; repair initial inguina | No | | | ALL |
| 49651 | Laparoscopy, surgical; repair recurrent ing | No | | | ALL |
| 49659 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 49659 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 49900 | Suture, secondary, of abdominal wall for e | No | | | ALL |
| 49904 | OMENTAL FLAP, EXTRA-ABDOMINAL (E | No | | | ALL |
| 49905 | Omental flap, intra-abdominal (List separa | No | | | ALL |
| 49906 | Free omental flap with microvascular anas | No | | | ALL |
| 49999 | UNLISTED PROCEDURE, ABDOMEN, PE | Yes | | | ALL (Except MCWRAP) |
| 49999 | UNLISTED PROCEDURE, ABDOMEN, PE | No | | | MCWRAP |
| 50010 | Renal exploration, not necessitating other | No | | | ALL |
| 50020 | Drainage of perirenal or renal abscess; op | No | | | ALL |
| 50040 | Nephrostomy, nephrotomy with drainage | No | | | ALL |
| 50045 | Nephrotomy, with exploration | No | | | ALL |
| 50060 | Nephrolithotomy; removal of calculus | No | | | ALL |
| 50065 | Nephrolithotomy; secondary surgical oper | No | | | ALL |
| 50070 | Nephrolithotomy; complicated by congenit | No | | | ALL |
| 50075 | Nephrolithotomy; removal of large staghor | No | | | ALL |
| 50080 | Percutaneous nephrostolithotomy or pyelo | No | | | ALL |
| 50081 | Percutaneous nephrostolithotomy or pyelo | No | | | ALL |
| 50100 | Transection or repositioning of aberrant re | No | | | ALL |
| 50120 | Pyelotomy; with exploration | No | | | ALL |
| 50125 | Pyelotomy; with drainage, pyelostomy | No | | | ALL |
| 50130 | Pyelotomy; with removal of calculus (pyelo | No | | | ALL |
| 50200 | Renal biopsy; percutaneous, by trocar or n | No | | | ALL |
| 50205 | Renal biopsy; by surgical exposure of kidn | No | | | ALL |
| 50220 | Nephrectomy, including partial ureterector | No | | | ALL |
| 50225 | Nephrectomy, including partial ureterector | No | | | ALL |
| 50230 | Nephrectomy, including partial ureterector | No | | | ALL |
| 50234 | Nephrectomy with total ureterectomy and | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 50236 | Nephrectomy with total ureterectomy and | No | | | ALL |
| 50240 | Nephrectomy, partial | No | | | ALL |
| 50250 | Ablation, open, 1 or more renal mass lesic | No | | | ALL |
| 50280 | Excision or unroofing of cyst(s) of kidney | No | | | ALL |
| 50290 | Excision of perinephric cyst | No | | | ALL |
| 50300 | DONOR NEPHRECTOMY, INCLUDING C | No | | | ALL |
| 50320 | DONOR NEPHRECTOMY, INCLUDING C | No | | | ALL |
| 50323 | BACKBENCH STANDARD PREP OF CAD | No | | | ALL |
| 50325 | BACKBENCH STANDARD PREP OF LIVI | No | | | ALL |
| 50327 | BACKBENCH RECONSTRUCTION OF C/ | No | | | ALL |
| 50328 | BACKBENCH RECONSTRUCTION OF C/ | No | | | ALL |
| 50329 | BACKBENCH RECONSTRUCTION OF C/ | No | | | ALL |
| 50340 | RECIPIENT NEPHRECTOMY (SEPARAT | No | | | ALL |
| 50360 | RENAL ALLOTRANSPLANTATION, IMPL | No | | | ALL |
| 50365 | RENAL ALLOTRANSPLANTATION, IMPL | No | | | ALL |
| 50370 | REMOVAL OF TRANSPLANTED RENAL | No | | | ALL |
| 50380 | Renal autotransplantation, reimplantation | Yes | | | ALL (Except MCWRAP) |
| 50380 | Renal autotransplantation, reimplantation | No | | | MCWRAP |
| 50382 | Change ureter stent, percut | No | | | ALL |
| 50384 | Remove ureter stent, percut | No | | | ALL |
| 50385 | REMOVAL VIA SNARE/CAPTURE) AND I | No | | | ALL |
| 50386 | REMOVAL VIA SNARE/CAPTURE) OF IN | No | | | ALL |
| 50387 | Change ext/int ureter stent | No | | | ALL |
| 50389 | Remove renal tube w/fluoro | No | | | ALL |
| 50390 | Aspiration and/or injection of renal cyst or | No | | | ALL |
| 50391 | Instillation(s) of therapeutic agent into rena | No | | | ALL |
| 50396 | Manometric studies through nephrostomy | No | | | ALL |
| 50400 | Pyeloplasty (Foley Y-pyeloplasty), plastic c | No | | | ALL |
| 50405 | Pyeloplasty (Foley Y-pyeloplasty), plastic c | No | | | ALL |
| 50430 | Injection procedure for antegrade nephrostogra | No | | | ALL |
| 50431 | Injection procedure for antegrade nephrostogra | No | | | ALL |
| 50432 | Placement of nephrostomy catheter, percutaneo | No | | | ALL |
| 50433 | Placement of nephroureteral catheter, percutan | No | | | ALL |
| 50434 | Convert nephrostomy catheter to nephroureter | No | | | ALL |
| 50435 | Exchange nephrostomy catheter, percutaneous | No | | | ALL |
| 50436 | Dilation of existing tract, percutaneous, for | No | | | ALL |
| 50437 | Dilation of existing tract, percutaneous, for | No | | | ALL |
| 50500 | Nephrorrhaphy, suture of kidney wound or | No | | | ALL |
| 50520 | Closure of nephrocutaneous or pyelocutar | No | | | ALL |
| 50525 | Closure of nephrovisceral fistula (eg, reno | No | | | ALL |
| 50526 | Closure of nephrovisceral fistula (eg, reno | No | | | ALL |
| 50540 | Symphysiotomy for horseshoe kidney with | No | | | ALL |
| 50541 | Laparoscopy, surgical; ablation of renal cy | No | | | ALL |
| 50542 | Laparoscopy, surgical; ablation of renal m | No | | | ALL |
| 50543 | PARTIAL NEPHRECTOMY | No | | | ALL |
| 50544 | Laparoscopy, surgical; pyeloplasty | No | | | ALL |
| 50545 | Laparoscopy, surgical; radical nephrectom | No | | | ALL |
| 50546 | Laparoscopy, surgical; nephrectomy, inclu | No | | | ALL |
| 50547 | DONOR NEPHRECTOMY (INCLUDING C | No | | | ALL |
| 50548 | Laparoscopy, surgical; nephrectomy with t | No | | | ALL |
| 50549 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 50549 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 50551 | Renal endoscopy through established nep | No | | | ALL |
| 50553 | Renal endoscopy through established nep | No | | | ALL |
| 50555 | Renal endoscopy through established nep | No | | | ALL |
| 50557 | Renal endoscopy through established nep | No | | | ALL |
| 50561 | Renal endoscopy through established nep | No | | | ALL |
| 50562 | RENAL ENDOSCOPY THROUGH ESTAB | No | | | ALL |
| 50570 | Renal endoscopy through nephrotomy or p | No | | | ALL |
| 50572 | Renal endoscopy through nephrotomy or p | No | | | ALL |
| 50574 | Renal endoscopy through nephrotomy or p | No | | | ALL |
| 50575 | Renal endoscopy through nephrotomy or p | No | | | ALL |
| 50576 | Renal endoscopy through nephrotomy or p | No | | | ALL |
| 50580 | Renal endoscopy through nephrotomy or p | No | | | ALL |
| 50590 | Lithotripsy, extracorporeal shock wave | No | | | ALL |
| 50592 | ABLATION, ONE OR MORE RENAL TUM | No | | | ALL |
| 50593 | ABLATION, RENAL TUMOR(S), UNILATE | No | | | ALL |
| 50600 | Ureterotomy with exploration or drainage ( | No | | | ALL |
| 50605 | Ureterotomy for insertion of indwelling ste | No | | | ALL |
| 50606 | Endoluminal biopsy of ureter and/or renal pelvis | No | | | ALL |
| 50610 | Ureterolithotomy; upper one-third of urete | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 50620 | Ureterolithotomy; middle one-third of urete | No | | | ALL |
| 50630 | Ureterolithotomy; lower one-third of ureter | No | | | ALL |
| 50650 | Ureterectomy, with bladder cuff (separate | No | | | ALL |
| 50660 | Ureterectomy, total, ectopic ureter, combi | No | | | ALL |
| 50684 | Injection procedure for ureterography or u | No | | | ALL |
| 50686 | Manometric studies through ureterostomy | No | | | ALL |
| 50688 | Change of ureterostomy tube | No | | | ALL |
| 50690 | Injection procedure for visualization of ilea | No | | | ALL |
| 50693 | Placement of the ureteral stent, percutaneous, i | No | | | ALL |
| 50694 | Placement of the ureteral stent, percutaneous, i | No | | | ALL |
| 50695 | Placement of the ureteral stent, percutaneous, i | No | | | ALL |
| 50700 | Ureteroplasty, plastic operation on ureter ( | No | | | ALL |
| 50705 | Urethral embolization or occlusion, including ima | No | | | ALL |
| 50706 | Balloon dilation, ureteral stricture, including imag | No | | | ALL |
| 50715 | Ureterolysis, with or without repositioning | No | | | ALL |
| 50722 | Ureterolysis for ovarian vein syndrome | No | | | ALL |
| 50725 | Ureterolysis for retrocaval ureter, with rear | No | | | ALL |
| 50727 | Revision of urinary-cutaneous anastomos | No | | | ALL |
| 50728 | Revision of urinary-cutaneous anastomos | No | | | ALL |
| 50740 | Ureteropyelostomy, anastomosis of ureter | No | | | ALL |
| 50750 | Ureterocalycostomy, anastomosis of urete | No | | | ALL |
| 50760 | Ureteroureterostomy | No | | | ALL |
| 50770 | Transureteroureterostomy, anastomosis o | No | | | ALL |
| 50780 | Ureteroneocystostomy; anastomosis of sir | No | | | ALL |
| 50782 | Ureteroneocystostomy; anastomosis of du | No | | | ALL |
| 50783 | Ureteroneocystostomy; with extensive ure | No | | | ALL |
| 50785 | Ureteroneocystostomy; with vesico-psoas | No | | | ALL |
| 50800 | Ureteroenterostomy, direct anastomosis o | No | | | ALL |
| 50810 | Ureterosigmoidostomy, with creation of sig | No | | | ALL |
| 50815 | Ureterocolon conduit, including intestine a | No | | | ALL |
| 50820 | Ureteroileal conduit (ileal bladder), includi | No | | | ALL |
| 50825 | Continent diversion, including intestine an | No | | | ALL |
| 50830 | Urinary undiversion (eg, taking down of ur | No | | | ALL |
| 50840 | Replacement of all or part of ureter by inte | No | | | ALL |
| 50845 | Cutaneous appendico-vesicostomy | No | | | ALL |
| 50860 | Ureterostomy, transplantation of ureter to | No | | | ALL |
| 50900 | Ureterorrhaphy, suture of ureter (separate | No | | | ALL |
| 50920 | Closure of ureterocutaneous fistula | No | | | ALL |
| 50930 | Closure of ureterovisceral fistula (including | No | | | ALL |
| 50940 | Deligation of ureter | No | | | ALL |
| 50945 | Laparoscopy, surgical; ureterolithotomy | No | | | ALL |
| 50947 | Laparoscopy, surgical; ureteroneocystosto | No | | | ALL |
| 50948 | Laparoscopy, surgical; ureteroneocystosto | No | | | ALL |
| 50949 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 50949 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 50951 | Ureteral endoscopy through established u | No | | | ALL |
| 50953 | Ureteral endoscopy through established u | No | | | ALL |
| 50955 | Ureteral endoscopy through established u | No | | | ALL |
| 50957 | Ureteral endoscopy through established u | No | | | ALL |
| 50961 | Ureteral endoscopy through established u | No | | | ALL |
| 50970 | Ureteral endoscopy through ureterotomy, | No | | | ALL |
| 50972 | Ureteral endoscopy through ureterotomy, | No | | | ALL |
| 50974 | Ureteral endoscopy through ureterotomy, | No | | | ALL |
| 50976 | Ureteral endoscopy through ureterotomy, | No | | | ALL |
| 50980 | Ureteral endoscopy through ureterotomy, | No | | | ALL |
| 51020 | Cystotomy or cystostomy; with fulguration | No | | | ALL |
| 51030 | Cystotomy or cystostomy; with cryosurgica | No | | | ALL |
| 51040 | Cystostomy, cystotomy with drainage | No | | | ALL |
| 51045 | Cystotomy, with insertion of ureteral cathe | No | | | ALL |
| 51050 | Cystolithotomy, cystotomy with removal of | No | | | ALL |
| 51060 | Transvesical ureterolithotomy | No | | | ALL |
| 51065 | Cystotomy, with calculus basket extraction | No | | | ALL |
| 51080 | Drainage of perivesical or prevesical spac | No | | | ALL |
| 51100 | APIRATION OF BLADDER; BY NEEDLE | No | | | ALL |
| 51101 | APIRATION OF BLADDER; BY TROCAR | No | | | ALL |
| 51102 | APIRATION OF BLADDER; WITH INSERT | No | | | ALL |
| 51500 | Excision of urachal cyst or sinus, with or w | No | | | ALL |
| 51520 | Cystotomy; for simple excision of vesical r | No | | | ALL |
| 51525 | Cystotomy; for excision of bladder divertic | No | | | ALL |
| 51530 | Cystotomy; for excision of bladder tumor | No | | | ALL |
| 51535 | Cystotomy for excision, incision, or repair | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 51550 | Cystectomy, partial; simple | No | | | ALL |
| 51555 | Cystectomy, partial; complicated (eg, post | No | | | ALL |
| 51565 | Cystectomy, partial, with reimplantation of | No | | | ALL |
| 51570 | Cystectomy, complete; (separate procedu | No | | | ALL |
| 51575 | Cystectomy, complete; with bilateral pelvic | No | | | ALL |
| 51580 | Cystectomy, complete, with ureterosigmoi | No | | | ALL |
| 51585 | Cystectomy, complete, with ureterosigmoi | No | | | ALL |
| 51590 | Cystectomy, complete, with ureteroileal co | No | | | ALL |
| 51595 | Cystectomy, complete, with ureteroileal co | No | | | ALL |
| 51596 | Cystectomy, complete, with continent dive | No | | | ALL |
| 51597 | Pelvic exenteration, complete, for vesical, | No | | | ALL |
| 51600 | Injection procedure for cystography or voi | No | | | ALL |
| 51605 | Injection procedure and placement of chai | No | | | ALL |
| 51610 | Injection procedure for retrograde urethroc | No | | | ALL |
| 51700 | Bladder irrigation, simple, lavage and/or ir | No | | | ALL |
| 51701 | Insertion of non-indwelling bladder cathete | No | | | ALL |
| 51702 | Insertion of temporary indwelling bladder c | No | | | ALL |
| 51703 | Insertion of temporary indwelling bladder c | No | | | ALL |
| 51705 | Change of cystostomy tube; simple | No | | | ALL |
| 51710 | Change of cystostomy tube; complicated | No | | | ALL |
| 51715 | ENDOSCOPIC INJECTION OF IMPLANT | No | | | ALL |
| 51720 | Bladder instillation of anticarcinogenic age | No | | | ALL |
| 51725 | Simple cystometrogram (CMG) (eg, spina | No | | | ALL |
| 51726 | Complex cystometrogram (eg, calibrated e | No | | | ALL |
| 51727 | COMPLEX CYSTOMETROGRAM (EG, CA | No | | | ALL |
| 51728 | COMPLEX CYSTOMETROGRAM (EG, CA | No | | | ALL |
| 51729 | COMPLEX CYSTOMETROGRAM (EG, CA | No | | | ALL |
| 51736 | Simple uroflowmetry (UFR) (eg, stop-watc | No | | | ALL |
| 51741 | Complex uroflowmetry (eg, calibrated elec | No | | | ALL |
| 51772 | Urethral pressure profile studies (UPP) (ur | No | | | ALL |
| 51784 | Electromyography studies (EMG) of anal c | No | | | ALL |
| 51785 | Needle electromyography studies (EMG) c | No | | | ALL |
| 51792 | Stimulus evoked response (eg, measurem | No | | | ALL |
| 51795 | Voiding pressure studies (VP); bladder vo | No | | | ALL |
| 51797 | Voiding pressure studies (VP); intra-abdor | No | | | ALL |
| 51798 | Measurement of post-voiding residual urin | No | | | ALL |
| 51800 | Cystoplasty or cystourethroplasty, plastic c | No | | | ALL |
| 51820 | Cystourethroplasty with unilateral or bilate | No | | | ALL |
| 51840 | Anterior vesicourethropexy, or urethropexy | No | | | ALL |
| 51841 | Anterior vesicourethropexy, or urethropexy | No | | | ALL |
| 51845 | Abdomino-vaginal vesical neck suspensio | No | | | ALL |
| 51860 | Cystorrhaphy, suture of bladder wound, in | No | | | ALL |
| 51865 | Cystorrhaphy, suture of bladder wound, in | No | | | ALL |
| 51880 | Closure of cystostomy (separate procedur | No | | | ALL |
| 51900 | Closure of vesicovaginal fistula, abdomina | No | | | ALL |
| 51920 | Closure of vesicouterine fistula; | No | | | ALL |
| 51925 | Closure of vesicouterine fistula; with hyste | No | | | ALL |
| 51940 | Closure, exstrophy of bladder | No | | | ALL |
| 51960 | Enterocystoplasty, including intestinal ana | No | | | ALL |
| 51980 | Cutaneous vesicostomy | No | | | ALL |
| 51990 | Laparoscopy, surgical; urethral suspensio | No | | | ALL |
| 51992 | Laparoscopy, surgical; sling operation for | No | | | ALL |
| 51999 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 51999 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 52000 | Cystourethroscopy (separate procedure) | No | | | ALL |
| 52001 | Cystourethroscopy with irrigation and evac | No | | | ALL |
| 52005 | Cystourethroscopy, with ureteral catheteriz | No | | | ALL |
| 52007 | Cystourethroscopy, with ureteral catheteriz | No | | | ALL |
| 52010 | Cystourethroscopy, with ejaculatory duct c | No | | | ALL |
| 52204 | Cystourethroscopy, with biopsy | No | | | ALL |
| 52214 | Cystoscopy and treatment | No | | | ALL |
| 52224 | Cystourethroscopy, with fulguration (incluc | No | | | ALL |
| 52234 | Cystourethroscopy, with fulguration (incluc | No | | | ALL |
| 52235 | Cystourethroscopy, with fulguration (incluc | No | | | ALL |
| 52240 | Cystourethroscopy, with fulguration (incluc | No | | | ALL |
| 52250 | Cystourethroscopy with insertion of radioa | No | | | ALL |
| 52260 | Cystourethroscopy, with dilation of bladde | No | | | ALL |
| 52265 | Cystourethroscopy, with dilation of bladde | No | | | ALL |
| 52270 | Cystourethroscopy, with internal urethroto | No | | | ALL |
| 52275 | Cystourethroscopy, with internal urethroto | No | | | ALL |
| 52276 | Cystourethroscopy with direct vision intern | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 52277 | Cystourethroscopy, with resection of exter | No | | | ALL |
| 52281 | Cystourethroscopy, with calibration and/or | No | | | ALL |
| 52282 | Cystourethroscopy, with insertion of urethr | No | | | ALL |
| 52283 | Cystourethroscopy, with steroid injection i | No | | | ALL |
| 52284 | Cystourethroscopy, with mechanical ureth | No | | | ALL |
| 52285 | Cystourethroscopy for treatment of the fer | No | | | ALL |
| 52287 | opy, with injection(s) for chemodenervation | No | | | ALL |
| 52290 | Cystourethroscopy; with ureteral meatotor | No | | | ALL |
| 52300 | Cystourethroscopy; with resection or fulgu | No | | | ALL |
| 52301 | Cystourethroscopy; with resection or fulgu | No | | | ALL |
| 52305 | Cystourethroscopy; with incision or resect | No | | | ALL |
| 52310 | Cystourethroscopy, with removal of foreigr | No | | | ALL |
| 52315 | Cystourethroscopy, with removal of foreigr | No | | | ALL |
| 52317 | Litholapaxy: crushing or fragmentation of c | No | | | ALL |
| 52318 | Litholapaxy: crushing or fragmentation of c | No | | | ALL |
| 52320 | Cystourethroscopy (including ureteral cath | No | | | ALL |
| 52325 | Cystourethroscopy (including ureteral cath | No | | | ALL |
| 52327 | Cystourethroscopy (including ureteral cath | No | | | ALL |
| 52330 | Cystourethroscopy (including ureteral cath | No | | | ALL |
| 52332 | Cystourethroscopy, with insertion of indwe | No | | | ALL |
| 52334 | Cystourethroscopy with insertion of ureter | No | | | ALL |
| 52341 | Cystourethroscopy; with treatment of urete | No | | | ALL |
| 52342 | Cystourethroscopy; with treatment of urete | No | | | ALL |
| 52343 | Cystourethroscopy; with treatment of intra | No | | | ALL |
| 52344 | Cystourethroscopy with ureteroscopy; with | No | | | ALL |
| 52345 | Cystourethroscopy with ureteroscopy; with | No | | | ALL |
| 52346 | Cystourethroscopy with ureteroscopy; with | No | | | ALL |
| 52351 | Cystourethroscopy, with ureteroscopy and | No | | | ALL |
| 52352 | Cystourethroscopy, with ureteroscopy and | No | | | ALL |
| 52353 | Cystourethroscopy, with ureteroscopy and | No | | | ALL |
| 52354 | Cystourethroscopy, with ureteroscopy and | No | | | ALL |
| 52355 | Cystourethroscopy, with ureteroscopy and | No | | | ALL |
| 52356 | Cystourethroscopy, with ureteroscopy and | No | | | ALL |
| 52400 | Cystourethroscopy with incision, fulguratio | No | | | ALL |
| 52402 | Cystourethroscopy with transurethral rese | No | | | ALL |
| 52441 | Cystourethroscopy, with insertion of perma | No | | | ALL |
| 52442 | Cystourethroscopy, with insertion of perma | No | | | ALL |
| 52450 | Transurethral incision of prostate | No | | | ALL |
| 52500 | Transurethral resection of bladder neck (s | No | | | ALL |
| 52597 | Transurethral robotic-assisted waterjet res | No | | | ALL |
| 52601 | Transurethral electrosurgical resection of | No | | | ALL |
| 52630 | Transurethral resection; of regrowth of obs | No | | | ALL |
| 52640 | Transurethral resection; of postoperative b | No | | | ALL |
| 52648 | Contact laser vaporization with or without | No | | | ALL |
| 52649 | Laser enucleation of the prostate with mor | No | | | ALL |
| 52700 | Transurethral drainage of prostatic absces | No | | | ALL |
| 53000 | Urethrotomy or urethrostomy, external (se | No | | | ALL |
| 53010 | Urethrotomy or urethrostomy, external (se | No | | | ALL |
| 53020 | Meatotomy, cutting of meatus (separate p | No | | | ALL |
| 53025 | Meatotomy, cutting of meatus (separate p | No | | | ALL |
| 53040 | Drainage of deep periurethral abscess | No | | | ALL |
| 53060 | Drainage of Skene's gland abscess or cys | No | | | ALL |
| 53080 | Drainage of perineal urinary extravasation | No | | | ALL |
| 53085 | Drainage of perineal urinary extravasation | No | | | ALL |
| 53200 | Biopsy of urethra | No | | | ALL |
| 53210 | Urethrectomy, total, including cystostomy; | No | | | ALL |
| 53215 | Urethrectomy, total, including cystostomy; | No | | | ALL |
| 53220 | Excision or fulguration of carcinoma of ure | No | | | ALL |
| 53230 | Excision of urethral diverticulum (separate | No | | | ALL |
| 53235 | Excision of urethral diverticulum (separate | No | | | ALL |
| 53240 | Marsupialization of urethral diverticulum, r | No | | | ALL |
| 53250 | Excision of bulbourethral gland (Cowper's | No | | | ALL |
| 53260 | Excision or fulguration; urethral polyp(s), c | No | | | ALL |
| 53265 | Excision or fulguration; urethral caruncle | No | | | ALL |
| 53270 | Excision or fulguration; Skene's glands | No | | | ALL |
| 53275 | Excision or fulguration; urethral prolapse | No | | | ALL |
| 53400 | Urethroplasty; first stage, for fistula, divert | No | | | ALL |
| 53405 | Urethroplasty; second stage (formation of | No | | | ALL |
| 53410 | Urethroplasty, one-stage reconstruction of | No | | | ALL |
| 53415 | Urethroplasty, transpubic or perineal, one | No | | | ALL |
| 53420 | Urethroplasty, two-stage reconstruction or | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 53425 | Urethroplasty, two-stage reconstruction or | No | | | ALL |
| 53430 | Urethroplasty, reconstruction of female ure | No | | | ALL |
| 53431 | Urethroplasty with tubularization of posteri | No | | | ALL |
| 53440 | Sling operation for correction of male urina | No | | | ALL |
| 53442 | Removal or revision of sling for male urina | No | | | ALL |
| 53444 | Insertion of tandem cuff (dual cuff) | No | | | ALL |
| 53445 | Insertion of inflatable urethral/bladder nec | No | | | ALL |
| 53446 | Removal of inflatable urethral/bladder nec | No | | | ALL |
| 53447 | Removal and replacement of inflatable ure | No | | | ALL |
| 53448 | Removal and replacement of inflatable ure | No | | | ALL |
| 53449 | Repair of inflatable urethral/bladder neck s | No | | | ALL |
| 53450 | Urethromeatoplasty, with mucosal advanc | No | | | ALL |
| 53451 | Periurethral transperineal adjustable ballo | Not Covered | | | ALL (Except MA) |
| 53451 | Periurethral transperineal adjustable ballo | No | | | MA |
| 53452 | Periurethral transperineal adjustable ballo | Not Covered | | | ALL (Except MA) |
| 53452 | Periurethral transperineal adjustable ballo | No | | | MA |
| 53453 | Periurethral transperineal adjustable ballo | Not Covered | | | ALL (Except MA) |
| 53453 | Periurethral transperineal adjustable ballo | No | | | MA |
| 53454 | Periurethral transperineal adjustable ballo | Not Covered | | | ALL (Except MA) |
| 53454 | Periurethral transperineal adjustable ballo | No | | | MA |
| 53460 | Urethromeatoplasty, with partial excision o | No | | | ALL |
| 53500 | URETHROLYSIS, TRANSVAGINAL, SEC | No | | | ALL |
| 53502 | Urethrorrhaphy, suture of urethral wound o | No | | | ALL |
| 53505 | Urethrorrhaphy, suture of urethral wound o | No | | | ALL |
| 53510 | Urethrorrhaphy, suture of urethral wound o | No | | | ALL |
| 53515 | Urethrorrhaphy, suture of urethral wound o | No | | | ALL |
| 53520 | Closure of urethrostomy or urethrocutaneo | No | | | ALL |
| 53600 | Dilation of urethral stricture by passage of | No | | | ALL |
| 53601 | Dilation of urethral stricture by passage of | No | | | ALL |
| 53605 | Dilation of urethral stricture or vesical nec | No | | | ALL |
| 53620 | Dilation of urethral stricture by passage of | No | | | ALL |
| 53621 | Dilation of urethral stricture by passage of | No | | | ALL |
| 53660 | Dilation of female urethra including suppo | No | | | ALL |
| 53661 | Dilation of female urethra including suppo | No | | | ALL |
| 53665 | Dilation of female urethra, general or conc | No | | | ALL |
| 53850 | Transurethral destruction of prostate tissu | No | | | ALL |
| 53852 | Transurethral destruction of prostate tissu | No | | | ALL |
| 53854 | Transurethral destruction of prostate tissu | No | | | ALL |
| 53855 | INSERTION OF A TEMPORARY PROSTA | No | | | ALL |
| 53860 | Transurethral radiofrequency micro-remoc | Not Covered | | | ALL |
| 53865 | Cystourethroscopy with insertion of tempo | No | | | ALL |
| 53866 | Catheterization with removal of temporary | No | | | ALL |
| 53899 | UNLISTED PROCEDURE, URINARY SYS | Yes | | | ALL (Except McWRAP) |
| 53899 | UNLISTED PROCEDURE, URINARY SYS | No | | | MCWRAP |
| 54000 | Slitting of prepuce, dorsal or lateral (separ | No | | | ALL |
| 54001 | Slitting of prepuce, dorsal or lateral (separ | No | | | ALL |
| 54015 | Incision and drainage of penis, deep | No | | | ALL |
| 54050 | Destruction of lesion(s), penis (eg, condylo | No | | | ALL |
| 54055 | Destruction of lesion(s), penis (eg, condylo | No | | | ALL |
| 54056 | Destruction of lesion(s), penis (eg, condylo | No | | | ALL |
| 54057 | Destruction of lesion(s), penis (eg, condylo | No | | | ALL |
| 54060 | Destruction of lesion(s), penis (eg, condylo | No | | | ALL |
| 54065 | Destruction of lesion(s), penis (eg, condylo | No | | | ALL |
| 54100 | Biopsy of penis; (separate procedure) | No | | | ALL |
| 54105 | Biopsy of penis; deep structures | No | | | ALL |
| 54110 | Excision of penile plaque (Peyronie diseas | No | | | ALL |
| 54111 | Excision of penile plaque (Peyronie diseas | No | | | ALL |
| 54112 | Excision of penile plaque (Peyronie diseas | No | | | ALL |
| 54115 | Removal foreign body from deep penile tis | No | | | ALL |
| 54120 | Amputation of penis; partial | No | | | ALL |
| 54125 | Amputation of penis; complete | No | | | ALL |
| 54130 | Amputation of penis, radical; with bilateral | No | | | ALL |
| 54135 | Amputation of penis, radical; in continuity | No | | | ALL |
| 54150 | Circumcision, using clamp or other device | No | | | ALL |
| 54160 | Circumcision, surgical excision other than | No | | | ALL |
| 54161 | Circumcision, surgical excision other than | No | | | ALL |
| 54162 | Lysis or excision of penile post-circumcisio | No | | | ALL |
| 54163 | Repair incomplete circumcision | No | | | ALL |
| 54164 | Frenulotomy of penis | No | | | ALL |
| 54200 | Injection procedure for Peyronie disease; | No | | | ALL |
| 54205 | Injection procedure for Peyronie disease; | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 54220 | Irrigation of corpora cavernosa for priapisr | No | | | ALL |
| 54230 | INJECTION PROCEDURE FOR CORPOR | No | | | ALL |
| 54231 | DYNAMIC CAVERNOSOMETRY, INCLUD | No | | | ALL |
| 54235 | Injection of corpora cavernosa with pharm | No | | | ALL |
| 54240 | Penile plethysmography | No | | | ALL |
| 54250 | Nocturnal penile tumescence and/or rigidi | No | | | ALL |
| 54300 | Plastic operation of penis for straightening | No | | | ALL |
| 54304 | Plastic operation on penis for correction o | No | | | ALL |
| 54308 | Urethroplasty for second stage hypospadia | No | | | ALL |
| 54312 | Urethroplasty for second stage hypospadia | No | | | ALL |
| 54316 | Urethroplasty for second stage hypospadia | No | | | ALL |
| 54318 | Urethroplasty for third stage hypospadias | No | | | ALL |
| 54322 | One stage distal hypospadias repair (with | No | | | ALL |
| 54324 | One stage distal hypospadias repair (with | No | | | ALL |
| 54326 | One stage distal hypospadias repair (with | No | | | ALL |
| 54328 | One stage distal hypospadias repair (with | No | | | ALL |
| 54332 | One stage proximal penile or penoscrotal | No | | | ALL |
| 54336 | One stage perineal hypospadias repair rec | No | | | ALL |
| 54340 | Repair of hypospadias complications (ie, f | No | | | ALL |
| 54344 | Repair of hypospadias complications (ie, f | No | | | ALL |
| 54348 | Repair of hypospadias complications (ie, f | No | | | ALL |
| 54352 | Repair of hypospadias cripple requiring ex | No | | | ALL |
| 54360 | Plastic operation on penis to correct angu | No | | | ALL |
| 54380 | Plastic operation on penis for epispadias c | No | | | ALL |
| 54385 | Plastic operation on penis for epispadias c | No | | | ALL |
| 54390 | Plastic operation on penis for epispadias c | No | | | ALL |
| 54400 | INSERTION OF PENILE PROSTHESIS; N | No | | | ALL |
| 54401 | INSERTION OF PENILE PROSTHESIS; IN | No | | | ALL |
| 54405 | INSERTION OF INFLATABLE (MULTI-CO | No | | | ALL |
| 54406 | REMOVAL OF PENILE PROSTHESIS | No | | | ALL |
| 54408 | REPAIR OF PENILE PROSTHESIS | No | | | ALL |
| 54410 | REMOVAL/REPLACEMENT OF PENILE P | No | | | ALL |
| 54411 | REMOVAL/REPLACEMENT OF PENILE P | No | | | ALL |
| 54415 | REMOVAL OF PENILE PROSTHESIS | No | | | ALL |
| 54416 | REMOVAL/REPLACEMENT OF PENILE P | No | | | ALL |
| 54417 | REMOVAL/REPLACEMENT OF PENILE P | No | | | ALL |
| 54420 | Corpora cavernosa-saphenous vein shunt | No | | | ALL |
| 54430 | Corpora cavernosa-corpus spongiosum sh | No | | | ALL |
| 54435 | Corpora cavernosa-glans penis fistulizatio | No | | | ALL |
| 54437 | Repair of traumatic corporeal tear(s) | No | | | ALL |
| 54440 | Plastic operation of penis for injury | No | | | ALL |
| 54450 | FORESKIN MANIPULATION INCLUDING | No | | | ALL |
| 54500 | Biopsy of testis, needle (separate procedu | No | * | | ALL |
| 54505 | Biopsy of testis, incisional (separate proce | No | * | | ALL |
| 54512 | Excision of extraparenchymal lesion of tes | No | | | ALL |
| 54520 | Orchiectomy, simple (including subcapsul | No | | | ALL |
| 54522 | Orchiectomy, partial | No | | | ALL |
| 54530 | Orchiectomy, radical, for tumor; inguinal a | No | | | ALL |
| 54535 | Orchiectomy, radical, for tumor; with abdo | No | | | ALL |
| 54550 | Exploration for undescended testis (inguin | No | | | ALL |
| 54560 | Exploration for undescended testis with ab | No | | | ALL |
| 54600 | Reduction of torsion of testis, surgical, wit | No | | | ALL |
| 54620 | Fixation of contralateral testis (separate pr | No | | | ALL |
| 54640 | Orchiopexy, inguinal approach, with or wit | No | * | | ALL |
| 54650 | Orchiopexy, abdominal approach, for intra | No | * | | ALL |
| 54660 | INSERTION OF TESTICULAR PROSTHE | No | | | ALL |
| 54670 | Suture or repair of testicular injury | No | | | ALL |
| 54680 | Transplantation of testis(es) to thigh (beca | No | | | ALL |
| 54690 | Laparoscopy, surgical; orchiectomy | No | | | ALL |
| 54692 | Laparoscopy, surgical; orchiopexy for intra | No | | | ALL |
| 54699 | UNLISTED LAPARPSCOPY PROCEDUR | Yes | | | ALL (Except McWRAP) |
| 54699 | UNLISTED LAPARPSCOPY PROCEDUR | No | | | MCWRAP |
| 54700 | Incision and drainage of epididymis, testis | No | | | ALL |
| 54800 | Biopsy of epididymis, needle | No | * | | ALL |
| 54830 | Excision of local lesion of epididymis | No | | | ALL |
| 54840 | Excision of spermatocele, with or without | No | * | | ALL |
| 54860 | Epididymectomy; unilateral | No | * | | ALL |
| 54861 | Epididymectomy; bilateral | No | * | | ALL |
| 54865 | EXPLORATION OF EPIDIDYMIS, WITH C | No | | | ALL |
| 54900 | Epididymovasostomy, anastomosis of epi | No | * | | ALL |
| 54901 | Epididymovasostomy, anastomosis of epi | No | * | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 55000 | Puncture aspiration of hydrocele, tunica v | No | | | ALL |
| 55040 | Excision of hydrocele; unilateral | No | | | ALL |
| 55041 | Excision of hydrocele; bilateral | No | | | ALL |
| 55060 | Repair of tunica vaginalis hydrocele (Bottl | No | | | ALL |
| 55100 | Drainage of scrotal wall abscess | No | | | ALL |
| 55110 | Scrotal exploration | No | * | | ALL |
| 55120 | Removal of foreign body in scrotum | No | | | ALL |
| 55150 | Resection of scrotum | No | | | ALL |
| 55175 | Scrotoplasty; simple | No | | | ALL |
| 55180 | Scrotoplasty; complicated | No | | | ALL |
| 55200 | Vasotomy, cannulization with or without in | No | | | ALL |
| 55250 | Vasectomy, unilateral or bilateral (separat | No | * | | ALL (Except MA) |
| 55250 | Vasectomy, unilateral or bilateral (separat | Yes | * | | MA |
| 55300 | Vasotomy for vasograms, seminal vesicul | No | * | | ALL |
| 55400 | VASOVASOSTOMY, VASOVASORRHAP | Yes | | | ALL (Except McWRAP) |
| 55400 | VASOVASOSTOMY, VASOVASORRHAP | No | | | MCWRAP |
| 55500 | Excision of hydrocele of spermatic cord, u | No | | | ALL |
| 55520 | Excision of lesion of spermatic cord (sepa | No | | | ALL |
| 55530 | Excision of varicocele or ligation of sperm | No | * | | ALL |
| 55535 | Excision of varicocele or ligation of sperm | No | * | | ALL |
| 55540 | Excision of varicocele or ligation of sperm | No | * | | ALL |
| 55550 | Laparoscopy, surgical, with ligation of spe | No | * | | ALL |
| 55559 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except McWRAP) |
| 55559 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 55600 | Vesiculotomy; | No | | | ALL |
| 55605 | Vesiculotomy; complicated | No | | | ALL |
| 55650 | Vesiculectomy, any approach | No | | | ALL |
| 55680 | Excision of Mullerian duct cyst | No | | | ALL |
| 55705 | Biopsy, prostate; incisional, any approach | No | | | ALL |
| 55706 | Biopsies, prostate, needle, transperineal, | No | | | ALL |
| 55707 | Biopsy, prostate, transrectal, ultrasound-g | No | | | ALL |
| 55708 | Biopsy, prostate, transrectal, ultrasound-g | No | | | ALL |
| 55709 | Biopsy, prostate, transperineal, ultrasounc | No | | | ALL |
| 55710 | Biopsy, prostate, transperineal, ultrasounc | No | | | ALL |
| 55711 | Biopsy, prostate, transrectal, MRI-ultrasou | No | | | ALL |
| 55712 | Biopsy, prostate, transperineal, MRI-ultras | No | | | ALL |
| 55713 | Biopsy, prostate, in-bore CT- or MRI-guide | No | | | ALL |
| 55714 | Biopsy, prostate, in-bore CT- or MRI-guide | No | | | ALL |
| 55715 | Biopsy, prostate, each additional, MRI-ultr | No | | | ALL |
| 55720 | Prostatotomy, external drainage of prostat | No | | | ALL |
| 55725 | Prostatotomy, external drainage of prostat | No | | | ALL |
| 55801 | Prostatectomy, perineal, subtotal (includin | No | | | ALL |
| 55810 | Prostatectomy, perineal radical; | No | | | ALL |
| 55812 | Prostatectomy, perineal radical; with lymp | No | | | ALL |
| 55815 | Prostatectomy, perineal radical; with bilate | No | | | ALL |
| 55821 | Prostatectomy (including control of postop | No | | | ALL |
| 55831 | Prostatectomy (including control of postop | No | | | ALL |
| 55840 | Prostatectomy, retropubic radical, with or | No | | | ALL |
| 55842 | PROSTATECTOMY, RETROPUBIC RADI | No | | | ALL |
| 55845 | Prostatectomy, retropubic radical, with or | No | | | ALL |
| 55860 | Exposure of prostate, any approach, for in | No | | | ALL |
| 55862 | Exposure of prostate, any approach, for in | No | | | ALL |
| 55865 | Exposure of prostate, any approach, for in | No | | | ALL |
| 55866 | Laparoscopy, surgical prostatectomy, retro | No | | | ALL |
| 55867 | Laparoscopy, surgical prostatectomy, sim | No | | | ALL |
| 55868 | Laparoscopy, surgical prostatectomy, retro | No | | | ALL |
| 55869 | Laparoscopy, surgical prostatectomy, retro | No | | | ALL |
| 55870 | ELECTROEJACULATION | No | | | ALL |
| 55873 | CRYOSURGICAL ABLATION OF THE PR | No | | | ALL |
| 55874 | Transperineal placement of biodegradable | No | | | ALL |
| 55875 | TRANSPERINEAL PLACEMENT OF NEE | No | | | ALL |
| 55876 | Placement of interstitial device(s) for radia | No | | | ALL |
| 55880 | Ablation of malignant prostate tissue, tran | No | | | ALL |
| 55881 | Ablation of prostate tissue, transurethral, u | Not Covered | | | ALL |
| 55882 | Ablation of prostate tissue, transurethral, u | Not Covered | | | ALL |
| 55899 | UNLISTED PROCEDURE, MALE GENITA | Yes | | | ALL |
| 55920 | PLACEMENT OF NEEDLES OR CATHET | No | | | ALL |
| 55970 | INTERSEX SURGERY; MALE TO FEMAL | Yes | | | ALL (Except McWRAP) |
| 55970 | INTERSEX SURGERY; MALE TO FEMAL | No | | | MCWRAP |
| 55980 | INTERSEX SURGERY; FEMALE TO MAL | Yes | | | ALL (Except McWRAP) |
| 55980 | INTERSEX SURGERY; FEMALE TO MAL | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 56405 | Incision and drainage of vulva or perineal | No | | | ALL |
| 56420 | Incision and drainage of Bartholin's gland | No | | | ALL |
| 56440 | Marsupialization of Bartholin's gland cyst | No | | | ALL |
| 56441 | Lysis of labial adhesions | No | | | ALL |
| 56442 | HYMENOTOMY, SIMPLE INCISION | No | | | ALL |
| 56501 | Destruction of lesion(s), vulva; simple (eg, | No | | | ALL |
| 56515 | Destruction of lesion(s), vulva; extensive ( | No | | | ALL |
| 56605 | Biopsy of vulva or perineum (separate pro | No | | | ALL |
| 56606 | Biopsy of vulva or perineum (separate pro | No | | | ALL |
| 56620 | Vulvectomy simple; partial | No | | | ALL |
| 56625 | Vulvectomy simple; complete | No | | | ALL |
| 56630 | Vulvectomy, radical, partial; | No | | | ALL |
| 56631 | Vulvectomy, radical, partial; with unilatera | No | | | ALL |
| 56632 | Vulvectomy, radical, partial; with bilateral i | No | | | ALL |
| 56633 | Vulvectomy, radical, complete; | No | | | ALL |
| 56634 | Vulvectomy, radical, complete; with unilate | No | | | ALL |
| 56637 | Vulvectomy, radical, complete; with bilater | No | | | ALL |
| 56640 | Vulvectomy, radical, complete, with inguin | No | | | ALL |
| 56700 | Partial hymenectomy or revision of hymen | No | | | ALL |
| 56740 | Excision of Bartholin's gland or cyst | No | | | ALL |
| 56800 | Plastic repair of introitus | No | | | ALL |
| 56805 | Clitoroplasty for intersex state | No | | | ALL |
| 56810 | Perineoplasty, repair of perineum, nonobs | No | | | ALL |
| 56820 | Colposcopy of the vulva; | No | | | ALL |
| 56821 | Colposcopy of the vulva; with biopsy(s) | No | | | ALL |
| 57000 | Colpotomy; with exploration | No | | | ALL |
| 57010 | Colpotomy; with drainage of pelvic absces | No | | | ALL |
| 57020 | Colpocentesis (separate procedure) | No | | | ALL |
| 57022 | Incision and drainage of vaginal hematom | No | | | ALL |
| 57023 | Incision and drainage of vaginal hematom | No | | | ALL |
| 57061 | Destruction of vaginal lesion(s); simple (e | No | | | ALL |
| 57065 | Destruction of vaginal lesion(s); extensive | No | | | ALL |
| 57100 | Biopsy of vaginal mucosa; simple (separa | No | | | ALL |
| 57105 | Biopsy of vaginal mucosa; extensive, requ | No | | | ALL |
| 57106 | Vaginectomy, partial removal of vaginal w | No | | | ALL |
| 57107 | Vaginectomy, partial removal of vaginal w | No | | | ALL |
| 57109 | Vaginectomy, partial removal of vaginal w | No | | | ALL |
| 57107 | Vaginectomy, partial removal of vaginal w | No | | | ALL |
| 57109 | Vaginectomy, partial removal of vaginal w | No | | | ALL |
| 57110 | Vaginectomy, complete removal of vagina | No | | | ALL |
| 57111 | Vaginectomy, complete removal of vagina | No | | | ALL |
| 57112 | Vaginectomy, complete removal of vagina | No | | | ALL |
| 57120 | COLPOCLEISIS (LE FORT TYPE) | No | | | ALL |
| 57130 | Excision of vaginal septum | No | | | ALL |
| 57135 | Excision of vaginal cyst or tumor | No | | | ALL |
| 57150 | Irrigation of vagina and/or application of m | No | | | ALL |
| 57155 | Insertion of uterine tandem and/or vaginal | No | | | ALL |
| 57156 | Insertion of a vaginal radiation afterloading | No | | | ALL |
| 57160 | Fitting and insertion of pessary or other int | No | | | ALL |
| 57170 | Diaphragm or cervical cap fitting with instr | No | | | ALL |
| 57180 | Introduction of any hemostatic agent or pa | No | | | ALL |
| 57200 | Colporrhaphy, suture of injury of vagina (n | No | | | ALL |
| 57210 | Colpoperineorrhaphy, suture of injury of va | No | | | ALL |
| 57220 | Plastic operation on urethral sphincter, vag | No | | | ALL |
| 57230 | Plastic repair of urethrocele | No | | | ALL |
| 57240 | Anterior colporrhaphy, repair of cystocele | No | | | ALL |
| 57250 | Posterior colporrhaphy, repair of rectocele | No | | | ALL |
| 57260 | Combined anteroposterior colporrhaphy; | No | | | ALL |
| 57265 | Combined anteroposterior colporrhaphy; w | No | | | ALL |
| 57267 | Insertion of mesh or other prosthesis for re | No | | | ALL |
| 57268 | Repair of enterocele, vaginal approach (se | No | | | ALL |
| 57270 | Repair of enterocele, abdominal approach | No | | | ALL |
| 57280 | Colpopexy, abdominal approach | No | | | ALL |
| 57282 | Colpopexy, vaginal; extra-peritoneal appro | No | | | ALL |
| 57283 | Colpopexy, vaginal; intra-peritoneal appro | No | | | ALL |
| 57284 | Paravaginal defect repair (including repair | No | | | ALL |
| 57285 | PARAVAGINAL DEFECT REPAIR (INCLU | No | | | ALL |
| 57287 | Removal or revision of sling for stress inco | No | | | ALL |
| 57288 | Sling operation for stress incontinence (eg | No | | | ALL |
| 57289 | Pereyra procedure, including anterior colp | No | | | ALL |
| 57291 | Construction of artificial vagina; without gr | No | | | ALL |
| 57292 | Construction of artificial vagina; with graft | No | | | ALL |
| 57295 | Change vaginal graft | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 57296 | REVISION (INCLUDING REMOVAL) OF F | No | | | ALL |
| 57300 | Closure of rectovaginal fistula; vaginal or t | No | | | ALL |
| 57305 | Closure of rectovaginal fistula; abdominal | No | | | ALL |
| 57307 | Closure of rectovaginal fistula; abdominal | No | | | ALL |
| 57308 | body reconstruction, with or without levato | No | | | ALL |
| 57310 | Closure of urethrovaginal fistula; | No | | | ALL |
| 57311 | Closure of urethrovaginal fistula; with bulb | No | | | ALL |
| 57320 | Closure of vesicovaginal fistula; vaginal ap | No | | | ALL |
| 57330 | Closure of vesicovaginal fistula; transvesi | No | | | ALL |
| 57335 | Vaginoplasty for intersex state | No | | | ALL |
| 57400 | Dilation of vagina under anesthesia | No | | | ALL |
| 57410 | Pelvic examination under anesthesia | No | | | ALL |
| 57415 | Removal of impacted vaginal foreign body | No | | | ALL |
| 57420 | Colposcopy of the entire vagina, with cerv | No | | | ALL |
| 57421 | Colposcopy of the entire vagina, with cerv | No | | | ALL |
| 57423 | PARAVAGINAL DEFECT REPAIR (INCLU | No | | | ALL |
| 57425 | LAPAROSCOPY, SURGICAL, COLPOPE | No | | | ALL |
| 57426 | REVISION (INCLUDING REMOVAL) OF F | No | | | ALL |
| 57452 | Colposcopy of the cervix including upper/a | No | | | ALL |
| 57454 | Colposcopy of the cervix including upper/a | No | | | ALL |
| 57455 | Colposcopy of the cervix including upper/a | No | | | ALL |
| 57456 | Colposcopy of the cervix including upper/a | No | | | ALL |
| 57460 | Colposcopy of the cervix including upper/a | No | | | ALL |
| 57461 | Colposcopy of the cervix including upper/a | No | | | ALL |
| 57465 | Computer-aided mapping of cervix uteri d | Not Covered | | | ALL |
| 57500 | Biopsy, single or multiple, or local excisior | No | | | ALL |
| 57505 | Endocervical curettage (not done as part c | No | | | ALL |
| 57510 | Cautery of cervix; electro or thermal | No | | | ALL |
| 57511 | Cautery of cervix; cryocautery, initial or rep | No | | | ALL |
| 57513 | Cautery of cervix; laser ablation | No | | | ALL |
| 57520 | Conization of cervix, with or without fulgur | No | | | ALL |
| 57522 | Conization of cervix, with or without fulgur | No | | | ALL |
| 57530 | Trachelectomy (cervicectomy), amputation | No | | | ALL |
| 57531 | Radical trachelectomy, with bilateral total | No | | | ALL |
| 57540 | Excision of cervical stump, abdominal app | No | | | ALL |
| 57545 | Excision of cervical stump, abdominal app | No | | | ALL |
| 57550 | Excision of cervical stump, vaginal approa | No | | | ALL |
| 57555 | Excision of cervical stump, vaginal approa | No | | | ALL |
| 57556 | Excision of cervical stump, vaginal approa | No | | | ALL |
| 57558 | DILATION AND CURETTAGE OF CERVIC | No | | | ALL |
| 57700 | Cerclage of uterine cervix, nonobstetrical | No | | | ALL |
| 57720 | Trachelorrhaphy, plastic repair of uterine c | No | | | ALL |
| 57800 | Dilation of cervical canal, instrumental (se | No | | | ALL |
| 58100 | Endometrial sampling (biopsy) with or with | No | * | | ALL |
| 58110 | Bx done w/colposcopy add-on | No | | | ALL |
| 58120 | Dilation and curettage, diagnostic and/or t | No | | | ALL |
| 58140 | Myomectomy, excision of fibroid tumor(s) | No | | | ALL |
| 58145 | Myomectomy, excision of fibroid tumor(s) | No | * | | ALL |
| 58146 | Myomectomy, excision of fibroid tumor(s) | No | | | ALL |
| 58150 | Total abdominal hysterectomy (corpus and | No | | | ALL |
| 58152 | Total abdominal hysterectomy (corpus and | No | | | ALL |
| 58180 | Supracervical abdominal hysterectomy (su | No | | | ALL |
| 58200 | Total abdominal hysterectomy, including p | No | | | ALL |
| 58210 | Radical abdominal hysterectomy, with bila | No | | | ALL |
| 58240 | Pelvic exenteration for gynecologic malign | No | | | ALL |
| 58260 | Vaginal hysterectomy, for uterus 250 gram | No | | | ALL |
| 58262 | Vaginal hysterectomy, for uterus 250 gram | No | | | ALL |
| 58263 | Vaginal hysterectomy, for uterus 250 gram | No | | | ALL |
| 58267 | Vaginal hysterectomy, for uterus 250 gram | No | | | ALL |
| 58270 | Vaginal hysterectomy, for uterus 250 gram | No | | | ALL |
| 58275 | Vaginal hysterectomy, with total or partial | No | | | ALL |
| 58280 | Vaginal hysterectomy, with total or partial | No | | | ALL |
| 58285 | Vaginal hysterectomy, radical (Schauta typ | No | | | ALL |
| 58290 | Vaginal hysterectomy, for uterus greater th | No | | | ALL |
| 58291 | Vaginal hysterectomy, for uterus greater th | No | | | ALL |
| 58292 | Vaginal hysterectomy, for uterus greater th | No | | | ALL |
| 58293 | Vaginal hysterectomy, for uterus greater th | No | | | ALL |
| 58294 | Vaginal hysterectomy, for uterus greater th | No | | | ALL |
| 58300 | Insertion of intrauterine device (IUD) | No | | | ALL |
| 58301 | Removal of intrauterine device (IUD) | No | | | ALL |
| 58321 | ARTIFICIAL INSEMINATION; INTRA-CER | No | | A/I | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 58322 | ARTIFICIAL INSEMINATION; INTRA-UTE | No | | A/I | ALL |
| 58323 | SPERM WASHING FOR ARTIFICIAL INS | No | | A/I | ALL |
| 58340 | Catheterization and introduction of saline ( | No | * | | ALL |
| 58345 | Transcervical introduction of fallopian tube | No | * | | ALL |
| 58346 | Insertion of Heyman capsules for clinical b | No | | | ALL |
| 58350 | Chromotubation of oviduct, including mate | No | * | | ALL |
| 58353 | ENDOMETRIAL ABLATION, THERMAL, V | No | | | ALL |
| 58356 | ENDOMETRIAL CRYOABLATION WITH U | No | | | ALL |
| 58400 | Uterine suspension, with or without shorte | No | | | ALL |
| 58410 | Uterine suspension, with or without shorte | No | | | ALL |
| 58520 | Hysterorrhaphy, repair of ruptured uterus ( | No | | | ALL |
| 58540 | Hysteroplasty, repair of uterine anomaly (S | No | * | | ALL |
| 58541 | LAPAROSCOPY, SURGICAL; SUPRACE | No | | | ALL |
| 58542 | LAPAROSCOPY, SURGICAL; SUPRACE | No | | | ALL |
| 58543 | LAPAROSCOPY, SURGICAL; SUPRACE | No | | | ALL |
| 58544 | LAPAROSCOPY, SURGICAL; SUPRACE | No | | | ALL |
| 58545 | Laparoscopy, surgical, myomectomy, exci | No | | | ALL |
| 58546 | Laparoscopy, surgical, myomectomy, exci | No | | | ALL |
| 58548 | LAPAROSCOPY, SURGICAL; W/RADICA | No | | | ALL |
| 58550 | Laparoscopy surgical, with vaginal hystere | No | | | ALL |
| 58552 | Laparoscopy surgical, with vaginal hystere | No | | | ALL |
| 58553 | Laparoscopy, surgical, with vaginal hyster | No | | | ALL |
| 58554 | Laparoscopy, surgical, with vaginal hyster | No | | | ALL |
| 58555 | Hysteroscopy, diagnostic (separate proce | No | | | ALL |
| 58558 | Hysteroscopy, surgical; with sampling (bio | No | | | ALL |
| 58559 | Hysteroscopy, surgical; with lysis of intrau | No | | | ALL |
| 58560 | Hysteroscopy, surgical; with division or res | No | | | ALL |
| 58561 | Hysteroscopy, surgical; with removal of lei | No | | | ALL |
| 58562 | Hysteroscopy, surgical; with removal of im | No | | | ALL |
| 58563 | HYSTEROSCOPY, SURGICAL; WITH EN | No | | | ALL |
| 58565 | HYSTEROSCOPY, SURGICAL; WITH BIL | No | | | ALL |
| 58570 | LAPROSCOPY, SURGICAL, WITH TOTA | No | | | ALL |
| 58571 | LAPROSCOPY, SURGICAL, WITH TOTA | No | | | ALL |
| 58572 | LAPROSCOPY, SURGICAL, WITH TOTA | No | | | ALL |
| 58573 | LAPROSCOPY, SURGICAL, WITH TOTA | No | | | ALL |
| 58575 | Laparoscopy, surgical, total hysterectomy | No | | | ALL |
| 58578 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except McWRAP) |
| 58578 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDU | Yes | | | ALL (Except McWRAP) |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDU | No | | | MCWRAP |
| 58580 | Transcervical ablation of uterine fibroid(s), | No | | | ALL |
| 58600 | Ligation or transection of fallopian tube(s), | No | * | | ALL (Except MA) |
| 58600 | Ligation or transection of fallopian tube(s), | Yes | * | | MA |
| 58605 | Ligation or transection of fallopian tube(s), | No | * | | ALL (Except MA) |
| 58605 | Ligation or transection of fallopian tube(s), | Yes | * | | MA |
| 58611 | Ligation or transection of fallopian tube(s) | No | * | | ALL (Except MA) |
| 58611 | Ligation or transection of fallopian tube(s) | Yes | * | | MA |
| 58615 | Occlusion of fallopian tube(s) by device (e | No | * | | ALL (Except MA) |
| 58615 | Occlusion of fallopian tube(s) by device (e | Yes | * | | MA |
| 58660 | Laparoscopy, surgical; with lysis of adhesi | No | * | | ALL |
| 58661 | Laparoscopy, surgical; with removal of ad | No | | | ALL |
| 58662 | Laparoscopy, surgical; with fulguration or | No | * | | ALL |
| 58670 | Laparoscopy, surgical; with fulguration of | No | * | | ALL |
| 58671 | Laparoscopy, surgical; with occlusion of o | No | * | | ALL (Except MA) |
| 58671 | Laparoscopy, surgical; with occlusion of o | Yes | * | | MA |
| 58672 | Laparoscopy, surgical; with fimbrioplasty | No | * | | ALL |
| 58673 | Laparoscopy, surgical; with salpingostomy | No | * | | ALL |
| 58674 | Laparoscopy, surgical, ablation of uterine | No | | | ALL |
| 58679 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except McWRAP) |
| 58679 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 58700 | Salpingectomy, complete or partial, unilate | No | | | ALL |
| 58720 | Salpingo-oophorectomy, complete or parti | No | | | ALL |
| 58740 | Lysis of adhesions (salpingolysis, ovarioly | No | * | | ALL |
| 58750 | TUBOTUBAL ANASTOMOSIS | Yes | * | | ALL (Except McWRAP) |
| 58750 | TUBOTUBAL ANASTOMOSIS | No | * | | MCWRAP |
| 58752 | TUBOUTERINE IMPLANTATION | Yes | | | ALL (Except McWRAP) |
| 58752 | TUBOUTERINE IMPLANTATION | No | | | MCWRAP |
| 58760 | Fimbrioplasty | No | * | | ALL |
| 58770 | Salpingostomy (salpingoneostomy) | No | * | | ALL |
| 58800 | Drainage of ovarian cyst(s), unilateral or b | No | | | ALL |
| 58805 | Drainage of ovarian cyst(s), unilateral or b | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 58820 | Drainage of ovarian abscess; vaginal appr | No | | | ALL |
| 58822 | Drainage of ovarian abscess; abdominal a | No | | | ALL |
| 58825 | Transposition, ovary(s) | No | | | ALL |
| 58900 | Biopsy of ovary, unilateral or bilateral (sep | No | * | | ALL |
| 58920 | Wedge resection or bisection of ovary, un | No | | | ALL |
| 58925 | Ovarian cystectomy, unilateral or bilateral | No | | | ALL |
| 58940 | Oophorectomy, partial or total, unilateral o | No | | | ALL |
| 58943 | Oophorectomy, partial or total, unilateral o | No | | | ALL |
| 58950 | Resection of ovarian, tubal or primary peri | No | | | ALL |
| 58951 | Resection of ovarian, tubal or primary peri | No | | | ALL |
| 58952 | Resection of ovarian, tubal or primary peri | No | | | ALL |
| 58953 | Bilateral salpingo-oophorectomy with ome | No | | | ALL |
| 58954 | Bilateral salpingo-oophorectomy with ome | No | | | ALL |
| 58956 | Bilateral salpingo-oophorectomy with total | No | | | ALL |
| 58958 | RESECT (TUMOR DEBULKING) RECURI | No | | | ALL |
| 58960 | Laparotomy, for staging or restaging of ov | No | | | ALL |
| 58970 | FOLLICLE PUNCTURE FOR OOCYTE RE | Yes | * | MED NEC FERT PRE SERV | **ALL (ART with IVF or Med Nec Fertility Preservation, see BAMs)** |
| 58974 | EMBRYO TRANSFER, INTRAUTERINE | Yes | * | A | ALL |
| 58976 | GAMETE, ZYGOTE, OR EMBRYO INTRA | Yes | * | A | ALL |
| 58999 | UNLISTED PROCEDURE, FEMALE GEN | Yes | | | ALL (Except McWRAP) |
| 58999 | UNLISTED PROCEDURE, FEMALE GEN | No | | | MCWRAP |
| 59000 | Amniocentesis; diagnostic | No | | | ALL |
| 59001 | Amniocentesis; therapeutic amniotic fluid | No | | | ALL |
| 59012 | Cordocentesis (intrauterine), any method | No | | | ALL |
| 59015 | Chorionic villus sampling, any method | No | | | ALL |
| 59020 | Fetal contraction stress test | No | | | ALL |
| 59025 | Fetal non-stress test | No | | | ALL |
| 59030 | Fetal scalp blood sampling | No | | | ALL |
| 59050 | Fetal monitoring during labor by consulting | No | | | ALL |
| 59051 | Fetal monitoring during labor by consulting | No | | | ALL |
| 59070 | TRANSABDOMINAL AMNIOINFUSION, IN | No | | | ALL |
| 59072 | FETAL UMBILICAL CORD OCCLUSION, | No | | | ALL |
| 59074 | FETAL FLUID DRAINAGE (EG, VESICOC | No | | | ALL |
| 59076 | FETAL SHUNT PLACEMENT, INCLUDIN | No | | | ALL |
| 59100 | Hysterotomy, abdominal (eg, for hydatidifo | No | | | ALL |
| 59120 | Surgical treatment of ectopic pregnancy; t | No | | | ALL |
| 59121 | Surgical treatment of ectopic pregnancy; t | No | | | ALL |
| 59130 | Surgical treatment of ectopic pregnancy; a | No | | | ALL |
| 59136 | Surgical treatment of ectopic pregnancy; i | No | | | ALL |
| 59140 | Surgical treatment of ectopic pregnancy; c | No | | | ALL |
| 59150 | Laparoscopic treatment of ectopic pregna | No | | | ALL |
| 59151 | Laparoscopic treatment of ectopic pregna | No | | | ALL |
| 59160 | Curettage, postpartum | No | | | ALL |
| 59200 | Insertion of cervical dilator (eg, laminaria, | No | | | ALL |
| 59300 | Episiotomy or vaginal repair, by other than | No | | | ALL |
| 59320 | Cerclage of cervix, during pregnancy; vag | No | | | ALL |
| 59325 | Cerclage of cervix, during pregnancy; abd | No | | | ALL |
| 59350 | Hysterorrhaphy of ruptured uterus | No | | | ALL |
| 59400 | Routine obstetric care including antepartu | No | | | ALL |
| 59409 | Vaginal delivery only (with or without episi | No | | | ALL |
| 59410 | Vaginal delivery only (with or without episi | No | | | ALL |
| 59412 | External cephalic version, with or without t | No | | | ALL |
| 59414 | Delivery of placenta (separate procedure) | No | | | ALL |
| 59425 | Antepartum care only; 4-6 visits | No | | | ALL |
| 59426 | Antepartum care only; 7 or more visits | No | | | ALL |
| 59430 | Postpartum care only (separate procedure | No | | | ALL |
| 59510 | Routine obstetric care including antepartu | No | | | ALL |
| 59514 | Cesarean delivery only; | No | | | ALL |
| 59515 | Cesarean delivery only; including postpart | No | | | ALL |
| 59525 | Subtotal or total hysterectomy after cesare | No | | | ALL |
| 59610 | Routine obstetric care including antepartu | No | | | ALL |
| 59612 | Vaginal delivery only, after previous cesar | No | | | ALL |
| 59614 | Vaginal delivery only, after previous cesar | No | | | ALL |
| 59618 | Routine obstetric care including antepartu | No | | | ALL |
| 59620 | Cesarean delivery only, following attempte | No | | | ALL |
| 59622 | Cesarean delivery only, following attempte | No | | | ALL |
| 59812 | Treatment of incomplete abortion, any trim | No | | | ALL |
| 59820 | Treatment of missed abortion, completed | No | | | ALL |
| 59821 | Treatment of missed abortion, completed | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 59830 | Treatment of septic abortion, completed s | No | | | ALL |
| 59840 | INDUCED ABORTION, BY DILATION AND | Yes | * | P | ALL (Except McWRAP) |
| 59840 | INDUCED ABORTION, BY DILATION AND | No | * | P | MCWRAP |
| 59841 | INDUCED ABORTION, BY DILATION AND | No | * | P | ALL (Except McWRAP) |
| 59841 | INDUCED ABORTION, BY DILATION AND | Yes | * | P | MCWRAP |
| 59850 | INDUCED ABORTION, BY ONE OR MOR | Yes | * | P | ALL (Except McWRAP) |
| 59850 | INDUCED ABORTION, BY ONE OR MOR | No | * | P | MCWRAP |
| 59851 | INDUCED ABORTION, BY ONE OR MOR | Yes | * | P | ALL (Except McWRAP) |
| 59851 | INDUCED ABORTION, BY ONE OR MOR | No | * | P | MCWRAP |
| 59852 | INDUCED ABORTION, BY ONE OR MOR | Yes | * | P | ALL (Except McWRAP) |
| 59852 | INDUCED ABORTION, BY ONE OR MOR | No | * | P | MCWRAP |
| 59855 | INDUCED ABORTION, BY ONE OR MOR | Yes | * | P | ALL (Except McWRAP) |
| 59855 | INDUCED ABORTION, BY ONE OR MOR | No | * | P | MCWRAP |
| 59856 | INDUCED ABORTION, BY ONE OR MOR | Yes | * | P | ALL (Except McWRAP) |
| 59856 | INDUCED ABORTION, BY ONE OR MOR | No | * | P | MCWRAP |
| 59857 | INDUCED ABORTION, BY ONE OR MOR | Yes | * | P | ALL (Except McWRAP) |
| 59857 | INDUCED ABORTION, BY ONE OR MOR | No | * | P | MCWRAP |
| 59866 | MULTIFETAL PREGNANCY REDUCTION | Yes | | | ALL (Except McWRAP) |
| 59866 | MULTIFETAL PREGNANCY REDUCTION | No | | | MCWRAP |
| 59870 | Uterine evacuation and curettage for hyda | No | | | ALL |
| 59871 | Removal of cerclage suture under anesthe | No | | | ALL |
| 59897 | UNLISTED FETAL INVASIVE PROCEDUR | Yes | | | ALL (Except McWRAP) |
| 59897 | UNLISTED FETAL INVASIVE PROCEDUR | No | | | MCWRAP |
| 59898 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except McWRAP) |
| 59898 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 59899 | UNLISTED PROCEDURE, MATERNITY C | Yes | | | ALL (Except McWRAP) |
| 59899 | UNLISTED PROCEDURE, MATERNITY C | No | | | MCWRAP |
| 60000 | Incision and drainage of thyroglossal duct | No | | | ALL |
| 60100 | Biopsy thyroid, percutaneous core needle | No | | | ALL |
| 60200 | Excision of cyst or adenoma of thyroid, or | No | | | ALL |
| 60210 | Partial thyroid lobectomy, unilateral; with c | No | | | ALL |
| 60212 | Partial thyroid lobectomy, unilateral; with c | No | | | ALL |
| 60220 | Total thyroid lobectomy, unilateral; with or | No | | | ALL |
| 60225 | Total thyroid lobectomy, unilateral; with co | No | | | ALL |
| 60240 | Thyroidectomy, total or complete | No | | | ALL |
| 60252 | Thyroidectomy, total or subtotal for malign | No | | | ALL |
| 60254 | Thyroidectomy, total or subtotal for malign | No | | | ALL |
| 60260 | Thyroidectomy, removal of all remaining th | No | | | ALL |
| 60270 | Thyroidectomy, including substernal thyro | No | | | ALL |
| 60271 | Thyroidectomy, including substernal thyro | No | | | ALL |
| 60280 | Excision of thyroglossal duct cyst or sinus | No | | | ALL |
| 60281 | Excision of thyroglossal duct cyst or sinus | No | | | ALL |
| 60300 | APIRATION AND/OR INJECTION, THYRO | No | | | ALL |
| 60500 | Parathyroidectomy or exploration of parath | No | | | ALL |
| 60502 | Parathyroidectomy or exploration of parath | No | | | ALL |
| 60505 | Parathyroidectomy or exploration of parath | No | | | ALL |
| 60512 | Parathyroid autotransplantation (List sepa | No | | | ALL |
| 60520 | Thymectomy, partial or total; transcervical | No | | | ALL |
| 60521 | Thymectomy, partial or total; sternal split o | No | | | ALL |
| 60522 | Thymectomy, partial or total; sternal split o | No | | | ALL |
| 60540 | Adrenalectomy, partial or complete, or exp | No | | | ALL |
| 60545 | Adrenalectomy, partial or complete, or exp | No | | | ALL |
| 60600 | Excision of carotid body tumor; without ex | No | | | ALL |
| 60605 | Excision of carotid body tumor; with excisi | No | | | ALL |
| 60650 | Laparoscopy, surgical, with adrenalectom | No | | | ALL |
| 60659 | UNLISTED LAPAROSCOPY PROCEDUR | Yes | | | ALL (Except MCWRAP) |
| 60659 | UNLISTED LAPAROSCOPY PROCEDUR | No | | | MCWRAP |
| 60660 | Ablation of 1 or more thyroid nodule(s), or | No | | | ALL |
| 60661 | Ablation of 1 or more thyroid nodule(s), ac | No | | | ALL |
| 60699 | UNLISTED PROCEDURE, ENDOCRINE S | Yes | | | ALL (Except McWRAP) |
| 60699 | UNLISTED PROCEDURE, ENDOCRINE S | No | | | MCWRAP |
| 61000 | Subdural tap through fontanelle, or suture | No | | | ALL |
| 61001 | Subdural tap through fontanelle, or suture | No | | | ALL |
| 61020 | Ventricular puncture through previous burr | No | | | ALL |
| 61026 | Ventricular puncture through previous burr | No | | | ALL |
| 61050 | Cisternal or lateral cervical (C1-C2) punctu | No | | | ALL |
| 61055 | Cisternal or lateral cervical (C1-C2) punctu | No | | | ALL |
| 61070 | Puncture of shunt tubing or reservoir for a | No | | | ALL |
| 61105 | Twist drill hole for subdural or ventricular p | No | | | ALL |
| 61107 | Twist drill hole for subdural or ventricular p | No | | | ALL |
| 61108 | Twist drill hole for subdural or ventricular p | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61120 | Burr hole(s) for ventricular puncture (inclu | No | | | ALL |
| 61140 | Burr hole(s) or trephine; with biopsy of bra | No | | | ALL |
| 61150 | Burr hole(s) or trephine; with drainage of b | No | | | ALL |
| 61151 | Burr hole(s) or trephine; with subsequent t | No | | | ALL |
| 61154 | Burr hole(s) with evacuation and/or draina | No | | | ALL |
| 61156 | Burr hole(s); with aspiration of hematoma | No | | | ALL |
| 61210 | Burr hole(s); for implanting ventricular cath | No | | | ALL |
| 61215 | Insertion of subcutaneous reservoir, pump | No | | | ALL |
| 61250 | Burr hole(s) or trephine, supratentorial, ex | No | | | ALL |
| 61253 | Burr hole(s) or trephine, infratentorial, unil | No | | | ALL |
| 61304 | CRANIECTOMY OR CRANIOTOMY, EXP | No | | | ALL |
| 61305 | CRANIECTOMY OR CRANIOTOMY, EXP | No | | | ALL |
| 61312 | Craniectomy or craniotomy for evacuation | No | | | ALL |
| 61313 | Craniectomy or craniotomy for evacuation | No | | | ALL |
| 61314 | Craniectomy or craniotomy for evacuation | No | | | ALL |
| 61315 | Craniectomy or craniotomy for evacuation | No | | | ALL |
| 61316 | Incision and subcutaneous placement of c | No | | | ALL |
| 61320 | Craniectomy or craniotomy, drainage of in | No | | | ALL |
| 61321 | Craniectomy or craniotomy, drainage of in | No | | | ALL |
| 61322 | Craniectomy or craniotomy, decompressiv | No | | | ALL |
| 61323 | Craniectomy or craniotomy, decompressiv | No | | | ALL |
| 61330 | Decompression of orbit only, transcranial a | No | | | ALL |
| 61333 | Exploration of orbit (transcranial approach | No | | | ALL |
| 61340 | Subtemporal cranial decompression (pseu | No | | | ALL |
| 61343 | Craniectomy, suboccipital with cervical lar | No | | | ALL |
| 61345 | OTHER CRANIAL DECOMPRESSION, PC | No | | | ALL |
| 61450 | Craniectomy, subtemporal, for section, co | No | | | ALL |
| 61458 | Craniectomy, suboccipital; for exploration | No | | | ALL |
| 61460 | Craniectomy, suboccipital; for section of o | No | | | ALL |
| 61500 | Craniectomy; with excision of tumor or oth | No | | | ALL |
| 61501 | Craniectomy; for osteomyelitis | No | | | ALL |
| 61510 | Craniectomy, trephination, bone flap crani | No | | | ALL |
| 61512 | Craniectomy, trephination, bone flap crani | No | | | ALL |
| 61514 | Craniectomy, trephination, bone flap crani | No | | | ALL |
| 61516 | Craniectomy, trephination, bone flap crani | No | | | ALL |
| 61517 | Implantation of brain intracavitary chemoth | No | | | ALL |
| 61518 | Craniectomy for excision of brain tumor, in | No | | | ALL |
| 61519 | Craniectomy for excision of brain tumor, in | No | | | ALL |
| 61520 | Craniectomy for excision of brain tumor, in | No | | | ALL |
| 61521 | Craniectomy for excision of brain tumor, in | No | | | ALL |
| 61522 | Craniectomy, infratentorial or posterior fos | No | | | ALL |
| 61524 | Craniectomy, infratentorial or posterior fos | No | | | ALL |
| 61526 | Craniectomy, bone flap craniotomy, transt | No | | | ALL |
| 61530 | Craniectomy, bone flap craniotomy, transt | No | | | ALL |
| 61531 | SUBDURAL IMPLANTATION OF STRIP E | No | | | ALL |
| 61533 | CRANIOTOMY WITH ELEVATION OF BO | No | | | ALL |
| 61534 | CRANIOTOMY WITH ELEVATION OF BO | No | | | ALL |
| 61535 | CRANIOTOMY WITH ELEVATION OF BO | No | | | ALL |
| 61536 | CRANIOTOMY WITH ELEVATION OF BO | No | | | ALL |
| 61537 | CRANIOTOMY W ELEVATION OF BONE | No | | | ALL |
| 61538 | CRANIOTOMY WITH ELEVATION OF BO | No | | | ALL |
| 61539 | CRANIOTOMY WITH ELEVATION OF BO | No | | | ALL |
| 61540 | CRANIOTOMY W/ ELEVATION OF BONE | No | | | ALL |
| 61541 | Craniotomy with elevation of bone flap; for | No | | | ALL |
| 61543 | CRANIOTOMY WITH ELEVATION OF BO | No | | | ALL |
| 61544 | Craniotomy with elevation of bone flap; for | No | | | ALL |
| 61545 | Craniotomy with elevation of bone flap; for | No | | | ALL |
| 61546 | Craniotomy for hypophysectomy or excisio | No | | | ALL |
| 61548 | Hypophysectomy or excision of pituitary tu | No | | | ALL |
| 61550 | Craniectomy for craniosynostosis; single c | No | | | ALL |
| 61552 | Craniectomy for craniosynostosis; multiple | No | | | ALL |
| 61556 | Craniotomy for craniosynostosis; frontal or | No | | | ALL |
| 61557 | Craniotomy for craniosynostosis; bifrontal | No | | | ALL |
| 61558 | Extensive craniectomy for multiple cranial | No | | | ALL |
| 61559 | Extensive craniectomy for multiple cranial | No | | | ALL |
| 61563 | Excision, intra and extracranial, benign tur | No | | | ALL |
| 61564 | Excision, intra and extracranial, benign tur | No | | | ALL |
| 61566 | CRANIOTOMY W ELEVATION OF BONE | No | | | ALL |
| 61567 | CRANIOTOMY W ELEVATION OF BONE | No | | | ALL |
| 61570 | Craniectomy or craniotomy; with excision o | No | | | ALL |
| 61571 | Craniectomy or craniotomy; with treatmen | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61575 | Transoral approach to skull base, brain st | No | | | ALL |
| 61576 | Transoral approach to skull base, brain st | No | | | ALL |
| 61580 | Craniofacial approach to anterior cranial fo | No | | | ALL |
| 61581 | Craniofacial approach to anterior cranial fo | No | | | ALL |
| 61582 | Craniofacial approach to anterior cranial fo | No | | | ALL |
| 61583 | Craniofacial approach to anterior cranial fo | No | | | ALL |
| 61584 | Orbitocranial approach to anterior cranial | No | | | ALL |
| 61585 | Orbitocranial approach to anterior cranial | No | | | ALL |
| 61586 | Bicoronal, transzygomatic and/or LeFort I | No | | | ALL |
| 61590 | Infratemporal pre-auricular approach to m | No | | | ALL |
| 61591 | Infratemporal post-auricular approach to n | No | | | ALL |
| 61592 | Orbitocranial zygomatic approach to midd | No | | | ALL |
| 61595 | Transtemporal approach to posterior cran | No | | | ALL |
| 61596 | Transcochlear approach to posterior crani | No | | | ALL |
| 61597 | Transcondylar (far lateral) approach to pos | No | | | ALL |
| 61598 | Transpetrosal approach to posterior crania | No | | | ALL |
| 61600 | Resection or excision of neoplastic, vascu | No | | | ALL |
| 61601 | Resection or excision of neoplastic, vascu | No | | | ALL |
| 61605 | Resection or excision of neoplastic, vascu | No | | | ALL |
| 61606 | Resection or excision of neoplastic, vascu | No | | | ALL |
| 61607 | Resection or excision of neoplastic, vascu | No | | | ALL |
| 61608 | Resection or excision of neoplastic, vascu | No | | | ALL |
| 61611 | Transection or ligation, carotid artery in pe | No | | | ALL |
| 61613 | Obliteration of carotid aneurysm, arteriove | No | | | ALL |
| 61615 | Resection or excision of neoplastic, vascu | No | | | ALL |
| 61616 | Resection or excision of neoplastic, vascu | No | | | ALL |
| 61618 | Secondary repair of dura for cerebrospina | No | | | ALL |
| 61619 | Secondary repair of dura for cerebrospina | No | | | ALL |
| 61623 | ENDOVASCULAR TEMPORARY BALLOC | No | | | ALL |
| 61624 | Transcatheter permanent occlusion or em | No | | | ALL |
| 61626 | Transcatheter permanent occlusion or em | No | | | ALL |
| 61630 | BALLOON ANGIOPLASTY, INTRACRANI | No | | | ALL |
| 61635 | TRANSCATHETER PLACEMENT OF INT | No | | | ALL |
| 61640 | BALLOON DILATATION OF INTRACRAN | No | | | ALL |
| 61641 | BALLOON DILATATION OF INTRACRAN | No | | | ALL |
| 61642 | BALLOON DILATATION OF INTRACRAN | No | | | ALL |
| 61645 | Percutaneous arterial transluminal mechanical t | No | | | ALL |
| 61650 | Endovascular intracranial prolonged administrat | No | | | ALL |
| 61651 | Endovascular intracranial prolonged administrat | No | | | ALL |
| 61680 | Surgery of intracranial arteriovenous malfo | No | | | ALL |
| 61682 | Surgery of intracranial arteriovenous malfo | No | | | ALL |
| 61684 | Surgery of intracranial arteriovenous malfo | No | | | ALL |
| 61686 | Surgery of intracranial arteriovenous malfo | No | | | ALL |
| 61690 | Surgery of intracranial arteriovenous malfo | No | | | ALL |
| 61692 | Surgery of intracranial arteriovenous malfo | No | | | ALL |
| 61697 | Surgery of complex intracranial aneurysm | No | | | ALL |
| 61698 | Surgery of complex intracranial aneurysm | No | | | ALL |
| 61700 | Surgery of simple intracranial aneurysm, i | No | | | ALL |
| 61702 | Surgery of simple intracranial aneurysm, i | No | | | ALL |
| 61703 | Surgery of intracranial aneurysm, cervical | No | | | ALL |
| 61705 | Surgery of aneurysm, vascular malformati | No | | | ALL |
| 61708 | Surgery of aneurysm, vascular malformati | No | | | ALL |
| 61710 | Surgery of aneurysm, vascular malformati | No | | | ALL |
| 61711 | Anastomosis, arterial, extracranial-intracra | No | | | ALL |
| 61715 | Magnetic resonance image guided high in | No | | | ALL |
| 61720 | Creation of lesion by stereotactic method, | No | | | ALL |
| 61735 | Creation of lesion by stereotactic method, | No | | | ALL |
| 61736 | Laser interstitial thermal therapy (LITT) of | No | | | ALL |
| 61737 | Laser interstitial thermal therapy (LITT) of | No | | | ALL |
| 61750 | Stereotactic biopsy, aspiration, or excision | No | | | ALL |
| 61751 | Stereotactic biopsy, aspiration, or excision | No | | | ALL |
| 61760 | Stereotactic implantation of depth electroc | No | | | ALL |
| 61770 | STEREOTACTIC LOCALIZATION, ANY M | No | | | ALL |
| 61781 | Stereotactic computer-assisted (navigatio | No | | | ALL |
| 61782 | Stereotactic computer-assisted (navigatio | No | | | ALL |
| 61783 | Stereotactic computer-assisted (navigatio | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 61783 | Stereotactic computer-assisted (navigatio | No | | | MCWRAP |
| 61790 | CREATION OF LESION BY STEREOTAC | Yes | CCN | | ALL (Except McWRAP) |
| 61790 | CREATION OF LESION BY STEREOTAC | No | | | MCWRAP |
| 61791 | Creation of lesion by stereotactic method, | Yes | CCN | | ALL (Except McWRAP) |
| 61791 | Creation of lesion by stereotactic method, | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61796 | Stereotactic radiosurgery (particle beam, | No | | | ALL |
| 61797 | Stereotactic radiosurgery (particle beam, | No | | | ALL |
| 61798 | Stereotactic radiosurgery (particle beam, | No | | | ALL |
| 61799 | Stereotactic radiosurgery (particle beam, | No | | | ALL |
| 61800 | Application of stereotactic headframe for s | No | | | ALL |
| 61850 | Twist drill or burr hole(s) for implantation o | No | | | ALL |
| 61860 | CRANIECTOMY OR CRANIOTOMY FOR | No | | | ALL |
| 61863 | TWIST DRILL, BURR HOLE, CRANIOTOI | No | | | ALL |
| 61864 | TWIST DRILL, BURR HOLE CRANIOTOM | No | | | ALL |
| 61867 | TWIST DRILL BURR HOLE, CRANIOTOM | No | | | ALL |
| 61868 | TWIST DRILL BURR HOLE, CRANIOTOM | No | | | ALL |
| 61880 | REVISION OR REMOVAL OF INTRACRA | No | | | ALL |
| 61885 | INCISION AND SUBCUTANEOUS PLACE | No | | | ALL |
| 61886 | INSRT/REPLACE OF CRANIAL NEUROS | No | | | ALL |
| 61888 | REVISION OR REMOVAL OF CRANIAL N | No | | | ALL |
| 61889 | Insertion of skull-mounted cranial neurosti | No | | | ALL |
| 61891 | Revision or replacement of skull-mounted | No | | | ALL |
| 61892 | Removal of skull-mounted cranial neurost | No | | | ALL |
| 62000 | Elevation of depressed skull fracture; simp | No | | | ALL |
| 62005 | Elevation of depressed skull fracture; com | No | | | ALL |
| 62010 | Elevation of depressed skull fracture; with | No | | | ALL |
| 62100 | Craniotomy for repair of dural/cerebrospin | No | | | ALL |
| 62115 | Reduction of craniomegalic skull (eg, trea | No | | | ALL |
| 62117 | Reduction of craniomegalic skull (eg, trea | No | | | ALL |
| 62120 | Repair of encephalocele, skull vault, inclu | No | | | ALL |
| 62121 | Craniotomy for repair of encephalocele, sk | No | | | ALL |
| 62140 | Cranioplasty for skull defect; up to 5 cm di | No | | | ALL |
| 62141 | Cranioplasty for skull defect; larger than 5 | No | | | ALL |
| 62142 | Removal of bone flap or prosthetic plate o | No | | | ALL |
| 62143 | Replacement of bone flap or prosthetic pla | No | | | ALL |
| 62145 | Cranioplasty for skull defect with reparativ | No | | | ALL |
| 62146 | Cranioplasty with autograft (includes obtai | No | | | ALL |
| 62147 | Cranioplasty with autograft (includes obtai | No | | | ALL |
| 62148 | Incision and retrieval of subcutaneous cra | No | | | ALL |
| 62160 | NEUROENDOSCOPY, INTRACRANIAL, F | No | | | ALL |
| 62161 | NEUROENDOSCOPY, INTRACRANIAL; V | No | | | ALL |
| 62162 | NEUROENDOSCOPY, INTRACRANIAL; V | No | | | ALL |
| 62163 | NEUROENDOSCOPY, INTRACRANIAL; V | No | | | ALL |
| 62164 | NEUROENDOSCOPY, INTRACRANIAL; V | No | | | ALL |
| 62165 | NEUROENDOSCOPY, INTRACRANIAL; V | No | | | ALL |
| 62180 | Ventriculocisternostomy (Torkildsen type c | No | | | ALL |
| 62190 | Creation of shunt; subarachnoid/subdural- | No | | | ALL |
| 62192 | Creation of shunt; subarachnoid/subdural- | No | | | ALL |
| 62194 | Replacement or irrigation, subarachnoid/s | No | | | ALL |
| 62200 | Ventriculocisternostomy, third ventricle; | No | | | ALL |
| 62201 | Ventriculocisternostomy, third ventricle; st | No | | | ALL |
| 62220 | Creation of shunt; ventriculo-atrial, -jugula | No | | | ALL |
| 62223 | Creation of shunt; ventriculo-peritoneal, -p | No | | | ALL |
| 62225 | Replacement or irrigation, ventricular cath | No | | | ALL |
| 62230 | Replacement or revision of cerebrospinal | No | | | ALL |
| 62252 | Reprogramming of programmable cerebro | No | | | ALL |
| 62256 | Removal of complete cerebrospinal fluid s | No | | | ALL |
| 62258 | Removal of complete cerebrospinal fluid s | No | | | ALL |
| 62263 | Percutaneous lysis of epidural adhesions | Not Covered | | | ALL |
| 62264 | Percutaneous lysis of epidural adhesions | Not Covered | | | ALL |
| 62267 | Percutaneous aspiration within nucleus pu | No | | | ALL |
| 62268 | Percutaneous aspiration, spinal cord cyst | No | | | ALL |
| 62269 | Biopsy of spinal cord, percutaneous needl | No | | | ALL |
| 62270 | Spinal puncture, lumbar, diagnostic | No | | | ALL |
| 62272 | Spinal puncture, therapeutic, for drainage | No | | | ALL |
| 62273 | Injection, epidural, of blood or clot patch | No | | | ALL |
| 62280 | Injection/infusion of neurolytic substance ( | Not Covered | | | ALL |
| 62281 | Injection/infusion of neurolytic substance ( | Yes | CCN | | ALL (Except McWRAP) |
| 62281 | Injection/infusion of neurolytic substance ( | No | | | MCWRAP |
| 62282 | Injection/infusion of neurolytic substance ( | Yes | CCN | | ALL (Except McWRAP) |
| 62282 | Injection/infusion of neurolytic substance ( | No | | | MCWRAP |
| 62284 | INJECTION PROCEDURE FOR MYELOG | No | | | ALL |
| 62287 | ASPIRATION OR DECOMPRESSION PR | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 62287 | ASPIRATION OR DECOMPRESSION PR | No | | | MCWRAP |
| 62290 | Injection procedure for diskography, each | Yes | CCN | | ALL (Except McWRAP) |
| 62290 | Injection procedure for diskography, each | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 62291 | Injection procedure for diskography, each | Yes | CCN | | ALL (Except McWRAP) |
| 62291 | Injection procedure for diskography, each | No | | | MCWRAP |
| 62292 | Injection procedure for chemonucleolysis, | Yes | CCN | | ALL (Except McWRAP) |
| 62292 | Injection procedure for chemonucleolysis, | No | | | MCWRAP |
| 62294 | Injection procedure, arterial, for occlusion | No | | | ALL |
| 62302 | Myelography via lumbar injection, includin | No | | | ALL |
| 62303 | Myelography via lumbar injection, includin | No | | | ALL |
| 62304 | Myelography via lumbar injection, includin | No | | | ALL |
| 62305 | Myelography via lumbar injection, includin | No | | | ALL |
| 62320 | Injection(s), of diagnostic or therapeutic substar | Yes | CCN | | ALL (Except McWRAP) |
| 62320 | Injection(s), of diagnostic or therapeutic substar | No | | | MCWRAP |
| 62321 | Injection(s), of diagnostic or therapeutic substar | Yes | CCN | | ALL (Except McWRAP) |
| 62321 | Injection(s), of diagnostic or therapeutic substar | No | | | MCWRAP |
| 62322 | Injection(s), of diagnostic or therapeutic substar | Yes | CCN | | ALL (Except McWRAP) |
| 62322 | Injection(s), of diagnostic or therapeutic substar | No | | | MCWRAP |
| 62323 | Injection(s), of diagnostic or therapeutic substar | Yes | CCN | | ALL (Except McWRAP) |
| 62323 | Injection(s), of diagnostic or therapeutic substar | No | | | MCWRAP |
| 62324 | Injection(s), including indwelling catheter placen | Yes | CCN | | ALL (Except McWRAP) |
| 62324 | Injection(s), including indwelling catheter placen | No | | | MCWRAP |
| 62325 | Injection(s), including indwelling catheter placen | Yes | CCN | | ALL (Except McWRAP) |
| 62325 | Injection(s), including indwelling catheter placen | No | | | MCWRAP |
| 62326 | Injection(s), including indwelling catheter placen | Yes | CCN | | ALL (Except McWRAP) |
| 62326 | Injection(s), including indwelling catheter placen | No | | | MCWRAP |
| 62327 | Injection(s), including indwelling catheter placen | Yes | CCN | | ALL (Except McWRAP) |
| 62327 | Injection(s), including indwelling catheter placen | No | | | MCWRAP |
| 62328 | Spinal puncture, lumbar, diagnostic; with f | No | | | ALL |
| 62329 | Spinal puncture, therapeutic, for drainage | No | | | ALL |
| 62330 | Decompression, percutaneous, with partia | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 62330 | Decompression, percutaneous, with partia | No | | | MCWRAP |
| 62331 | Decompression, percutaneous, with partia | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 62331 | Decompression, percutaneous, with partia | No | | | MCWRAP |
| 62350 | IMPLANTATION, REVISION OR REPOSI | Yes | CCN | | ALL (Except McWRAP) |
| 62350 | IMPLANTATION, REVISION OR REPOSI | No | | | MCWRAP |
| 62351 | Implantation, revision or repositioning of tu | Yes | CCN | | ALL (Except McWRAP) |
| 62351 | Implantation, revision or repositioning of tu | No | | | MCWRAP |
| 62355 | Removal of previously implanted intrathec | No | | | ALL |
| 62360 | Implantation or replacement of device for | Yes | CCN | | ALL (Except McWRAP) |
| 62360 | Implantation or replacement of device for | No | | | MCWRAP |
| 62361 | Implantation or replacement of device for | Yes | CCN | | ALL (Except McWRAP) |
| 62361 | Implantation or replacement of device for | No | | | MCWRAP |
| 62362 | Implantation or replacement of device for | Yes | CCN | | ALL (Except McWRAP) |
| 62362 | Implantation or replacement of device for | No | | | MCWRAP |
| 62365 | Removal of subcutaneous reservoir or pur | No | | | ALL |
| 62367 | Electronic analysis of programmable, impl | No | | | ALL |
| 62368 | Electronic analysis of programmable, impl | No | | | ALL |
| 62369 | Electronic analysis of programmable, impl | No | | | ALL |
| 62370 | Electronic analysis of programmable, impl | No | | | ALL |
| 62380 | Endoscopic decompression of spinal cord | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 62380 | Endoscopic decompression of spinal cord | No | | | MCWRAP |
| 63001 | Laminectomy with exploration and/or decc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63001 | Laminectomy with exploration and/or decc | No | | | MCWRAP |
| 63003 | Laminectomy with exploration and/or decc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63003 | Laminectomy with exploration and/or decc | No | | | MCWRAP |
| 63005 | Laminectomy with exploration and/or decc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63005 | Laminectomy with exploration and/or decc | No | | | MCWRAP |
| 63011 | Laminectomy with exploration and/or decc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63011 | Laminectomy with exploration and/or decc | No | | | MCWRAP |
| 63012 | Laminectomy with removal of abnormal fa | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63012 | Laminectomy with removal of abnormal fa | No | | | MCWRAP |
| 63015 | Laminectomy with exploration and/or decc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63015 | Laminectomy with exploration and/or decc | No | | | MCWRAP |
| 63016 | Laminectomy with exploration and/or decc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63016 | Laminectomy with exploration and/or decc | No | | | MCWRAP |
| 63017 | Laminectomy with exploration and/or decc | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63017 | Laminectomy with exploration and/or decc | No | | | MCWRAP |
| 63020 | Laminotomy (hemilaminectomy), with dec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63020 | Laminotomy (hemilaminectomy), with dec | No | | | MCWRAP |
| 63030 | Laminotomy (hemilaminectomy), with dec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63030 | Laminotomy (hemilaminectomy), with dec | No | | | MCWRAP |
| 63032 | Laminotomy (hemilaminectomy), with dec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63032 | Laminotomy (hemilaminectomy), with dec | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 63035 | Laminotomy (hemilaminectomy), with dec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63035 | Laminotomy (hemilaminectomy), with dec | No | | | MCWRAP |
| 63040 | Laminotomy (hemilaminectomy), with dec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63040 | Laminotomy (hemilaminectomy), with dec | No | | | MCWRAP |
| 63042 | Laminotomy (hemilaminectomy), with dec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63042 | Laminotomy (hemilaminectomy), with dec | No | | | MCWRAP |
| 63043 | Laminotomy (hemilaminectomy), with dec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63043 | Laminotomy (hemilaminectomy), with dec | No | | | MCWRAP |
| 63044 | Laminotomy (hemilaminectomy), with dec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63044 | Laminotomy (hemilaminectomy), with dec | No | | | MCWRAP |
| 63045 | Laminectomy, facetectomy and foraminot | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63045 | Laminectomy, facetectomy and foraminot | No | | | MCWRAP |
| 63046 | Laminectomy, facetectomy and foraminot | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63046 | Laminectomy, facetectomy and foraminot | No | | | MCWRAP |
| 63047 | Laminectomy, facetectomy and foraminot | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63047 | Laminectomy, facetectomy and foraminot | No | | | MCWRAP |
| 63048 | Laminectomy, facetectomy and foraminot | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63048 | Laminectomy, facetectomy and foraminot | No | | | MCWRAP |
| 63050 | LAMINOPLASTY, CERVICAL, WITH DEC | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63050 | LAMINOPLASTY, CERVICAL, WITH DEC | No | | | MCWRAP |
| 63051 | LAMINOPLASTY, CERVICAL, W/DECOM | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63051 | LAMINOPLASTY, CERVICAL, W/DECOM | No | | | MCWRAP |
| 63052 | Laminectomy, facetectomy, or foraminotor | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63052 | Laminectomy, facetectomy, or foraminotor | No | | | MCWRAP |
| 63053 | Laminectomy, facetectomy, or foraminotor | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63053 | Laminectomy, facetectomy, or foraminotor | No | | | MCWRAP |
| 63055 | Transpedicular approach with decompres | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63055 | Transpedicular approach with decompres | No | | | MCWRAP |
| 63056 | Transpedicular approach with decompres | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63056 | Transpedicular approach with decompres | No | | | MCWRAP |
| 63057 | Transpedicular approach with decompres | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63057 | Transpedicular approach with decompres | No | | | MCWRAP |
| 63064 | Costovertebral approach with decompress | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63064 | Costovertebral approach with decompress | No | | | MCWRAP |
| 63066 | Costovertebral approach with decompress | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63066 | Costovertebral approach with decompress | No | | | MCWRAP |
| 63075 | Diskectomy, anterior, with decompression | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63075 | Diskectomy, anterior, with decompression | No | | | MCWRAP |
| 63076 | Diskectomy, anterior, with decompression | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63076 | Diskectomy, anterior, with decompression | No | | | MCWRAP |
| 63077 | Diskectomy, anterior, with decompression | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63077 | Diskectomy, anterior, with decompression | No | | | MCWRAP |
| 63078 | Diskectomy, anterior, with decompression | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63078 | Diskectomy, anterior, with decompression | No | | | MCWRAP |
| 63081 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63081 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63082 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63082 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63085 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63085 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63086 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63086 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63087 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63087 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63088 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63088 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63090 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63090 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63091 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63091 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63101 | VERTEBRAL CORPECTOMY (VERTEBR | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63101 | VERTEBRAL CORPECTOMY (VERTEBR | No | | | MCWRAP |
| 63102 | VERTEBRAL CORPECTOMY (VERTEBR | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63102 | VERTEBRAL CORPECTOMY (VERTEBR | No | | | MCWRAP |
| 63103 | VERTEBRAL CORPECTOMY (VERTEBR | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63103 | VERTEBRAL CORPECTOMY (VERTEBR | No | | | MCWRAP |
| 63170 | Laminectomy with myelotomy (eg, Bischo | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63170 | Laminectomy with myelotomy (eg, Bischo | No | | | MCWRAP |
| 63172 | Laminectomy with drainage of intramedull | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63172 | Laminectomy with drainage of intramedull | No | | | MCWRAP |
| 63173 | Laminectomy with drainage of intramedull | Yes | TPC-MSK | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 63173 | Laminectomy with drainage of intramedull | No | | | MCWRAP |
| 63180 | Laminectomy and section of dentate ligam | No | | | ALL |
| 63182 | Laminectomy and section of dentate ligam | No | | | ALL |
| 63185 | Laminectomy with rhizotomy; one or two s | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63185 | Laminectomy with rhizotomy; one or two s | No | | | MCWRAP |
| 63190 | Laminectomy with rhizotomy; more than tv | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63190 | Laminectomy with rhizotomy; more than tv | No | | | MCWRAP |
| 63191 | Laminectomy with section of spinal acces | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63191 | Laminectomy with section of spinal acces | No | | | MCWRAP |
| 63197 | Laminectomy with cordotomy, with sectior | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63197 | Laminectomy with cordotomy, with sectior | No | | | MCWRAP |
| 63200 | Laminectomy, with release of tethered spi | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63200 | Laminectomy, with release of tethered spi | No | | | MCWRAP |
| 63250 | Laminectomy for excision or occlusion of a | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63250 | Laminectomy for excision or occlusion of a | No | | | MCWRAP |
| 63251 | Laminectomy for excision or occlusion of a | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63251 | Laminectomy for excision or occlusion of a | No | | | MCWRAP |
| 63252 | Laminectomy for excision or occlusion of a | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63252 | Laminectomy for excision or occlusion of a | No | | | MCWRAP |
| 63265 | Laminectomy for excision or evacuation of | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63265 | Laminectomy for excision or evacuation of | No | | | MCWRAP |
| 63266 | Laminectomy for excision or evacuation of | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63266 | Laminectomy for excision or evacuation of | No | | | MCWRAP |
| 63267 | Laminectomy for excision or evacuation of | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63267 | Laminectomy for excision or evacuation of | No | | | MCWRAP |
| 63268 | Laminectomy for excision or evacuation of | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63268 | Laminectomy for excision or evacuation of | No | | | MCWRAP |
| 63270 | Laminectomy for excision of intraspinal les | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63270 | Laminectomy for excision of intraspinal les | No | | | MCWRAP |
| 63271 | Laminectomy for excision of intraspinal les | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63271 | Laminectomy for excision of intraspinal les | No | | | MCWRAP |
| 63272 | Laminectomy for excision of intraspinal les | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63272 | Laminectomy for excision of intraspinal les | No | | | MCWRAP |
| 63273 | Laminectomy for excision of intraspinal les | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63273 | Laminectomy for excision of intraspinal les | No | | | MCWRAP |
| 63275 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63275 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63276 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63276 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63277 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63277 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63278 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63278 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63280 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63280 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63281 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63281 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63282 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63282 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63283 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63283 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63285 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63285 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63286 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63286 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63287 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63287 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63290 | Laminectomy for biopsy/excision of intrasp | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63290 | Laminectomy for biopsy/excision of intrasp | No | | | MCWRAP |
| 63295 | REPAIR OF LAMINECTOMY DEFECT | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63295 | REPAIR OF LAMINECTOMY DEFECT | No | | | MCWRAP |
| 63300 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63300 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63301 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63301 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63302 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63302 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63303 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63303 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63304 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63304 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 63305 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63305 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63306 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63306 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63307 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63307 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63308 | Vertebral corpectomy (vertebral body rese | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 63308 | Vertebral corpectomy (vertebral body rese | No | | | MCWRAP |
| 63600 | Creation of lesion of spinal cord by stereo | No | | | ALL |
| 63610 | Stereotactic stimulation of spinal cord, per | No | | | ALL |
| 63620 | Stereotactic radiosurgery (particle beam, | No | | | ALL |
| 63621 | Stereotactic radiosurgery (particle beam, | No | | | ALL |
| 63650 | PERCUTANEOUS IMPLANTATION OF N | Yes | CCN | | ALL (Except McWRAP) |
| 63650 | PERCUTANEOUS IMPLANTATION OF N | No | | | MCWRAP |
| 63655 | LAMINECTOMY FOR IMPLANTATION OF | Yes | CCN | | ALL (Except McWRAP) |
| 63655 | LAMINECTOMY FOR IMPLANTATION OF | No | | | MCWRAP |
| 63661 | REMOVAL OF SPINAL NEUROSTIMULA | No | | | ALL |
| 63662 | REMOVAL OF SPINAL NEUROSTIMULA | No | | | ALL |
| 63663 | REVISION INCL REPLACEMENT, WHEN | Yes | CCN | | ALL (Except McWRAP) |
| 63663 | REVISION INCL REPLACEMENT, WHEN | No | | | MCWRAP |
| 63664 | REVISION, INCLUD REPLACEMENT, WH | Yes | CCN | | ALL (Except McWRAP) |
| 63664 | REVISION, INCLUD REPLACEMENT, WH | No | | | MCWRAP |
| 63685 | INSERTION OR REPLCMNT OF SPINAL | Yes | CCN | | ALL (Except McWRAP) |
| 63685 | INSERTION OR REPLCMNT OF SPINAL | No | | | MCWRAP |
| 63688 | REVISION OR REMOVAL OF IMPLANTE | Yes | CCN | | ALL (Except McWRAP) |
| 63688 | REVISION OR REMOVAL OF IMPLANTE | No | | | MCWRAP |
| 63700 | Repair of meningocele; less than 5 cm dia | No | | | ALL |
| 63702 | Repair of meningocele; larger than 5 cm d | No | | | ALL |
| 63704 | Repair of myelomeningocele; less than 5 | No | | | ALL |
| 63706 | Repair of myelomeningocele; larger than 5 | No | | | ALL |
| 63707 | Repair of dural/cerebrospinal fluid leak, no | No | | | ALL |
| 63709 | Repair of dural/cerebrospinal fluid leak or | No | | | ALL |
| 63710 | Dural graft, spinal | No | | | ALL |
| 63740 | Creation of shunt, lumbar, subarachnoid-p | No | | | ALL |
| 63741 | Creation of shunt, lumbar, subarachnoid-p | No | | | ALL |
| 63744 | Replacement, irrigation or revision of lumb | No | | | ALL |
| 63746 | Removal of entire lumbosubarachnoid shu | No | | | ALL |
| 64400 | Injection, anesthetic agent; trigeminal nerv | No | | | ALL |
| 64405 | Injection, anesthetic agent; greater occipit | Yes | CCN | | ALL (Except McWRAP) |
| 64405 | Injection, anesthetic agent; greater occipit | No | | | MCWRAP |
| 64408 | Injection, anesthetic agent; vagus nerve | No | | | ALL |
| 64415 | Injection, anesthetic agent; brachial plexus | No | | | ALL |
| 64416 | Injection, anesthetic agent; brachial plexus | No | | | ALL |
| 64417 | Injection, anesthetic agent; axillary nerve | No | | | ALL |
| 64418 | Injection, anesthetic agent; suprascapular | No | | | ALL |
| 64420 | Injection, anesthetic agent; intercostal ner | No | | | ALL |
| 64421 | Injection, anesthetic agent; intercostal ner | No | | | ALL |
| 64425 | Injection, anesthetic agent; ilioinguinal, ilic | No | | | ALL |
| 64430 | Injection, anesthetic agent; pudendal nerv | No | | | ALL |
| 64435 | Injection, anesthetic agent; paracervical (u | No | | | ALL |
| 64445 | Injection, anesthetic agent; sciatic nerve, s | No | | | ALL |
| 64446 | Injection, anesthetic agent; sciatic nerve, | No | | | ALL |
| 64447 | Injection, anesthetic agent; femoral nerve, | No | | | ALL |
| 64448 | Injection, anesthetic agent; femoral nerve, | No | | | ALL |
| 64449 | INJECTION, ANESTHETIC AGENT; LUMI | No | | | ALL |
| 64450 | Injection, anesthetic agent; other peripher | No | | | ALL |
| 64451 | Injection(s), anesthetic agent(s) and/or ste | No | | | ALL |
| 64454 | Injection(s), anesthetic agent(s) and/or ste | No | | | ALL |
| 64455 | Injection(s), anesthetic agent and/or stero | No | | | ALL |
| 64461 | Paravertebral block (PVB) (paraspinous b | No | | | ALL |
| 64462 | Paravertebral block (PVB) (paraspinous b | No | | | ALL |
| 64463 | Paravertebral block (PVB) (paraspinous b | No | | | ALL |
| 64466 | Thoracic fascial plane block, unilateral; by | No | | | ALL |
| 64467 | Thoracic fascial plane block, unilateral; by | No | | | ALL |
| 64468 | Thoracic fascial plane block, bilateral; by i | No | | | ALL |
| 64469 | Thoracic fascial plane block, bilateral; by | No | | | ALL |
| 64473 | Lower extremity fascial plane block, unilat | No | | | ALL |
| 64474 | Lower extremity fascial plane block, unilat | No | | | ALL |
| 64479 | Injection(s), anesthetic agent and/or stero | Yes | CCN | | ALL (Except McWRAP) |
| 64479 | Injection(s), anesthetic agent and/or stero | No | | | MCWRAP |
| 64480 | Injection(s), anesthetic agent and/or stero | Yes | CCN | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 64480 | Injection(s), anesthetic agent and/or stero | No | | | MCWRAP |
| 64483 | Injection(s), anesthetic agent and/or stero | Yes | CCN | | ALL (Except McWRAP) |
| 64483 | Injection(s), anesthetic agent and/or stero | No | | | MCWRAP |
| 64484 | Injection(s), anesthetic agent and/or stero | Yes | CCN | | ALL (Except McWRAP) |
| 64484 | Injection(s), anesthetic agent and/or stero | No | | | MCWRAP |
| 64486 | Transversus abdominis plane (TAP) block | No | | | ALL |
| 64487 | Transversus abdominis plane (TAP) block | No | | | ALL |
| 64488 | Transversus abdominis plane (TAP) block | No | | | ALL |
| 64489 | Transversus abdominis plane (TAP) block | No | | | ALL |
| 64490 | INJECTION(S), DIAGNOSTIC OR THERA | Yes | CCN | | ALL (Except McWRAP) |
| 64490 | INJECTION(S), DIAGNOSTIC OR THERA | No | | | MCWRAP |
| 64491 | INJECTION(S), DIAGNOSTIC OR THERA | Yes | CCN | | ALL (Except McWRAP) |
| 64491 | INJECTION(S), DIAGNOSTIC OR THERA | No | | | MCWRAP |
| 64492 | INJECTION(S), DIAGNOSTIC OR THERA | Yes | CCN | | ALL (Except McWRAP) |
| 64492 | INJECTION(S), DIAGNOSTIC OR THERA | No | | | MCWRAP |
| 64493 | INJECTION(S), DIAGNOSTIC OR THERA | Yes | CCN | | ALL (Except McWRAP) |
| 64493 | INJECTION(S), DIAGNOSTIC OR THERA | No | | | MCWRAP |
| 64494 | INJECTION(S), DIAGNOSTIC OR THERA | Yes | CCN | | ALL (Except McWRAP) |
| 64494 | INJECTION(S), DIAGNOSTIC OR THERA | No | | | MCWRAP |
| 64495 | INJECTION(S), DIAGNOSTIC OR THERA | Yes | CCN | | ALL (Except McWRAP) |
| 64495 | INJECTION(S), DIAGNOSTIC OR THERA | No | | | MCWRAP |
| 64505 | Injection, anesthetic agent; sphenopalatin | No | | | ALL |
| 64510 | Injection, anesthetic agent; stellate gangli | Yes | CCN | | ALL (Except McWRAP) |
| 64510 | Injection, anesthetic agent; stellate gangli | No | | | MCWRAP |
| 64517 | INJECTION, ANESTHETIC AGENT; SUPE | No | | | ALL |
| 64520 | Injection, anesthetic agent; lumbar or thor | Yes | CCN | | ALL (Except McWRAP) |
| 64520 | Injection, anesthetic agent; lumbar or thor | No | | | MCWRAP |
| 64530 | Injection, anesthetic agent; celiac plexus, | No | | | ALL |
| 64553 | PERCUTANEOUS IMPLANTATION OF N | Yes | | | ALL (Except MCWRAP) |
| 64553 | PERCUTANEOUS IMPLANTATION OF N | No | | | MCWRAP |
| 64555 | PERCUTANEOUS IMPLANTATION OF N | Yes | | | ALL (Except McWRAP) |
| 64555 | PERCUTANEOUS IMPLANTATION OF N | No | | | McWRAP |
| 64561 | PERCUTANEOUS IMPLANTATION OF N | No | | | ALL |
| 64566 | Posterior tibial neurostimulation, percutan | No | | | ALL |
| 64568 | Incision for implantation of cranial nerve (e | Yes | | | ALL (Except McWRAP) |
| 64568 | Incision for implantation of cranial nerve (e | No | | | MCWRAP |
| 64569 | Revision or replacement of cranial nerve ( | No | | | ALL |
| 64570 | Removal of cranial nerve (eg, vagus nerve | No | | | ALL |
| 64575 | Incision for implantation of neurostimulato | No | | | ALL |
| 64580 | Incision for implantation of neurostimulato | No | | | ALL |
| 64581 | INCISIONAL IMPLANTATION OF SACRA | No | | | ALL |
| 64582 | Open implantation of hypoglossal nerve n | No | | | ALL |
| 64583 | Revision or replacement of hypoglossal ne | No | | | ALL |
| 64584 | Removal of hypoglossal nerve neurostimu | No | | | ALL |
| 64585 | REVISION OR REMOVAL OF PERIPHER | No | | | ALL |
| 64590 | INSERT OR REPLACE PERIPHERAL OR | No | | | ALL |
| 64595 | REVISION OR REMOVAL OF PERIPHER | No | | | ALL |
| 64596 | Insertion or replacement of percutaneous | Yes | | | ALL (Except MCWRAP) |
| 64596 | Insertion or replacement of percutaneous | No | | | MCWRAP |
| 64597 | Insertion or replacement of percutaneous | Yes | | | ALL (Except MCWRAP) |
| 64597 | Insertion or replacement of percutaneous | No | | | MCWRAP |
| 64598 | Revision or removal of neurostimulator ele | Yes | | | ALL (Except MCWRAP) |
| 64598 | Revision or removal of neurostimulator ele | No | | | MCWRAP |
| 64600 | Destruction by neurolytic agent, trigeminal | No | | | ALL |
| 64605 | Destruction by neurolytic agent, trigeminal | No | | | ALL |
| 64610 | Destruction by neurolytic agent, trigeminal | No | | | ALL |
| 64611 | Chemodenervation of parotid and submar | No | | | ALL |
| 64612 | Chemodenervation of muscle(s); muscle(s | No | | | ALL |
| 64615 | Chemodenervation of muscle(s); muscle(s | No | | | ALL |
| 64616 | Chemodenervation of muscle(s); neck mu | No | | | ALL |
| 64617 | Chemodenervation of muscle(s); larynx, u | No | | | ALL |
| 64620 | Destruction by neurolytic agent, intercosta | No | | | ALL |
| 64624 | Destruction by neurolytic agent, genicular | No | | | ALL |
| 64625 | Radiofrequency ablation, nerves innervati | Yes | | | ALL (Except McWRAP) |
| 64625 | Radiofrequency ablation, nerves innervati | No | | | MCWRAP |
| 64628 | Thermal destruction of intraosseous basiv | Yes | | | ALL (Except McWRAP) |
| 64628 | Thermal destruction of intraosseous basiv | No | | | MCWRAP |
| 64629 | Thermal destruction of intraosseous basiv | Yes | | | ALL (Except McWRAP) |
| 64629 | Thermal destruction of intraosseous basiv | No | | | MCWRAP |
| 64630 | Destruction by neurolytic agent; pudendal | No | | | ALL |
| 64632 | Destruction by neurolytic agent; plantar co | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 64633 | Destruction by neurolytic agent, paraverte | Yes | CCN | | ALL (Except McWRAP) |
| 64633 | Destruction by neurolytic agent, paraverte | No | | | MCWRAP |
| 64634 | Destruction by neurolytic agent, paraverte | Yes | CCN | | ALL (Except McWRAP) |
| 64634 | Destruction by neurolytic agent, paraverte | No | | | MCWRAP |
| 64635 | Destruction by neurolytic agent, paraverte | Yes | CCN | | ALL (Except McWRAP) |
| 64635 | Destruction by neurolytic agent, paraverte | No | | | MCWRAP |
| 64636 | Destruction by neurolytic agent, paraverte | Yes | CCN | | ALL (Except McWRAP) |
| 64636 | Destruction by neurolytic agent, paraverte | No | | | MCWRAP |
| 64640 | Destruction by neurolytic agent; other peri | No | | | ALL |
| 64642 | Chemodenervation of one extremity; 1-4 n | No | | | ALL |
| 64643 | Chemodenervation of one extremity; each | No | | | ALL |
| 64644 | Chemodenervation of one extremity; 5 or | No | | | ALL |
| 64645 | Chemodenervation of one extremity; each | No | | | ALL |
| 64646 | Chemodenervation of trunk muscle(s); 1-5 | No | | | ALL |
| 64647 | Chemodenervation of trunk muscle(s); 6 c | No | | | ALL |
| 64650 | CHEMODENERVATION OF ECCRINE GL | No | | | ALL |
| 64653 | CHEMODENERVATION OF ECCRINE GL | No | | | ALL |
| 64654 | Initial open implantation of baroreflex activ | Not Covered | | | ALL |
| 64655 | Revision or replacement of baroreflex acti | Not Covered | | | ALL |
| 64656 | Revision or replacement of baroreflex acti | Not Covered | | | ALL |
| 64657 | Removal of baroreflex activation therapy ( | Not Covered | | | ALL |
| 64658 | Removal of baroreflex activation therapy ( | Not Covered | | | ALL |
| 64659 | Removal of baroreflex activation therapy ( | Not Covered | | | ALL |
| 64680 | Destruction by neurolytic agent, with or wi | No | | | ALL |
| 64681 | DESTRUCTION BY NEUROLYTIC AGEN | No | | | ALL |
| 64702 | Neuroplasty; digital, one or both, same dig | No | | | ALL |
| 64704 | Neuroplasty; nerve of hand or foot | No | | | ALL |
| 64708 | Neuroplasty, major peripheral nerve, arm | No | | | ALL |
| 64712 | Neuroplasty, major peripheral nerve, arm | No | | | ALL |
| 64713 | Neuroplasty, major peripheral nerve, arm | No | | | ALL |
| 64714 | Neuroplasty, major peripheral nerve, arm | No | | | ALL |
| 64716 | Neuroplasty and/or transposition; cranial r | No | | | ALL |
| 64718 | Neuroplasty and/or transposition; ulnar ne | No | | | ALL |
| 64719 | Neuroplasty and/or transposition; ulnar ne | No | | | ALL |
| 64721 | Neuroplasty and/or transposition; median | No | | | ALL |
| 64722 | Decompression; unspecified nerve(s) (spe | No | | | ALL |
| 64726 | Decompression; plantar digital nerve | No | | | ALL |
| 64727 | Internal neurolysis, requiring use of operat | No | | | ALL |
| 64732 | Transection or avulsion of; supraorbital ne | No | | | ALL |
| 64734 | Transection or avulsion of; infraorbital ner | No | | | ALL |
| 64736 | Transection or avulsion of; mental nerve | No | | | ALL |
| 64738 | Transection or avulsion of; inferior alveola | No | | | ALL |
| 64740 | Transection or avulsion of; lingual nerve | No | | | ALL |
| 64742 | Transection or avulsion of; facial nerve, di | No | | | ALL |
| 64744 | Transection or avulsion of; greater occipita | No | | | ALL |
| 64746 | Transection or avulsion of; phrenic nerve | No | | | ALL |
| 64755 | Transection or avulsion of; vagus nerves l | No | | | ALL |
| 64760 | Transection or avulsion of; vagus nerve (v | No | | | ALL |
| 64763 | Transection or avulsion of obturator nerve | No | | | ALL |
| 64766 | Transection or avulsion of obturator nerve | No | | | ALL |
| 64771 | Transection or avulsion of other cranial ne | No | | | ALL |
| 64772 | Transection or avulsion of other spinal ner | No | | | ALL |
| 64774 | Excision of neuroma; cutaneous nerve, su | No | | | ALL |
| 64776 | Excision of neuroma; digital nerve, one or | No | | | ALL |
| 64778 | Excision of neuroma; digital nerve, each a | No | | | ALL |
| 64782 | Excision of neuroma; hand or foot, except | No | | | ALL |
| 64783 | Excision of neuroma; hand or foot, each a | No | | | ALL |
| 64784 | Excision of neuroma; major peripheral ner | No | | | ALL |
| 64786 | Excision of neuroma; sciatic nerve | No | | | ALL |
| 64787 | Implantation of nerve end into bone or mu | No | | | ALL |
| 64788 | Excision of neurofibroma or neurolemmon | No | | | ALL |
| 64790 | Excision of neurofibroma or neurolemmon | No | | | ALL |
| 64792 | Excision of neurofibroma or neurolemmon | No | | | ALL |
| 64795 | Biopsy of nerve | No | | | ALL |
| 64802 | Sympathectomy, cervical | No | | | ALL |
| 64804 | Sympathectomy, cervicothoracic | No | | | ALL |
| 64809 | SYMPATHECTOMY, THORACOLUMBAR | No | | | ALL |
| 64818 | Sympathectomy, lumbar | No | | | ALL |
| 64820 | Sympathectomy; digital arteries, each digi | No | | | ALL |
| 64821 | Sympathectomy; radial artery | No | | | ALL |
| 64822 | Sympathectomy; ulnar artery | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 64823 | Sympathectomy; superficial palmar arch | No | | | ALL |
| 64831 | Suture of digital nerve, hand or foot; one r | No | | | ALL |
| 64832 | Suture of digital nerve, hand or foot; each | No | | | ALL |
| 64834 | Suture of one nerve, hand or foot; commo | No | | | ALL |
| 64835 | Suture of one nerve, hand or foot; median | No | | | ALL |
| 64836 | Suture of one nerve, hand or foot; ulnar m | No | | | ALL |
| 64837 | Suture of each additional nerve, hand or f | No | | | ALL |
| 64840 | Suture of posterior tibial nerve | No | | | ALL |
| 64856 | Suture of major peripheral nerve, arm or le | No | | | ALL |
| 64857 | Suture of major peripheral nerve, arm or le | No | | | ALL |
| 64858 | Suture of sciatic nerve | No | | | ALL |
| 64859 | Suture of each additional major peripheral | No | | | ALL |
| 64861 | Suture of; brachial plexus | No | | | ALL |
| 64862 | Suture of; lumbar plexus | No | | | ALL |
| 64864 | Suture of facial nerve; extracranial | No | | | ALL |
| 64865 | Suture of facial nerve; infratemporal, with | No | | | ALL |
| 64866 | Anastomosis; facial-spinal accessory | No | | | ALL |
| 64868 | Anastomosis; facial-hypoglossal | No | | | ALL |
| 64872 | Suture of nerve; requiring secondary or de | No | | | ALL |
| 64874 | Suture of nerve; requiring extensive mobil | No | | | ALL |
| 64876 | Suture of nerve; requiring shortening of bo | No | | | ALL |
| 64885 | Nerve graft (includes obtaining graft), hea | No | | | ALL |
| 64886 | Nerve graft (includes obtaining graft), hea | No | | | ALL |
| 64890 | Nerve graft (includes obtaining graft), sing | No | | | ALL |
| 64891 | Nerve graft (includes obtaining graft), sing | No | | | ALL |
| 64892 | Nerve graft (includes obtaining graft), sing | No | | | ALL |
| 64893 | Nerve graft (includes obtaining graft), sing | No | | | ALL |
| 64895 | Nerve graft (includes obtaining graft), mult | No | | | ALL |
| 64896 | Nerve graft (includes obtaining graft), mult | No | | | ALL |
| 64897 | Nerve graft (includes obtaining graft), mult | No | | | ALL |
| 64898 | Nerve graft (includes obtaining graft), mult | No | | | ALL |
| 64901 | Nerve graft, each additional nerve; single | No | | | ALL |
| 64902 | Nerve graft, each additional nerve; multipl | No | | | ALL |
| 64905 | Nerve pedicle transfer; first stage | No | | | ALL |
| 64907 | Nerve pedicle transfer; second stage | No | | | ALL |
| 64910 | NERVE REPAIR; WITH SYNTHETIC CON | No | | | ALL |
| 64911 | NERVE REPAIR; WITH AUTOGENOUS V | No | | | ALL |
| 64912 | Nerve repair; with nerve allograft, each ne | No | | | ALL |
| 64913 | Nerve repair; with nerve allograft, each ad | No | | | ALL |
| 64999 | UNLISTED PROCEDURE, NERVOUS SY | Yes | | | ALL (Except McWRAP) |
| 64999 | UNLISTED PROCEDURE, NERVOUS SY | No | | | MCWRAP |
| 65091 | Evisceration of ocular contents; without im | No | | | ALL |
| 65093 | Evisceration of ocular contents; with impla | No | | | ALL |
| 65101 | Enucleation of eye; without implant | No | | | ALL |
| 65103 | Enucleation of eye; with implant, muscles | No | | | ALL |
| 65105 | Enucleation of eye; with implant, muscles | No | | | ALL |
| 65110 | Exenteration of orbit (does not include ski | No | | | ALL |
| 65112 | Exenteration of orbit (does not include ski | No | | | ALL |
| 65114 | Exenteration of orbit (does not include ski | No | | | ALL |
| 65125 | Modification of ocular implant with placem | No | | | ALL |
| 65130 | Insertion of ocular implant secondary; afte | No | | | ALL |
| 65135 | Insertion of ocular implant secondary; afte | No | | | ALL |
| 65140 | Insertion of ocular implant secondary; afte | No | | | ALL |
| 65150 | Reinsertion of ocular implant; with or witho | No | | | ALL |
| 65155 | Reinsertion of ocular implant; with use of f | No | | | ALL |
| 65175 | Removal of ocular implant | No | | | ALL |
| 65205 | Removal of foreign body, external eye; co | No | | | ALL |
| 65210 | Removal of foreign body, external eye; co | No | | | ALL |
| 65220 | Removal of foreign body, external eye; co | No | | | ALL |
| 65222 | Removal of foreign body, external eye; co | No | | | ALL |
| 65235 | Removal of foreign body, intraocular; from | No | | | ALL |
| 65260 | Removal of foreign body, intraocular; from | No | | | ALL |
| 65265 | Removal of foreign body, intraocular; from | No | | | ALL |
| 65270 | Repair of laceration; conjunctiva, with or w | No | | | ALL |
| 65272 | Repair of laceration; conjunctiva, by mobil | No | | | ALL |
| 65273 | Repair of laceration; conjunctiva, by mobil | No | | | ALL |
| 65275 | Repair of laceration; cornea, nonperforatin | No | | | ALL |
| 65280 | Repair of laceration; cornea and/or sclera, | No | | | ALL |
| 65285 | Repair of laceration; cornea and/or sclera, | No | | | ALL |
| 65286 | Repair of laceration; application of tissue g | No | | | ALL |
| 65290 | Repair of wound, extraocular muscle, tend | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 65400 | Excision of lesion, cornea (keratectomy, la | No | | | ALL |
| 65410 | Biopsy of cornea | No | | | ALL |
| 65420 | Excision or transposition of pterygium; wit | No | | | ALL |
| 65426 | Excision or transposition of pterygium; wit | No | | | ALL |
| 65430 | Scraping of cornea, diagnostic, for smear | No | | | ALL |
| 65435 | Removal of corneal epithelium; with or wit | No | | | ALL |
| 65436 | Removal of corneal epithelium; with applic | No | | | ALL |
| 65450 | Destruction of lesion of cornea by cryothe | No | | | ALL |
| 65600 | Multiple punctures of anterior cornea (eg, | No | | | ALL |
| 65710 | Keratoplasty (corneal transplant); anterior | No | * | | ALL |
| 65730 | KERATOPLASTY (CORNEAL TRANSPLA | No | * | | ALL |
| 65750 | KERATOPLASTY (CORNEAL TRANSPLA | No | | | ALL |
| 65755 | KERATOPLASTY (CORNEAL TRANSPLA | No | | | ALL |
| 65756 | Keratoplasty (corneal transplant); endothe | No | | | ALL |
| 65757 | Backbench preparation of corneal endothe | No | | | ALL |
| 65760 | KERATOMILEUSIS | No | | L | ALL (Except MA) |
| 65760 | KERATOMILEUSIS | Not Covered | | | MA |
| 65765 | Keratophakia | Not Covered | | | ALL |
| 65767 | EPIKERATOPLASTY | No | | | ALL |
| 65770 | KERATOPROSTHESIS | No | | | ALL |
| 65771 | RADIAL KERATOTOMY | Not Covered | | | ALL |
| 65772 | CORNEAL RELAXING INCISION FOR CO | No | | | ALL |
| 65775 | CORNEAL WEDGE RESECTION FOR CO | No | | | ALL |
| 65778 | Placement of amniotic membrane on the | No | | | ALL |
| 65779 | Placement of amniotic membrane on the | No | | | ALL |
| 65780 | Ocular surface reconstruction; amniotic m | No | | | ALL |
| 65781 | OCULAR SURFACE RECONSTRUCTION | No | | | ALL |
| 65782 | OCULAR SURFACE RECONSTRUCTION | No | | | ALL |
| 65785 | Implantation of intrastromal corneal ring s | No | | | ALL |
| 65800 | Paracentesis of anterior chamber of eye (s | No | | | ALL |
| 65810 | Paracentesis of anterior chamber of eye (s | No | | | ALL |
| 65815 | Paracentesis of anterior chamber of eye (s | No | | | ALL |
| 65820 | Goniotomy | No | | | ALL |
| 65850 | Incision of eye | No | | | ALL |
| 65855 | Trabeculoplasty by laser surgery, one or m | No | | | ALL |
| 65860 | Severing adhesions of anterior segment, I | No | | | ALL |
| 65865 | Severing adhesions of anterior segment o | No | | | ALL |
| 65870 | Severing adhesions of anterior segment o | No | | | ALL |
| 65875 | Severing adhesions of anterior segment o | No | | | ALL |
| 65880 | Severing adhesions of anterior segment o | No | | | ALL |
| 65900 | Removal of epithelial downgrowth, anterio | No | | | ALL |
| 65920 | Removal of implanted material, anterior se | No | | | ALL |
| 65930 | Removal of blood clot, anterior segment o | No | | | ALL |
| 66020 | Injection, anterior chamber of eye (separa | No | | | ALL |
| 66030 | Injection, anterior chamber of eye (separa | No | | | ALL |
| 66130 | Excision of lesion, sclera | No | | | ALL |
| 66150 | Fistulization of sclera for glaucoma; trephi | No | | | ALL |
| 66155 | Fistulization of sclera for glaucoma; therm | No | | | ALL |
| 66160 | Fistulization of sclera for glaucoma; sclere | No | | | ALL |
| 66170 | Fistulization of sclera for glaucoma; trabec | No | | | ALL |
| 66172 | Fistulization of sclera for glaucoma; trabec | No | | | ALL |
| 66174 | Transluminal dilation of aqueous outflow c | No | | | ALL |
| 66175 | Transluminal dilation of aqueous outflow c | No | | | ALL |
| 66179 | Aqueous shunt to extraocular equatorial p | No | | | ALL |
| 66180 | Aqueous shunt to extraocular reservoir (eq | No | | | ALL |
| 66183 | Insertion of anterior segment aqueous dra | No | | | ALL |
| 66184 | Revision of aqueous shunt to extraocular | No | | | ALL |
| 66185 | Revision of aqueous shunt to extraocular | No | | | ALL |
| 66225 | Repair of scleral staphyloma; with graft | No | | | ALL |
| 66250 | Revision or repair of operative wound of a | No | | | ALL |
| 66500 | Iridotomy by stab incision (separate proce | No | | | ALL |
| 66505 | Iridotomy by stab incision (separate proce | No | | | ALL |
| 66600 | Iridectomy, with corneoscleral or corneal s | No | | | ALL |
| 66605 | Iridectomy, with corneoscleral or corneal s | No | | | ALL |
| 66625 | Iridectomy, with corneoscleral or corneal s | No | | | ALL |
| 66630 | Iridectomy, with corneoscleral or corneal s | No | | | ALL |
| 66635 | Iridectomy, with corneoscleral or corneal s | No | | | ALL |
| 66680 | Repair of iris, ciliary body (as for iridodialy | No | | | ALL |
| 66682 | Suture of iris, ciliary body (separate proce | No | | | ALL |
| 66683 | Implantation of iris prosthesis, including su | Yes | | | ALL (Except MCWRAP) |
| 66683 | Implantation of iris prosthesis, including su | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 66700 | CILIARY BODY DESTRUCTION; DIATHE | No | | | ALL |
| 66710 | CILIARY BODY DESTRUCTION; CYCLOF | No | | | ALL |
| 66711 | Ciliary body destruction; cyclophotocoagul | No | | | ALL |
| 66720 | CILIARY BODY DESTRUCTION; CRYOTH | No | | | ALL |
| 66740 | Ciliary body destruction; cyclodialysis | No | | | ALL |
| 66761 | Iridotomy/iridectomy by laser surgery (eg, | No | | | ALL |
| 66762 | Iridoplasty by photocoagulation (one or mo | No | | | ALL |
| 66770 | Destruction of cyst or lesion iris or ciliary b | No | | | ALL |
| 66820 | Discission of secondary membranous cata | No | | | ALL |
| 66821 | Discission of secondary membranous cata | No | | | ALL |
| 66825 | Repositioning of intraocular lens prosthesi | No | | | ALL |
| 66830 | Removal of secondary membranous catar | No | | | ALL |
| 66840 | Removal of lens material; aspiration techr | No | | | ALL |
| 66850 | Removal of lens material; phacofragmenta | No | * | | ALL |
| 66852 | Removal of lens material; pars plana appr | No | | | ALL |
| 66920 | Removal of lens material; intracapsular | No | | | ALL |
| 66930 | Removal of lens material; intracapsular, fo | No | | | ALL |
| 66940 | Removal of lens material; extracapsular (c | No | | | ALL |
| 66982 | Extracapsular cataract removal with insert | No | | | ALL |
| 66983 | Intracapsular cataract extraction with inse | No | | | ALL |
| 66984 | Extracapsular cataract removal with insert | No | | | ALL |
| 66985 | Insertion of intraocular lens prosthesis (se | No | | | ALL |
| 66986 | Exchange of intraocular lens | No | | | ALL |
| 66987 | Extracapsular cataract removal with insert | No | | | ALL |
| 66988 | Extracapsular cataract removal with insert | No | | | ALL |
| 66989 | Extracapsular cataract removal with insert | No | | | ALL |
| 66990 | Use of ophthalmic endoscope (List separa | No | | | ALL |
| 66991 | Extracapsular cataract removal with insert | No | | | ALL |
| 66999 | UNLISTED PROCEDURE, ANTERIOR SE | Yes | | | ALL (Except McWRAP) |
| 66999 | UNLISTED PROCEDURE, ANTERIOR SE | No | | | MCWRAP |
| 67005 | Removal of vitreous, anterior approach (o | No | | | ALL |
| 67010 | Removal of vitreous, anterior approach (o | No | | | ALL |
| 67015 | Aspiration or release of vitreous, subretina | No | | | ALL |
| 67025 | Injection of vitreous substitute, pars plana | No | | | ALL |
| 67027 | Implantation of intravitreal drug delivery sy | No | | | ALL |
| 67028 | Intravitreal injection of a pharmacologic ag | No | | | ALL |
| 67030 | Discission of vitreous strands (without rem | No | | | ALL |
| 67031 | Severing of vitreous strands, vitreous face | No | | | ALL |
| 67036 | Vitrectomy, mechanical, pars plana appro | No | | | ALL |
| 67039 | Vitrectomy, mechanical, pars plana appro | No | | | ALL |
| 67040 | Vitrectomy, mechanical, pars plana appro | No | | | ALL |
| 67041 | VITRECTOMY, MECHANICAL, PARS PLA | No | | | ALL |
| 67042 | VITRECTOMY, MECHANICAL, PARS PLA | No | | | ALL |
| 67043 | VITRECTOMY, MECHANICAL, PARS PLA | No | | | ALL |
| 67101 | Repair of retinal detachment, one or more | No | | | ALL |
| 67105 | Repair of retinal detachment, one or more | No | | | ALL |
| 67107 | Repair of retinal detachment; scleral buck | No | | | ALL |
| 67108 | Repair of retinal detachment; with vitrecto | No | | | ALL |
| 67110 | Repair of retinal detachment; by injection ( | No | | | ALL |
| 67113 | REPAIR OF COMPLEX RETINAL DETAC | No | | | ALL |
| 67115 | Release of encircling material (posterior s | No | | | ALL |
| 67120 | Removal of implanted material, posterior s | No | | | ALL |
| 67121 | Removal of implanted material, posterior s | No | | | ALL |
| 67141 | Prophylaxis of retinal detachment (eg, reti | No | | | ALL |
| 67145 | Prophylaxis of retinal detachment (eg, reti | No | | | ALL |
| 67208 | Destruction of localized lesion of retina (eg | No | | | ALL |
| 67210 | Destruction of localized lesion of retina (eg | No | | | ALL |
| 67218 | Destruction of localized lesion of retina (eg | No | | | ALL |
| 67220 | Destruction of localized lesion of choroid ( | No | | | ALL |
| 67221 | PHOTODYNAMIC THERAPY (INCLUDES | No | | | ALL |
| 67225 | OCULAR PHOTODYNAMIC THERAPY | No | | | ALL |
| 67227 | Destruction of extensive or progressive re | No | | | ALL |
| 67228 | Destruction of extensive or progressive re | No | | | ALL |
| 67229 | TREATMENT OF EXTENSIVE OR PROG | No | | | ALL |
| 67250 | Scleral reinforcement (separate procedure | No | | | ALL |
| 67255 | Scleral reinforcement (separate procedure | No | | | ALL |
| 67299 | UNLISTED PROCEDURE, POSTERIOR S | Yes | | | ALL (Except McWRAP) |
| 67299 | UNLISTED PROCEDURE, POSTERIOR S | No | | | MCWRAP |
| 67311 | Strabismus surgery, recession or resectio | No | | | ALL |
| 67312 | Strabismus surgery, recession or resectio | No | | | ALL |
| 67314 | Strabismus surgery, recession or resectio | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 67316 | Strabismus surgery, recession or resectio | No | | | ALL |
| 67318 | Strabismus surgery, any procedure, super | No | | | ALL |
| 67320 | Transposition procedure (eg, for paretic e | No | | | ALL |
| 67331 | Strabismus surgery on patient with previo | No | | | ALL |
| 67332 | Strabismus surgery on patient with scarrin | No | | | ALL |
| 67334 | Strabismus surgery by posterior fixation su | No | | | ALL |
| 67335 | Placement of adjustable suture(s) during s | No | | | ALL |
| 67340 | Strabismus surgery involving exploration a | No | | | ALL |
| 67343 | Release of extensive scar tissue without d | No | | | ALL |
| 67345 | CHEMODENERVATION OF EXTRAOCUL | No | | | ALL |
| 67346 | BIOPSY OF EXTRAOCULAR MUSCLE | No | | | ALL |
| 67399 | UNLISTED PROCEDURE, OCULAR MUS | Yes | | | ALL (Except McWRAP) |
| 67399 | UNLISTED PROCEDURE, OCULAR MUS | No | | | MCWRAP |
| 67400 | Orbitotomy without bone flap (frontal or tra | No | | | ALL |
| 67405 | Orbitotomy without bone flap (frontal or tra | No | | | ALL |
| 67412 | Orbitotomy without bone flap (frontal or tra | No | | | ALL |
| 67413 | Orbitotomy without bone flap (frontal or tra | No | | | ALL |
| 67414 | Orbitotomy without bone flap (frontal or tra | No | | | ALL |
| 67415 | Fine needle aspiration of orbital contents | No | | | ALL |
| 67420 | Orbitotomy with bone flap or window, later | No | | | ALL |
| 67430 | Orbitotomy with bone flap or window, later | No | | | ALL |
| 67440 | Orbitotomy with bone flap or window, later | No | | | ALL |
| 67445 | Orbitotomy with bone flap or window, later | No | | | ALL |
| 67450 | Orbitotomy with bone flap or window, later | No | | | ALL |
| 67500 | Retrobulbar injection; medication (separat | No | | | ALL |
| 67505 | RETROBULBAR INJECTION ALCOHOL | No | | | ALL |
| 67515 | Injection of medication or other substance | No | | | ALL |
| 67516 | Suprachoroidal space injection of pharma | No | | | ALL |
| 67550 | ORBITAL IMPLANT; INSERTION | No | | | ALL |
| 67560 | ORBITAL IMPLANT; REMOVAL OR REVI | No | | | ALL |
| 67570 | Optic nerve decompression (eg, incision o | No | | | ALL |
| 67599 | UNLISTED PROCEDURE, ORBIT | Yes | | | ALL (Except McWRAP) |
| 67599 | UNLISTED PROCEDURE, ORBIT | No | | | MCWRAP |
| 67700 | Blepharotomy, drainage of abscess, eyelic | No | | | ALL |
| 67710 | Severing of tarsorrhaphy | No | | | ALL |
| 67715 | Canthotomy (separate procedure) | No | | | ALL |
| 67800 | Excision of chalazion; single | No | | | ALL |
| 67801 | Excision of chalazion; multiple, same lid | No | | | ALL |
| 67805 | Excision of chalazion; multiple, different lic | No | | | ALL |
| 67808 | Excision of chalazion; under general anes | No | | | ALL |
| 67810 | Biopsy of eyelid | No | | | ALL |
| 67820 | Correction of trichiasis; epilation, by forcep | No | | | ALL |
| 67825 | Correction of trichiasis; epilation by other t | No | | | ALL |
| 67830 | Correction of trichiasis; incision of lid marg | No | | | ALL |
| 67835 | Correction of trichiasis; incision of lid marg | No | | | ALL |
| 67840 | Excision of lesion of eyelid (except chalaz | No | | | ALL |
| 67850 | Destruction of lesion of lid margin (up to 1 | No | | | ALL |
| 67875 | Temporary closure of eyelids by suture (eg | No | | | ALL |
| 67880 | CONSTRUCTION OF INTERMARGINAL A | No | | | ALL |
| 67882 | Construction of intermarginal adhesions, r | No | | | ALL |
| 67900 | REPAIR OF BROW PTOSIS (SUPRACILI | No | | | ALL |
| 67901 | REPAIR OF BLEPHAROPTOSIS; FRONT | No | | | ALL |
| 67902 | REPAIR OF BLEPHAROPTOSIS; FRONT | No | | | ALL |
| 67903 | REPAIR OF BLEPHAROPTOSIS; (TARSC | No | | | ALL |
| 67904 | REPAIR OF BLEPHAROPTOSIS; (TARSC | No | | | ALL |
| 67906 | REPAIR OF BLEPHAROPTOSIS; SUPER | No | | | ALL |
| 67908 | REPAIR OF BLEPHAROPTOSIS; CONJU | No | | | ALL |
| 67909 | REDUCTION OF OVERCORRECTION OF | Yes | | | ALL (Except MCWRAP) |
| 67909 | REDUCTION OF OVERCORRECTION OF | No | | | MCWRAP |
| 67911 | CORRECTION OF LID RETRACTION | No | | | ALL |
| 67912 | CORRECTION OF LAGOPHTHALMOS, W | No | | | ALL |
| 67914 | Repair of ectropion; suture | No | | | ALL |
| 67915 | Repair of ectropion; thermocauterization | No | | | ALL |
| 67916 | EXCISION TARSAL WEDGE | No | | | ALL |
| 67917 | EXTENSIVE (EG, TARSAL STRIP OPERA | No | | | ALL |
| 67921 | Repair of entropion; suture | No | | | ALL |
| 67922 | Repair of entropion; thermocauterization | No | | | ALL |
| 67923 | REPAIR OF ENTROPION; BLEPHAROPL | No | | | ALL |
| 67924 | REPAIR OF ENTROPION; BLEPHAROPL | No | | | ALL |
| 67930 | Suture of recent wound, eyelid, involving l | No | | | ALL |
| 67935 | Suture of recent wound, eyelid, involving l | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 67938 | Removal of embedded foreign body, eyeli | No | | | ALL |
| 67950 | Canthoplasty (reconstruction of canthus) | No | | | ALL |
| 67961 | Excision and repair of eyelid, involving lid | No | | | ALL |
| 67966 | Excision and repair of eyelid, involving lid | No | | | ALL |
| 67971 | Reconstruction of eyelid, full thickness by | No | | | ALL |
| 67973 | Reconstruction of eyelid, full thickness by | No | | | ALL |
| 67974 | Reconstruction of eyelid, full thickness by | No | | | ALL |
| 67975 | Reconstruction of eyelid, full thickness by | No | | | ALL |
| 67999 | UNLISTED PROCEDURE, EYELIDS | Yes | | | ALL (Except MCWRAP) |
| 67999 | UNLISTED PROCEDURE, EYELIDS | No | | | MCWRAP |
| 68020 | Incision of conjunctiva, drainage of cyst | No | | | ALL |
| 68040 | Expression of conjunctival follicles (eg, for | No | | | ALL |
| 68100 | Biopsy of conjunctiva | No | | | ALL |
| 68110 | Excision of lesion, conjunctiva; up to 1 cm | No | | | ALL |
| 68115 | Excision of lesion, conjunctiva; over 1 cm | No | | | ALL |
| 68130 | Excision of lesion, conjunctiva; with adjace | No | | | ALL |
| 68135 | Destruction of lesion, conjunctiva | No | | | ALL |
| 68200 | Subconjunctival injection | No | | | ALL |
| 68320 | Conjunctivoplasty; with conjunctival graft c | No | | | ALL |
| 68325 | Conjunctivoplasty; with buccal mucous me | No | | | ALL |
| 68326 | Conjunctivoplasty, reconstruction cul-de-s | No | | | ALL |
| 68328 | Conjunctivoplasty, reconstruction cul-de-s | No | | | ALL |
| 68330 | Repair of symblepharon; conjunctivoplasty | No | | | ALL |
| 68335 | Repair of symblepharon; with free graft co | No | | | ALL |
| 68340 | Repair of symblepharon; division of symbl | No | | | ALL |
| 68360 | Conjunctival flap; bridge or partial (separa | No | | | ALL |
| 68362 | Conjunctival flap; total (such as Gunderso | No | | | ALL |
| 68371 | HARVEST CONJUNCTIVAL ALLOGRAFT | No | | | ALL |
| 68399 | UNLISTED PROCEDURE, CONJUNCTIV | Yes | | | ALL (Except MCWRAP) |
| 68399 | UNLISTED PROCEDURE, CONJUNCTIV | No | | | MCWRAP |
| 68400 | Incision, drainage of lacrimal gland | No | | | ALL |
| 68420 | Incision, drainage of lacrimal sac (dacryoc | No | | | ALL |
| 68440 | Snip incision of lacrimal punctum | No | | | ALL |
| 68500 | Excision of lacrimal gland (dacryoadenect | No | | | ALL |
| 68505 | Excision of lacrimal gland (dacryoadenect | No | | | ALL |
| 68510 | Biopsy of lacrimal gland | No | | | ALL |
| 68520 | Excision of lacrimal sac (dacryocystectom | No | | | ALL |
| 68525 | Biopsy of lacrimal sac | No | | | ALL |
| 68530 | Removal of foreign body or dacryolith, lacr | No | | | ALL |
| 68540 | Excision of lacrimal gland tumor; frontal ar | No | | | ALL |
| 68550 | Excision of lacrimal gland tumor; involving | No | | | ALL |
| 68700 | Plastic repair of canaliculi | No | | | ALL |
| 68705 | Correction of everted punctum, cautery | No | | | ALL |
| 68720 | Dacryocystorhinostomy (fistulization of lac | No | | | ALL |
| 68745 | Conjunctivorhinostomy (fistulization of cor | No | | | ALL |
| 68750 | Conjunctivorhinostomy (fistulization of cor | No | | | ALL |
| 68760 | Closure of the lacrimal punctum; by therm | No | | | ALL |
| 68761 | Closure of the lacrimal punctum; by plug, ( | No | | | ALL |
| 68770 | Closure of lacrimal fistula (separate proce | No | | | ALL |
| 68801 | Dilation of lacrimal punctum, with or witho | No | | | ALL |
| 68810 | Probing of nasolacrimal duct, with or witho | No | | | ALL |
| 68811 | Probing of nasolacrimal duct, with or witho | No | | | ALL |
| 68815 | Probing of nasolacrimal duct, with or witho | No | | | ALL |
| 68816 | PROBING OF NASOLACRIMAL DUCT, W | No | | | ALL |
| 68840 | Probing of lacrimal canaliculi, with or witho | No | | | ALL |
| 68841 | Insertion of drug-eluting implant, including | No | | | ALL |
| 68850 | Injection of contrast medium for dacryocys | No | | | ALL |
| 68899 | UNLISTED PROCEDURE, LACRIMAL SY | Yes | | | ALL (Except MCWRAP) |
| 68899 | UNLISTED PROCEDURE, LACRIMAL SY | No | | | MCWRAP |
| 69000 | Drainage external ear, abscess or hematc | No | | | ALL |
| 69005 | Drainage external ear, abscess or hematc | No | | | ALL |
| 69020 | Drainage external auditory canal, abscess | No | | | ALL |
| 69090 | EAR PIERCING | Not Covered | | | ALL |
| 69100 | Biopsy external ear | No | | | ALL |
| 69105 | Biopsy external auditory canal | No | | | ALL |
| 69110 | Excision external ear; partial, simple repai | No | | | ALL |
| 69120 | Excision external ear; complete amputatio | No | | | ALL |
| 69140 | Excision exostosis(es), external auditory c | No | | | ALL |
| 69145 | Excision soft tissue lesion, external audito | No | | | ALL |
| 69150 | Radical excision external auditory canal le | No | | | ALL |
| 69155 | Radical excision external auditory canal le | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 69200 | Removal foreign body from external audito | No | | | ALL |
| 69205 | Removal foreign body from external audito | No | | | ALL |
| 69209 | Removal impacted cerumen using irrigation/lava | No | | | ALL |
| 69210 | Removal impacted cerumen (separate pro | No | | | ALL |
| 69220 | Debridement, mastoidectomy cavity, simp | No | | | ALL |
| 69222 | Debridement, mastoidectomy cavity, comp | No | | | ALL |
| 69300 | OTOPLASTY, PROTRUDING EAR, WITH | Not Covered | | | ALL |
| 69310 | Reconstruction of external auditory canal ( | No | | | ALL |
| 69320 | Reconstruction external auditory canal for | No | | | ALL |
| 69399 | UNLISTED PROCEDURE, EXTERNAL EA | Yes | | | ALL (Except MCWRAP) |
| 69399 | UNLISTED PROCEDURE, EXTERNAL EA | No | | | MCWRAP |
| 69420 | Myringotomy including aspiration and/or e | No | | | ALL |
| 69421 | Myringotomy including aspiration and/or e | No | | | ALL |
| 69424 | Ventilating tube removal requiring general | No | | | ALL |
| 69433 | Tympanostomy (requiring insertion of vent | No | | | ALL |
| 69436 | Tympanostomy (requiring insertion of vent | No | | | ALL |
| 69440 | Middle ear exploration through postauricu | No | | | ALL |
| 69450 | Tympanolysis, transcanal | No | | | ALL |
| 69501 | Transmastoid antrotomy (simple mastoide | No | | | ALL |
| 69502 | Mastoidectomy; complete | No | | | ALL |
| 69505 | Mastoidectomy; modified radical | No | | | ALL |
| 69511 | Mastoidectomy; radical | No | | | ALL |
| 69530 | Petrous apicectomy including radical mas | No | | | ALL |
| 69535 | Resection temporal bone, external approa | No | | | ALL |
| 69540 | Excision aural polyp | No | | | ALL |
| 69550 | Excision aural glomus tumor; transcanal | No | | | ALL |
| 69552 | Excision aural glomus tumor; transmastoi | No | | | ALL |
| 69554 | Excision aural glomus tumor; extended (e | No | | | ALL |
| 69601 | Revision mastoidectomy; resulting in com | No | | | ALL |
| 69602 | Revision mastoidectomy; resulting in mod | No | | | ALL |
| 69603 | Revision mastoidectomy; resulting in radic | No | | | ALL |
| 69604 | Revision mastoidectomy; resulting in tymp | No | | | ALL |
| 69605 | Revision mastoidectomy; with apicectomy | No | | | ALL |
| 69610 | Tympanic membrane repair, with or witho | No | | | ALL |
| 69620 | Myringoplasty (surgery confined to drumhe | No | | | ALL |
| 69631 | Tympanoplasty without mastoidectomy (in | No | | | ALL |
| 69632 | Tympanoplasty without mastoidectomy (in | No | | | ALL |
| 69633 | Tympanoplasty without mastoidectomy (in | No | | | ALL |
| 69635 | Tympanoplasty with antrotomy or mastoid | No | | | ALL |
| 69636 | Tympanoplasty with antrotomy or mastoid | No | | | ALL |
| 69637 | Tympanoplasty with antrotomy or mastoid | No | | | ALL |
| 69641 | Tympanoplasty with mastoidectomy (inclu | No | | | ALL |
| 69642 | Tympanoplasty with mastoidectomy (inclu | No | | | ALL |
| 69643 | Tympanoplasty with mastoidectomy (inclu | No | | | ALL |
| 69644 | Tympanoplasty with mastoidectomy (inclu | No | | | ALL |
| 69645 | Tympanoplasty with mastoidectomy (inclu | No | | | ALL |
| 69646 | Tympanoplasty with mastoidectomy (inclu | No | | | ALL |
| 69650 | Stapes mobilization | No | | | ALL |
| 69660 | Stapedectomy or stapedotomy with reesta | No | | | ALL |
| 69661 | Stapedectomy or stapedotomy with reesta | No | | | ALL |
| 69662 | Revision of stapedectomy or stapedotomy | No | | | ALL |
| 69666 | Repair oval window fistula | No | | | ALL |
| 69667 | Repair round window fistula | No | | | ALL |
| 69670 | Mastoid obliteration (separate procedure) | No | | | ALL |
| 69676 | Tympanic neurectomy | No | | | ALL |
| 69700 | Closure postauricular fistula, mastoid (sep | No | | | ALL |
| 69705 | Nasopharyngoscopy, surgical, with dilatior | No | | | ALL |
| 69706 | Nasopharyngoscopy, surgical, with dilatior | No | | | ALL |
| 69710 | Implantation or replacement of electromag | No | | | ALL |
| 69711 | Removal or repair of electromagnetic bon | No | | | ALL |
| 69714 | Implantation, osseointegrated implant, ten | No | | | ALL |
| 69716 | Implantation, osseointegrated implant, sku | No | | | ALL |
| 69717 | Replacement (including removal of existin | No | | | ALL |
| 69719 | Revision or replacement (including remov | No | | | ALL |
| 69720 | Decompression facial nerve, intratempora | No | | | ALL |
| 69725 | Decompression facial nerve, intratempora | No | | | ALL |
| 69726 | Removal, osseointegrated implant, skull; v | No | | | ALL |
| 69727 | Removal, osseointegrated implant, skull; v | No | | | ALL |
| 69728 | Removal, entire osseointegrated implant, | No | | | ALL |
| 69729 | Implantation, osseointegrated implant, sku | No | | | ALL |
| 69730 | Replacement (including removal of existin | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 69740 | Suture facial nerve, intratemporal, with or | No | | | ALL |
| 69745 | Suture facial nerve, intratemporal, with or | No | | | ALL |
| 69799 | UNLISTED PROCEDURE, MIDDLE EAR | Yes | | | ALL (Except MCWRAP) |
| 69799 | UNLISTED PROCEDURE, MIDDLE EAR | No | | | MCWRAP |
| 69801 | Labyrinthotomy, with perfusion of vestibul | No | | | ALL |
| 69805 | Endolymphatic sac operation; without shu | No | | | ALL |
| 69806 | Endolymphatic sac operation; with shunt | No | | | ALL |
| 69905 | Labyrinthectomy; transcanal | No | | | ALL |
| 69910 | Labyrinthectomy; with mastoidectomy | No | | | ALL |
| 69915 | Vestibular nerve section, translabyrinthine | No | | | ALL |
| 69930 | COCHLEAR DEVICE IMPLANTATION, W | No | | | ALL |
| 69949 | UNLISTED PROCEDURE, INNER EAR | Yes | | | ALL (Except MCWRAP) |
| 69949 | UNLISTED PROCEDURE, INNER EAR | No | | | MCWRAP |
| 69950 | Vestibular nerve section, transcranial appr | No | | | ALL |
| 69955 | Total facial nerve decompression and/or r | No | | | ALL |
| 69960 | Decompression internal auditory canal | No | | | ALL |
| 69970 | Removal of tumor, temporal bone | No | | | ALL |
| 69979 | UNLISTED PROCEDURE, TEMPORAL B | Yes | | | ALL (Except MCWRAP) |
| 69979 | UNLISTED PROCEDURE, TEMPORAL B | No | | | MCWRAP |
| 69990 | Microsurgical techniques, requiring use of | No | | | ALL |
| 70010 | Myelography, posterior fossa, radiological | No | | | ALL |
| 70015 | Cisternography, positive contrast, radiolog | No | | | ALL |
| 70030 | Radiologic examination, eye, for detection | No | | | ALL |
| 70100 | Radiologic examination, mandible; partial, | No | | | ALL |
| 70110 | Radiologic examination, mandible; comple | No | | | ALL |
| 70120 | Radiologic examination, mastoids; less th | No | | | ALL |
| 70130 | Radiologic examination, mastoids; comple | No | | | ALL |
| 70134 | Radiologic examination, internal auditory r | No | | | ALL |
| 70140 | Radiologic examination, facial bones; less | No | | | ALL |
| 70150 | Radiologic examination, facial bones; com | No | | | ALL |
| 70160 | Radiologic examination, nasal bones, com | No | | | ALL |
| 70170 | Dacryocystography, nasolacrimal duct, rad | No | | | ALL |
| 70190 | Radiologic examination; optic foramina | No | | | ALL |
| 70200 | Radiologic examination; orbits, complete, | No | | | ALL |
| 70210 | Radiologic examination, sinuses, paranas | No | | | ALL |
| 70220 | Radiologic examination, sinuses, paranas | No | | | ALL |
| 70240 | Radiologic examination, sella turcica | No | | | ALL |
| 70250 | Radiologic examination, skull; less than fo | No | | | ALL |
| 70260 | Radiologic examination, skull; complete, r | No | | | ALL |
| 70300 | Radiologic examination, teeth; single view | No | | | ALL |
| 70310 | Radiologic examination, teeth; partial exar | No | | | ALL |
| 70320 | Radiologic examination, teeth; complete, f | No | | | ALL |
| 70328 | Radiologic examination, temporomandibu | No | | | ALL |
| 70330 | Radiologic examination, temporomandibu | No | | | ALL |
| 70332 | TEMPOROMANDIBULAR JOINT ARTHRO | No | | | ALL |
| 70336 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 70336 | MAGNETIC RESONANCE (EG, PROTON | No | * | | MCWRAP |
| 70350 | CEPHALOGRAM, ORTHODONTIC | No | | | ALL |
| 70355 | ORTHOPANTOGRAM | No | | | ALL |
| 70360 | Radiologic examination; neck, soft tissue | No | | | ALL |
| 70370 | Radiologic examination; pharynx or larynx | No | | | ALL |
| 70371 | COMPLEX DYNAMIC PHARYNGEAL AND | No | | | ALL |
| 70380 | Radiologic examination, salivary gland for | No | | | ALL |
| 70390 | Sialography, radiological supervision and | No | | | ALL |
| 70450 | COMPUTED TOMOGRAPHY, HEAD OR | Yes | CCN | | ALL (Except MCWRAP) |
| 70450 | COMPUTED TOMOGRAPHY, HEAD OR | No | | | MCWRAP |
| 70460 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 70460 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 70470 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 70470 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 70471 | Computed tomographic angiography (CTA | Yes | CCN | | ALL (Except MCWRAP) |
| 70471 | Computed tomographic angiography (CTA | No | | | MCWRAP |
| 70472 | Computed tomographic (CT) cerebral perf | Yes | CCN | | ALL (Except MCWRAP) |
| 70472 | Computed tomographic (CT) cerebral perf | No | | | MCWRAP |
| 70473 | Computed tomographic (CT) cerebral perf | Yes | CCN | | ALL (Except MCWRAP) |
| 70473 | Computed tomographic (CT) cerebral perf | No | | | MCWRAP |
| 70480 | COMPUTED TOMOGRAPHY, ORBIT, SE | Yes | CCN | | ALL (Except MCWRAP) |
| 70480 | COMPUTED TOMOGRAPHY, ORBIT, SE | No | | | MCWRAP |
| 70481 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 70481 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 70482 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 70482 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 70486 | COMPUTED TOMOGRAPHY, MAXILLOF | Yes | CCN | | ALL (Except MCWRAP) |
| 70486 | COMPUTED TOMOGRAPHY, MAXILLOF | No | | | MCWRAP |
| 70487 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 70487 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 70488 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 70488 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 70490 | COMPUTED TOMOGRAPHY, SOFT TISS | Yes | CCN | | ALL (Except MCWRAP) |
| 70490 | COMPUTED TOMOGRAPHY, SOFT TISS | No | | | MCWRAP |
| 70491 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 70491 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 70492 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 70492 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGG | Yes | CCN | | ALL (Except MCWRAP) |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGG | No | | | MCWRAP |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGR/ | Yes | CCN | | ALL (Except MCWRAP) |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGR/ | No | | | MCWRAP |
| 70540 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 70540 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 70542 | MRI ORBIT/FACE/NECK W/DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 70542 | MRI ORBIT/FACE/NECK W/DYE | No | | | MCWRAP |
| 70543 | MRI ORBT/FAC/NCK W/O&W DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 70543 | MRI ORBT/FAC/NCK W/O&W DYE | No | | | MCWRAP |
| 70544 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 70544 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 70545 | MR ANGIOGRAPHY HEAD W/DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 70545 | MR ANGIOGRAPHY HEAD W/DYE | No | | | MCWRAP |
| 70546 | MR ANGIOGRAPH HEAD W/O&W DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 70546 | MR ANGIOGRAPH HEAD W/O&W DYE | No | | | MCWRAP |
| 70547 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except MCWRAP) |
| 70547 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| 70548 | MR ANGIOGRAPHY NECK W/DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 70548 | MR ANGIOGRAPHY NECK W/DYE | No | | | MCWRAP |
| 70549 | MR ANGIOGRAPH NECK W/O&W DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 70549 | MR ANGIOGRAPH NECK W/O&W DYE | No | | | MCWRAP |
| 70551 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 70551 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 70551 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 70551 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 70552 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 70552 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 70553 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 70553 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 70554 | MAGNETIC RESONANCE IMAGEING, BF | Yes | CCN | | ALL (Except MCWRAP) |
| 70554 | MAGNETIC RESONANCE IMAGEING, BF | No | | | MCWRAP |
| 70555 | MAGNETIC RESONANCE IMAGEING, BF | Yes | CCN | | ALL (Except MCWRAP) |
| 70555 | MAGNETIC RESONANCE IMAGEING, BF | No | | | MCWRAP |
| 70557 | MAGNETIC RESONANCE (EG PROTON) | No | | | ALL |
| 70558 | MAGNETIC RESONANCE (EG PROTON) | No | | | ALL |
| 70559 | MAGNETIC RESONANCE (EG PROTON) | No | | | ALL |
| 71045 | Radiologic examination, chest; single viev | No | | | ALL |
| 71046 | Radiologic examination, chest; 2 views | No | | | ALL |
| 71047 | Radiologic examination, chest; 3 views | No | | | ALL |
| 71048 | Radiologic examination, chest; 4 or more | No | | | ALL |
| 71100 | Radiologic examination, ribs, unilateral; tw | No | | | ALL |
| 71101 | Radiologic examination, ribs, unilateral; in | No | | | ALL |
| 71110 | Radiologic examination, ribs, bilateral; thr | No | | | ALL |
| 71111 | Radiologic examination, ribs, bilateral; inc | No | | | ALL |
| 71120 | Radiologic examination; sternum, minimu | No | | | ALL |
| 71130 | Radiologic examination; sternoclavicular j | No | | | ALL |
| 71250 | COMPUTED TOMOGRAPHY, THORAX; \ | Yes | CCN | | ALL (Except MCWRAP) |
| 71250 | COMPUTED TOMOGRAPHY, THORAX; \ | No | | | MCWRAP |
| 71260 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 71260 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 71270 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 71270 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 71271 | Computed tomography, thorax, low dose f | Yes | CCN | | ALL (Except MCWRAP) |
| 71271 | Computed tomography, thorax, low dose f | No | | | MCWRAP |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGR/ | Yes | CCN | | ALL (Except MCWRAP) |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGR/ | No | | | MCWRAP |
| 71550 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 71550 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 71551 | MRI CHEST W/DYE | Yes | CCN | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 71551 | MRI CHEST W/DYE | No | | | MCWRAP |
| 71552 | MRI CHEST W/O&W DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 71552 | MRI CHEST W/O&W DYE | No | | | MCWRAP |
| 71555 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except MCWRAP) |
| 71555 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| 72020 | Radiologic examination, spine, single view | No | * | | ALL |
| 72040 | Radiologic examination, spine, cervical; tw | No | * | | ALL |
| 72050 | Radiologic examination, spine, cervical; m | No | * | | ALL |
| 72052 | Radiologic examination, spine, cervical; co | No | * | | ALL |
| 72070 | Radiologic examination, spine; thoracic, tw | No | * | | ALL |
| 72072 | Radiologic examination, spine; thoracic, th | No | * | | ALL |
| 72074 | Radiologic examination, spine; thoracic, m | No | * | | ALL |
| 72080 | Radiologic examination, spine; thoracolum | No | * | | ALL |
| 72081 | Radiologic examination, spine, entire thora | No | * | | ALL |
| 72082 | Radiologic examination, spine, entire thora | No | * | | ALL |
| 72083 | Radiologic examination, spine, entire thora | No | * | | ALL |
| 72084 | Radiologic examination, spine, entire thora | No | * | | ALL |
| 72100 | Radiologic examination, spine, lumbosacr | No | * | | ALL |
| 72110 | Radiologic examination, spine, lumbosacr | No | * | | ALL |
| 72114 | Radiologic examination, spine, lumbosacr | No | * | | ALL |
| 72120 | Radiologic examination, spine, lumbosacr | No | * | | ALL |
| 72125 | COMPUTED TOMOGRAPHY, CERVICAL | Yes | CCN | | ALL (Except MCWRAP) |
| 72125 | COMPUTED TOMOGRAPHY, CERVICAL | No | | | MCWRAP |
| 72126 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 72126 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 72127 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 72127 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 72128 | COMPUTED TOMOGRAPHY, THORACIC | Yes | CCN | | ALL (Except MCWRAP) |
| 72128 | COMPUTED TOMOGRAPHY, THORACIC | No | | | MCWRAP |
| 72129 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 72129 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 72130 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 72130 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 72131 | COMPUTED TOMOGRAPHY, LUMBAR S | Yes | CCN | | ALL (Except MCWRAP) |
| 72131 | COMPUTED TOMOGRAPHY, LUMBAR S | No | | | MCWRAP |
| 72132 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 72132 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 72133 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 72133 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 72141 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72141 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72142 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72142 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72146 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72146 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72147 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72147 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72148 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72148 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72149 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72149 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72156 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72156 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72157 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72157 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72158 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72158 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72159 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except MCWRAP) |
| 72159 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| 72170 | Radiologic examination, pelvis; one or two | No | * | | ALL |
| 72190 | Radiologic examination, pelvis; complete, | No | * | | ALL |
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGRA | Yes | CCN | | ALL (Except MCWRAP) |
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGRA | No | | | MCWRAP |
| 72192 | COMPUTED TOMOGRAPHY, PELVIS; W | Yes | CCN | | ALL (Except MCWRAP) |
| 72192 | COMPUTED TOMOGRAPHY, PELVIS; W | No | | | MCWRAP |
| 72193 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 72193 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 72194 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 72194 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 72195 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72195 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 72196 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 72196 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 72197 | MRI PELVIS W/O & W DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 72197 | MRI PELVIS W/O & W DYE | No | | | MCWRAP |
| 72198 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except MCWRAP) |
| 72198 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| 72200 | Radiologic examination, sacroiliac joints; l | No | * | | ALL |
| 72202 | Radiologic examination, sacroiliac joints; t | No | * | | ALL |
| 72220 | Radiologic examination, sacrum and cocc | No | * | | ALL |
| 72240 | Myelography, cervical, radiological superv | No | | | ALL |
| 72255 | Myelography, thoracic, radiological superv | No | | | ALL |
| 72265 | Myelography, lumbosacral, radiological su | No | | | ALL |
| 72270 | MYELOGRAPHY, TWO OR MORE REGIC | No | | | ALL |
| 0228t | Diskography, cervical or thoracic, radiolog | Yes | CCN | | ALL (Except MCWRAP) |
| 72285 | Diskography, cervical or thoracic, radiolog | No | | | MCWRAP |
| 72295 | Diskography, lumbar, radiological supervis | Yes | CCN | | ALL (Except MCWRAP) |
| 72295 | Diskography, lumbar, radiological supervis | No | | | MCWRAP |
| 73000 | Radiologic examination; clavicle, complete | No | | | ALL |
| 73010 | Radiologic examination; scapula, complet | No | | | ALL |
| 73020 | Radiologic examination, shoulder; one vie | No | | | ALL |
| 73030 | Radiologic examination, shoulder; comple | No | | | ALL |
| 73040 | Radiologic examination, shoulder, arthrog | No | | | ALL |
| 73050 | Radiologic examination; acromioclavicular | No | | | ALL |
| 73060 | Radiologic examination; humerus, minimu | No | | | ALL |
| 73070 | Radiologic examination, elbow; two views | No | | | ALL |
| 73080 | Radiologic examination, elbow; complete, | No | | | ALL |
| 73085 | Radiologic examination, elbow, arthrograp | No | | | ALL |
| 73090 | Radiologic examination; forearm, two view | No | | | ALL |
| 73092 | Radiologic examination; upper extremity, i | No | | | ALL |
| 73100 | Radiologic examination, wrist; two views | No | | | ALL |
| 73110 | Radiologic examination, wrist; complete, r | No | | | ALL |
| 73115 | Radiologic examination, wrist, arthrograph | No | | | ALL |
| 73120 | Radiologic examination, hand; two views | No | | | ALL |
| 73130 | Radiologic examination, hand; minimum c | No | | | ALL |
| 73140 | Radiologic examination, finger(s), minimu | No | | | ALL |
| 73200 | COMPUTED TOMOGRAPHY, UPPER EX | Yes | CCN | | ALL (Except MCWRAP) |
| 73200 | COMPUTED TOMOGRAPHY, UPPER EX | No | | | MCWRAP |
| 73201 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 73201 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 73202 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except MCWRAP) |
| 73202 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGRA | Yes | CCN | | ALL (Except MCWRAP) |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGRA | No | | | MCWRAP |
| 73218 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 73218 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 73219 | MRI UPPER EXTREMITY W/DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 73219 | MRI UPPER EXTREMITY W/DYE | No | | | MCWRAP |
| 73220 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 73220 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 73221 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except MCWRAP) |
| 73221 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 73222 | MRI JOINT UPR EXTREM W/ DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 73222 | MRI JOINT UPR EXTREM W/ DYE | No | | | MCWRAP |
| 73223 | MRI JOINT UPR EXTR W/O&W DYE | Yes | CCN | | ALL (Except MCWRAP) |
| 73223 | MRI JOINT UPR EXTR W/O&W DYE | No | | | MCWRAP |
| 73225 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Wxcept MCWRAP) |
| 73225 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| 73501 | Radiologic examination, hip, unilateral, with pelv | No | | | ALL |
| 73502 | Radiologic examination, hip, unilateral, with pelv | No | | | ALL |
| 73503 | Radiologic examination, hip, unilateral, with pelv | No | | | ALL |
| 73521 | Radiologic examination, hips, bilateral, with pelv | No | | | ALL |
| 73522 | Radiologic examination, hips, bilateral, with pelv | No | | | ALL |
| 73523 | Radiologic examination, hips, bilateral, with pelv | No | | | ALL |
| 73525 | Radiologic examination, hip, arthrography | No | | | ALL |
| 73551 | Radiologic examination, femur; 1 view | No | | | ALL |
| 73552 | Radiologic examination, femur; minimum 2 view | No | | | ALL |
| 73560 | Radiologic examination, knee; one or two | No | | | ALL |
| 73562 | Radiologic examination, knee; three views | No | | | ALL |
| 73564 | Radiologic examination, knee; complete, f | No | | | ALL |
| 73565 | Radiologic examination, knee; both knees | No | | | ALL |
| 73580 | Radiologic examination, knee, arthrograph | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 73590 | Radiologic examination; tibia and fibula, tv | No | | | ALL |
| 73592 | Radiologic examination; lower extremity, i | No | | | ALL |
| 73600 | Radiologic examination, ankle; two views | No | | | ALL |
| 73610 | Radiologic examination, ankle; complete, | No | | | ALL |
| 73615 | Radiologic examination, ankle, arthrograp | No | | | ALL |
| 73620 | Radiologic examination, foot; two views | No | | | ALL |
| 73630 | Radiologic examination, foot; complete, m | No | | | ALL |
| 73650 | Radiologic examination; calcaneus, minim | No | | | ALL |
| 73660 | Radiologic examination; toe(s), minimum | No | | | ALL |
| 73700 | COMPUTED TOMOGRAPHY, LOWER EX | Yes | CCN | | ALL (Except McWRAP) |
| 73700 | COMPUTED TOMOGRAPHY, LOWER EX | No | | | MCWRAP |
| 73701 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except McWRAP) |
| 73701 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 73702 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except McWRAP) |
| 73702 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGRA | Yes | CCN | | ALL (Except McWRAP) |
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGRA | No | | | MCWRAP |
| 73718 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except McWRAP) |
| 73718 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 73719 | MRI LOWER EXTREMITY W/DYE | Yes | CCN | | ALL (Except McWRAP) |
| 73719 | MRI LOWER EXTREMITY W/DYE | No | | | MCWRAP |
| 73720 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except McWRAP) |
| 73720 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 73721 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except McWRAP) |
| 73721 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 73722 | MRI JOINT OF LWR EXTR W/DYE | Yes | CCN | | ALL (Except McWRAP) |
| 73722 | MRI JOINT OF LWR EXTR W/DYE | No | | | MCWRAP |
| 73723 | MRI JOINT LWR EXTR W/O&W DYE | Yes | CCN | | ALL (Except McWRAP) |
| 73723 | MRI JOINT LWR EXTR W/O&W DYE | No | | | MCWRAP |
| 73725 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| 73725 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| 74018 | Radiologic examination, abdomen; 1 view | No | | | ALL |
| 74019 | Radiologic examination, abdomen; 2 view | No | | | ALL |
| 74021 | Radiologic examination, abdomen; 3 or m | No | | | ALL |
| 74022 | Radiologic examination, abdomen; compl | No | | | ALL |
| 74150 | COMPUTED TOMOGRAPHY, ABDOMEN | Yes | CCN | | ALL (Except McWRAP) |
| 74150 | COMPUTED TOMOGRAPHY, ABDOMEN | No | | | MCWRAP |
| 74160 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except McWRAP) |
| 74160 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 74170 | COMPUTERIZED AXIAL TOMOGRAPHY, | Yes | CCN | | ALL (Except McWRAP) |
| 74170 | COMPUTERIZED AXIAL TOMOGRAPHY, | No | | | MCWRAP |
| 74174 | Computed tomographic angiography, abd | Yes | CCN | | ALL (Except McWRAP) |
| 74174 | Computed tomographic angiography, abd | No | | | MCWRAP |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRA | Yes | CCN | | ALL (Except McWRAP) |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRA | No | | | MCWRAP |
| 74176 | Computed tomography, abdomen and pel | Yes | CCN | | ALL (Except McWRAP) |
| 74176 | Computed tomography, abdomen and pel | No | | | MCWRAP |
| 74177 | Computed tomography, abdomen and pel | Yes | CCN | | ALL (Except McWRAP) |
| 74177 | Computed tomography, abdomen and pel | No | | | MCWRAP |
| 74178 | Computed tomography, abdomen and pel | Yes | CCN | | ALL (Except McWRAP) |
| 74178 | Computed tomography, abdomen and pel | No | | | MCWRAP |
| 74181 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except McWRAP) |
| 74181 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 74182 | MRI ABDOMEN W/DYE | Yes | CCN | | ALL (Except McWRAP) |
| 74182 | MRI ABDOMEN W/DYE | No | | | MCWRAP |
| 74183 | MRI ABDOMEN W/O & W/DYE | Yes | CCN | | ALL (Except McWRAP) |
| 74183 | MRI ABDOMEN W/O & W/DYE | No | | | MCWRAP |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| 74190 | Peritoneogram (eg, after injection of air or | No | | | ALL |
| 74210 | Radiologic examination; pharynx and/or ce | No | | | ALL |
| 74220 | Radiologic examination; esophagus | No | | | ALL |
| 74221 | Radiologic examination, esophagus, inclu | No | | | ALL |
| 74230 | Swallowing function, with cineradiography | No | | | ALL |
| 74235 | Removal of foreign body(s), esophageal, v | No | | | ALL |
| 74240 | Radiologic examination, gastrointestinal tr | No | | | ALL |
| 74246 | Radiological examination, gastrointestinal | No | | | ALL |
| 74248 | Radiologic small intestine follow-through s | No | | | ALL |
| 74250 | Radiologic examination, small intestine, in | No | | | ALL |
| 74251 | Radiologic examination, small intestine, in | No | | | ALL |
| 74261 | COMPUTED TOMOGRAPHIC COLONGR | Yes | CCN | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 74261 | COMPUTED TOMOGRAPHIC COLONGR | No | | | MCWRAP |
| 74262 | COMPUTED TOMOGRAPHIC COLONGR | Yes | CCN | | ALL (Except McWRAP) |
| 74262 | COMPUTED TOMOGRAPHIC COLONGR | No | | | MCWRAP |
| 74263 | COMPUTED TOMOGRAPHIC (CT) COLC | Yes | CCN | | ALL (Except McWRAP) |
| 74263 | COMPUTED TOMOGRAPHIC (CT) COLC | No | | | MCWRAP |
| 74270 | Radiologic examination, colon; barium ene | No | | | ALL |
| 74280 | Radiologic examination, colon; air contras | No | | | ALL |
| 74283 | Therapeutic enema, contrast or air, for rec | No | | | ALL |
| 74290 | Cholecystography, oral contrast; | No | | | ALL |
| 74300 | Cholangiography and/or pancreatography | No | | | ALL |
| 74301 | Cholangiography and/or pancreatography | No | | | ALL |
| 74328 | Endoscopic catheterization of the biliary d | No | | | ALL |
| 74329 | Endoscopic catheterization of the pancrea | No | | | ALL |
| 74330 | Combined endoscopic catheterization of t | No | | | ALL |
| 74340 | Introduction of long gastrointestinal tube ( | No | | | ALL |
| 74355 | Percutaneous placement of enteroclysis tu | No | | | ALL |
| 74360 | Intraluminal dilation of strictures and/or ob | No | | | ALL |
| 74363 | Percutaneous transhepatic dilation of bilia | No | | | ALL |
| 74400 | Urography (pyelography), intravenous, wit | No | | | ALL |
| 74410 | Urography, infusion, drip technique and/or | No | | | ALL |
| 74415 | Urography, infusion, drip technique and/or | No | | | ALL |
| 74420 | Urography, retrograde, with or without KUI | No | | | ALL |
| 74425 | Urography, antegrade, (pyelostogram, nep | No | | | ALL |
| 74430 | Cystography, minimum of three views, rac | No | | | ALL |
| 74440 | Vasography, vesiculography, or epididymo | No | * | | ALL |
| 74445 | Corpora cavernosography, radiological su | No | | | ALL |
| 74450 | Urethrocystography, retrograde, radiologic | No | | | ALL |
| 74455 | Urethrocystography, voiding, radiological s | No | | | ALL |
| 74470 | Radiologic examination, renal cyst study, t | No | | | ALL |
| 74485 | Dilation of nephrostomy, ureters, or urethr | No | | | ALL |
| 74710 | Pelvimetry, with or without placental locali | No | | | ALL |
| 74712 | Magnetic resonance (e.g., proton) imaging fetal | Yes | CCN | | ALL (Except McWRAP) |
| 74712 | Magnetic resonance (e.g., proton) imaging fetal | No | | | MCWRAP |
| 74713 | Magnetic resonance (e.g., proton) imaging fetal | Yes | CCN | | ALL (Except McWRAP) |
| 74713 | Magnetic resonance (e.g., proton) imaging fetal | No | | | MCWRAP |
| 74740 | Hysterosalpingography, radiological super | No | * | | ALL |
| 74742 | Transcervical catheterization of fallopian t | No | * | | ALL |
| 74775 | Perineogram (eg, vaginogram, for sex det | No | | | ALL |
| 75557 | CARDIAC MAGNETIC RESONANCE IMA | No | | | ALL |
| 75559 | CARDIAC MAGNETIC RESONANCE IMA | No | | | ALL |
| 75561 | CARDIAC MAGNETIC RESONANCE IMA | No | | | ALL |
| 75563 | CARDIAC MAGNETIC RESONANCE IMA | No | | | ALL |
| 75565 | CARDIAC MAGNETIC RESONANCE IMA | No | | | ALL |
| 75571 | COMPUTED TOMOGRAPHY, HEART, W | No | | | ALL |
| 75572 | COMPUTED TOMOGRAPHY, HEART, W | No | | | ALL |
| 75573 | COMPUTED TOMOGRAPHY, HEART, W | No | | | ALL |
| 75574 | COMPUTED TOMOGRAPHIC ANGIOGRA | No | | | ALL |
| 75577 | Quantification and characterization of corc | Yes | CCN | | ALL (Except MCWRAP) |
| 75577 | Quantification and characterization of corc | No | | | MCWRAP |
| 75580 | Noninvasive estimate of coronary fraction | No | | | ALL |
| 75600 | Aortography, thoracic, without serialograp | No | | | ALL |
| 75605 | Aortography, thoracic, by serialography, ra | No | | | ALL |
| 75625 | Aortography, abdominal, by serialography | No | | | ALL |
| 75630 | Aortography, abdominal plus bilateral iliofe | No | | | ALL |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGRA | Yes | CCN | | ALL (Except MCWRAP) |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGRA | No | | | MCWRAP |
| 75705 | Angiography, spinal, selective, radiologica | No | | | ALL |
| 75710 | Angiography, extremity, unilateral, radiolo | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 75710 | Angiography, extremity, unilateral, radiolo | No | | | MCWRAP |
| 75716 | Angiography, extremity, bilateral, radiologi | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 75716 | Angiography, extremity, bilateral, radiologi | No | | | MCWRAP |
| 75726 | Angiography, visceral, selective or supras | No | | | ALL |
| 75731 | Angiography, adrenal, unilateral, selective | No | | | ALL |
| 75733 | Angiography, adrenal, bilateral, selective, | No | | | ALL |
| 75736 | Angiography, pelvic, selective or suprasel | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 75736 | Angiography, pelvic, selective or suprasel | No | | | MCWRAP |
| 75741 | Angiography, pulmonary, unilateral, select | No | | | ALL |
| 75743 | Angiography, pulmonary, bilateral, selectiv | No | | | ALL |
| 75746 | Angiography, pulmonary, by nonselective | No | | | ALL |
| 75756 | Angiography, internal mammary, radiologi | No | | | ALL |
| 75774 | Angiography, selective, each additional ve | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 75790 | Angiography, arteriovenous shunt (eg, dia | No | | | ALL |
| 75801 | Lymphangiography, extremity only, unilate | No | | | ALL |
| 75803 | Lymphangiography, extremity only, bilater | No | | | ALL |
| 75805 | Lymphangiography, pelvic/abdominal, uni | No | | | ALL |
| 75807 | Lymphangiography, pelvic/abdominal, bila | No | | | ALL |
| 75809 | Shuntogram for investigation of previously | No | | | ALL |
| 75810 | Splenoportography, radiological supervisi | No | | | ALL |
| 75820 | Venography, extremity, unilateral, radiolog | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 75820 | Venography, extremity, unilateral, radiolog | No | | | MCWRAP |
| 75822 | Venography, extremity, bilateral, radiologi | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 75822 | Venography, extremity, bilateral, radiologi | No | | | MCWRAP |
| 75825 | Venography, caval, inferior, with serialogra | No | | | ALL |
| 75827 | Venography, caval, superior, with serialog | No | | | ALL |
| 75831 | Venography, renal, unilateral, selective, ra | No | | | ALL |
| 75833 | Venography, renal, bilateral, selective, rad | No | | | ALL |
| 75840 | Venography, adrenal, unilateral, selective, | No | | | ALL |
| 75860 | Venography, venous sinus (eg, petrosal a | No | | | ALL |
| 75870 | Venography, superior sagittal sinus, radiol | No | | | ALL |
| 75872 | Venography, epidural, radiological supervi | No | | | ALL |
| 75880 | Venography, orbital, radiological supervisi | No | | | ALL |
| 75885 | Percutaneous transhepatic portography w | No | | | ALL |
| 75887 | Percutaneous transhepatic portography w | No | | | ALL |
| 75889 | Hepatic venography, wedged or free, with | No | | | ALL |
| 75891 | Hepatic venography, wedged or free, with | No | | | ALL |
| 75893 | Venous sampling through catheter, with o | No | | | ALL |
| 75894 | TRANSCATHETER THERAPY, EMBOLIZ | No | | | ALL |
| 75898 | Angiography through existing catheter for | No | | | ALL |
| 75901 | Mechanical removal of pericatheter obstru | No | | | ALL |
| 75902 | Mechanical removal of intraluminal (intrac | No | | | ALL |
| 75984 | Change of percutaneous tube or drainage | No | | | ALL |
| 75989 | Radiological guidance (ie, fluoroscopy, ult | No | | | ALL |
| 76000 | Fluoroscopy (separate procedure), up to o | No | | | ALL |
| 76010 | Radiologic examination from nose to rectu | No | | | ALL |
| 76080 | Radiologic examination, abscess, fistula o | No | | | ALL |
| 76098 | Radiological examination, surgical specim | No | | | ALL |
| 76100 | Radiologic examination, single plane body | No | | | ALL |
| 76120 | Cineradiography/videoradiography, excep | No | | | ALL |
| 76125 | Cineradiography/videoradiography to com | No | | | ALL |
| 76140 | Consultation on x-ray examination made e | No | | | ALL |
| 76145 | Medical physics dose evaluation for radiat | No | | | ALL |
| 76376 | 3D RENDER W/O POSTPROCESS | Yes | CCN | | ALL (Except McWRAP) |
| 76376 | 3D RENDER W/O POSTPROCESS | No | | | MCWRAP |
| 76377 | 3D RENDERING W/POSTPROCESS | Yes | CCN | | ALL (Except McWRAP) |
| 76377 | 3D RENDERING W/POSTPROCESS | No | | | MCWRAP |
| 76380 | CT SCAN FOLLOWUP STUDY, LIM | Yes | CCN | | ALL (Except McWRAP) |
| 76380 | CT SCAN FOLLOWUP STUDY, LIM | No | | | MCWRAP |
| 76390 | MAGNETIC RESONANCE SPECTROSC | Yes | CCN | | ALL (Except McWRAP) |
| 76390 | MAGNETIC RESONANCE SPECTROSC | No | | | MCWRAP |
| 76391 | Magnetic resonance (eg, vibration) elasto | Yes | CCN | | ALL (Except McWRAP) |
| 76391 | Magnetic resonance (eg, vibration) elasto | No | | | MCWRAP |
| 76496 | UNLISTED FLUROSCOPIC PROCEDURE | Yes | | | ALL (Except McWRAP) |
| 76496 | UNLISTED FLUROSCOPIC PROCEDURE | No | | | MCWRAP |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY | Yes | CCN | | ALL (Except McWRAP) |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY | No | | | MCWRAP |
| 76498 | UNLISTED DIAGNOSTIC RADIOGRAPHI | Yes | | | ALL (Except McWRAP) |
| 76498 | UNLISTED DIAGNOSTIC RADIOGRAPHI | No | | | MCWRAP |
| 76499 | UNLISTED DIAGNOSTIC RADIOLOGIC F | Yes | | | ALL (Except McWRAP) |
| 76499 | UNLISTED DIAGNOSTIC RADIOLOGIC F | No | | | MCWRAP |
| 76506 | Echoencephalography, B-scan and/or rea | No | | | ALL |
| 76510 | OPTHALMIC ULTRASOUND, DIAGNOST | No | | | ALL |
| 76511 | Ophthalmic ultrasound, diagnostic; quanti | No | | | ALL |
| 76512 | Ophthalmic ultrasound, diagnostic; B-scar | No | | | ALL |
| 76513 | Ophthalmic ultrasound, diagnostic; anteric | No | | | ALL |
| 76514 | OPHTHALMIC ULTRASOUND, ECHOGR | No | | | ALL |
| 76516 | Ophthalmic biometry by ultrasound echog | No | | | ALL |
| 76519 | Ophthalmic biometry by ultrasound echog | No | | | ALL |
| 76529 | Ophthalmic ultrasonic foreign body localiz | No | | | ALL |
| 76536 | Ultrasound, soft tissues of head and neck | No | | | ALL |
| 76604 | Ultrasound, chest, B-scan (includes media | No | | | ALL |
| 76641 | Ultrasound, breast, unilateral, real time wi | No | | | ALL |
| 76642 | Ultrasound, breast, unilateral, real time wi | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 76700 | Ultrasound, abdominal, B-scan and/or rea | No | | | ALL |
| 76705 | Ultrasound, abdominal, B-scan and/or rea | No | | | ALL |
| 76706 | Ultrasound, abdominal aorta, real time wit | No | | | ALL |
| 76770 | Ultrasound, retroperitoneal (eg, renal, aort | No | | | ALL |
| 76775 | Ultrasound, retroperitoneal (eg, renal, aort | No | | | ALL |
| 76776 | ULTRASOUND, TRANSPLANTED KIDNE | No | | | ALL |
| 76800 | Ultrasound, spinal canal and contents | No | | | ALL |
| 76801 | Ultrasound, pregnant uterus, real time with | No | | | ALL |
| 76802 | Ultrasound, pregnant uterus, real time with | No | | | ALL |
| 76805 | Ultrasound, pregnant uterus, real time with | No | | | ALL |
| 76810 | Ultrasound, pregnant uterus, real time with | No | | | ALL |
| 76811 | Ultrasound, pregnant uterus, real time with | No | | | ALL |
| 76812 | Ultrasound, pregnant uterus, real time with | No | | | ALL |
| 76813 | ULTRASOUND, PREGNANT UTERUS, R | No | | | ALL |
| 76814 | ULTRASOUND, PREGNANT UTERUS, R | No | | | ALL |
| 76815 | Ultrasound, pregnant uterus, real time with | No | | | ALL |
| 76816 | Ultrasound, pregnant uterus, real time with | No | | | ALL |
| 76817 | Ultrasound, pregnant uterus, real time with | No | | | ALL |
| 76818 | Fetal biophysical profile; with non-stress te | No | | | ALL |
| 76819 | Fetal biophysical profile; without non-stres | No | | | ALL |
| 76820 | Doppler velocimetry, fetal; umbilical artery | No | | | ALL |
| 76821 | Doppler velocimetry, fetal; middle cerebra | No | | | ALL |
| 76825 | ECHOCARDIOGRAPHY, FETAL, CARDIC | No | | | ALL |
| 76826 | ECHOCARDIOGRAPHY, FETAL, CARDIC | No | | | ALL |
| 76827 | DOPPLER ECHOCARDIOGRAPHY, FETA | No | | | ALL |
| 76828 | DOPPLER ECHOCARDIOGRAPHY, FETA | No | | | ALL |
| 76830 | Ultrasound, transvaginal | No | | | ALL |
| 76831 | Saline infusion sonohysterography (SIS), i | No | | | ALL |
| 76856 | Ultrasound, pelvic (nonobstetric), B-scan a | No | | | ALL |
| 76857 | Ultrasound, pelvic (nonobstetric), B-scan a | No | | | ALL |
| 76870 | Ultrasound, scrotum and contents | No | | | ALL |
| 76872 | Ultrasound, transrectal; | No | | | ALL |
| 76873 | Ultrasound, transrectal; prostate volume s | No | | | ALL |
| 76881 | Ultrasound, extremity, nonvascular, real-ti | No | | | ALL |
| 76882 | Ultrasound, extremity, nonvascular, real-ti | No | | | ALL |
| 76883 | Ultrasound, nerve(s) and accompanying s | No | | | ALL |
| 76885 | Ultrasound, infant hips, real time with imag | No | | | ALL |
| 76886 | Ultrasound, infant hips, real time with imag | No | | | ALL |
| 76932 | Ultrasonic guidance for endomyocardial b | No | | | ALL |
| 76936 | Ultrasound guided compression repair of a | No | | | ALL |
| 76937 | Ultrasound guidance for vascular access r | No | | | ALL |
| 76940 | Ultrasound guidance for, and monitoring o | No | | | ALL |
| 76941 | Ultrasonic guidance for intrauterine fetal tr | No | | | ALL |
| 76942 | Ultrasonic guidance for needle placement | No | | | ALL |
| 76945 | Ultrasonic guidance for chorionic villus sar | No | | | ALL |
| 76946 | Ultrasonic guidance for amniocentesis, im | No | | | ALL |
| 76948 | Ultrasonic guidance for aspiration of ova, | Yes | * | A | ALL |
| 76965 | Ultrasonic guidance for interstitial radioele | No | | | ALL |
| 76970 | Ultrasound study follow-up (specify) | No | | | ALL |
| 76975 | Gastrointestinal endoscopic ultrasound, su | No | | | ALL |
| 76977 | ULTRASOUND BONE DENSITY MEASUR | No | | | ALL |
| 76978 | Ultrasound, targeted dynamic microbubble | No | | | ALL |
| 76979 | Ultrasound, targeted dynamic microbubble | No | | | ALL |
| 76981 | Ultrasound, elastography; parenchyma (eg | No | | | ALL |
| 76982 | Ultrasound, elastography; first target lesio | No | | | ALL |
| 76983 | Ultrasound, elastography; each additional | No | | | ALL |
| 76984 | Ultrasound, intraoperative thoracic aorta (( | No | | | ALL |
| 76987 | Intraoperative epicardial cardiac ultrasoun | No | | | ALL |
| 76988 | Intraoperative epicardial cardiac ultrasoun | No | | | ALL |
| 76989 | Intraoperative epicardial cardiac ultrasoun | No | | | ALL |
| 76998 | ULTRASOUND GUIDANCE, INTRAOPER | No | | | ALL |
| 76999 | UNLISTED ULTRASOUND PROCEDURE | Yes | | | ALL (Except McWRAP) |
| 76999 | UNLISTED ULTRASOUND PROCEDURE | No | | | MCWRAP |
| 77001 | FLUROSCOPIC GUIDANCE FOR CENTR | No | | | ALL |
| 77002 | FLUOROSCOPIC GUIDANCE FOR NEED | No | | | ALL |
| 77003 | Fluoroscopic guidance and localization of | No | | | ALL |
| 77011 | COMPUTED TOMOGRAPHY GUIDANCE | No | | | ALL |
| 77012 | COMPUTED TOMOGRAPHY GUIDANCE | No | | | ALL |
| 77013 | CT GUIDE PARENCHYMAL ABLATE | No | | | ALL |
| 77021 | MAGNETIC RESONANCE GUIDANCE FO | Yes | CCN | | ALL (Except McWRAP) |
| 77021 | MAGNETIC RESONANCE GUIDANCE FO | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 77022 | MAGNETIC RESONANCE GUIDANCE FO | No | | | ALL |
| 77046 | Magnetic resonance imaging, breast, with | Yes | CCN | | ALL (Except McWRAP) |
| 77046 | Magnetic resonance imaging, breast, with | No | | | MCWRAP |
| 77047 | Magnetic resonance imaging, breast, with | Yes | CCN | | ALL (Except McWRAP) |
| 77047 | Magnetic resonance imaging, breast, with | No | | | MCWRAP |
| 77048 | Magnetic resonance imaging, breast, with | Yes | CCN | | ALL (Except McWRAP) |
| 77048 | Magnetic resonance imaging, breast, with | No | | | MCWRAP |
| 77049 | Magnetic resonance imaging, breast, with | Yes | CCN | | ALL (Except McWRAP) |
| 77049 | Magnetic resonance imaging, breast, with | No | | | MCWRAP |
| 77053 | MAMMARY DUCTOGRAM OR GALACTO | No | | | ALL |
| 77054 | MAMMARY DUCTOGRAM OR GALACTO | No | | | ALL |
| 77061 | Digital breast tomosynthesis; unilateral | No | | | ALL |
| 77062 | Digital breast tomosynthesis; bilateral | No | | | ALL |
| 77063 | Screening digital breast tomosynthesis, bi | No | | | ALL |
| 77065 | Diagnostic mammography, including com | No | | | ALL |
| 77066 | Diagnostic mammography, including com | No | | | ALL |
| 77067 | Screening mammography, bilateral (2-vie | No | | | ALL |
| 77071 | MANUAL APPLICATION OF STRESS PE | No | | | ALL |
| 77072 | BONE AGE STUDIES | No | | | ALL |
| 77073 | BONE LENGTH STUDIES (ORTHOROEN | No | | | ALL |
| 77074 | RADIOLOGIC EXAMINATION, OSSEOUS | No | | | ALL |
| 77075 | RADIOLOGIC EXAMINATION, OSSEOUS | No | | | ALL |
| 77076 | RADIOLOGIC EXAMINATION, OSSEOUS | No | | | ALL |
| 77077 | JOINT SURVEY, SINGLE VIEW, 2 OR MO | No | | | ALL |
| 77078 | COMPUTED TOMOGRAPHY, BONE MIN | No | | | ALL |
| 77080 | DUAL-ENERGY X-RAY ABSORPTIOMET | No | | | ALL |
| 77081 | DUAL-ENERGY X-RAY ABSORPTIOMET | No | | | ALL |
| 77084 | MAGNETIC RESONANCE (EG, PROTON | Yes | CCN | | ALL (Except McWRAP) |
| 77084 | MAGNETIC RESONANCE (EG, PROTON | No | | | MCWRAP |
| 77085 | Dual-energy X-ray absorptiometry (DXA), | No | | | ALL |
| 77086 | Vertebral fracture assessment via dual-en | No | | | ALL |
| 77089 | Trabecular bone score (TBS), structural co | No | | | ALL |
| 77090 | Trabecular bone score (TBS), structural co | No | | | ALL |
| 77091 | Trabecular bone score (TBS), structural co | No | | | ALL |
| 77092 | Trabecular bone score (TBS), structural co | No | | | ALL |
| 77261 | Therapeutic radiology treatment planning; | No | | | ALL |
| 77262 | Therapeutic radiology treatment planning; | No | | | ALL |
| 77263 | Therapeutic radiology treatment planning; | No | | | ALL |
| 77280 | Therapeutic radiology simulation-aided fie | No | | | ALL |
| 77285 | Therapeutic radiology simulation-aided fie | No | | | ALL |
| 77290 | THERAPEUTIC RADIOLOGY SIMULATIO | No | | | ALL |
| 77293 | Respiratory motion management simulatio | No | | | ALL |
| 77295 | Therapeutic radiology simulation-aided fie | No | | | ALL |
| 77299 | UNLISTED PROCEDURE, THERAPEUTIC | Yes | | | ALL |
| 77300 | Basic radiation dosimetry calculation, cent | No | | | ALL |
| 77301 | Intensity modulated radiotherapy plan, inc | No | | | ALL |
| 77306 | Teletherapy isodose plan; simple (1 or 2 u | No | | | ALL |
| 77307 | Teletherapy isodose plan; complex (multip | No | | | ALL |
| 77316 | Brachytherapy isodose plan; simple (calcu | No | | | ALL |
| 77317 | Brachytherapy isodose plan; intermediate | No | | | ALL |
| 77318 | Brachytherapy isodose plan; complex (cal | No | | | ALL |
| 77321 | Special teletherapy port plan, particles, he | No | | | ALL |
| 77331 | SPECIAL DOSIMETRY (EG, TLD, MICRO | No | | | ALL |
| 77332 | Treatment devices, design and constructio | No | | | ALL |
| 77333 | Treatment devices, design and constructio | No | | | ALL |
| 77334 | Treatment devices, design and constructio | No | | | ALL |
| 77336 | Continuing medical physics consultation, i | No | | | ALL |
| 77338 | MULTI-LEAF COLLIMATOR (MLC) DEVIC | No | | | ALL |
| 77370 | Special medical radiation physics consulta | No | | | ALL |
| 77371 | RADIATION TREATMENT DELIVERY, ST | No | | | ALL |
| 77372 | RADIATION TREATMENT DELIVERY, ST | No | | | ALL |
| 77373 | STEREOTACTIC BODY RADIATION THE | No | | | ALL |
| 77387 | Guidance for localization of target volume | No | | | ALL |
| 77399 | UNLISTED PROCEDURE, MEDICAL RAD | Yes | | | ALL |
| 77402 | Radiation treatment delivery, single treatm | No | | | ALL |
| 77407 | Radiation treatment delivery, two separate | No | | | ALL |
| 77412 | Radiation treatment delivery, three or mor | No | | | ALL |
| 77417 | Therapeutic radiology port film(s) | No | | | ALL |
| 77423 | HIGH ENERY NEUTRON RADIATION TR | Yes | | | ALL (Except McWRAP) |
| 77423 | HIGH ENERY NEUTRON RADIATION TR | No | | | MCWRAP |
| 77424 | Intraoperative radiation treatment delivery | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 77425 | Intraoperative radiation treatment delivery | No | | | ALL |
| 77427 | Radiation treatment management, five tre | No | | | ALL |
| 77431 | RADIATION THERAPY MANAGEMENT W | No | | | ALL |
| 77432 | Stereotactic radiation treatment managem | No | | | ALL |
| 77435 | STEREOTACTIC BODY RADIATION THE | No | | | ALL |
| 77436 | Surface radiation therapy; superficial or or | No | | | ALL |
| 77437 | Surface radiation therapy; superficial, deliv | No | | | ALL |
| 77438 | Surface radiation therapy; orthovoltage, de | No | | | ALL |
| 77439 | Surface radiation therapy; superficial or or | No | | | ALL |
| 77469 | Intraoperative radiation treatment manage | No | | | ALL |
| 77470 | SPECIAL TREATMENT PROCEDURE (E | No | | | ALL |
| 77499 | UNLISTED PROCEDURE, THERAPEUTI | Yes | | | ALL |
| 77520 | PROTON BEAM DELIVERY TO A SINGLE | Yes | | | ALL |
| 77522 | PROTON TREATMENT DELIVERY; SIMP | Yes | | | ALL |
| 77523 | PROTON BEAM DELIVERY TO 1 OR 2 T | Yes | | | ALL |
| 77525 | PROTON TREATMENT DELIVERY; COM | Yes | | | ALL |
| 77600 | Hyperthermia, externally generated; super | No | | | ALL |
| 77605 | Hyperthermia, externally generated; deep | No | | | ALL |
| 77610 | Hyperthermia generated by interstitial prob | No | | | ALL |
| 77615 | Hyperthermia generated by interstitial prob | No | | | ALL |
| 77620 | Hyperthermia generated by intracavitary p | No | | | ALL |
| 77750 | Infusion or instillation of radioelement solu | No | | | ALL |
| 77761 | Intracavitary radiation source application; | No | | | ALL |
| 77762 | Intracavitary radiation source application; | No | | | ALL |
| 77763 | Intracavitary radiation source application; | No | | | ALL |
| 77767 | Remote afterloading high dose rate radionuclide | No | | | ALL |
| 77768 | Remote afterloading high dose rate radionuclide | No | | | ALL |
| 77770 | Remote afterloading high dose rate radionuclide | No | | | ALL |
| 77771 | Remote afterloading high dose rate radionuclide | No | | | ALL |
| 77772 | Remote afterloading high dose rate radionuclide | No | | | ALL |
| 77778 | Interstitial radiation source application; cor | No | | | ALL |
| 77789 | Surface application of radiation source | No | | | ALL |
| 77790 | Supervision, handling, loading of radiation | No | | | ALL |
| 77799 | Unlisted procedure, clinical brachytherapy | Yes | | | ALL |
| 78012 | Thyroid uptake, single or multiple quantita | Yes | CCN | | ALL (Except MCWRAP) |
| 78012 | Thyroid uptake, single or multiple quantita | No | | | MCWRAP |
| 78013 | Thyroid imaging (including vascular flow, v | Yes | CCN | | ALL (Except MCWRAP) |
| 78013 | Thyroid imaging (including vascular flow, v | No | | | MCWRAP |
| 78014 | Thyroid imaging (including vascular flow, v | Yes | CCN | | ALL (Except MCWRAP) |
| 78014 | Thyroid imaging (including vascular flow, v | No | | | MCWRAP |
| 78015 | Thyroid carcinoma metastases imaging; li | Yes | CCN | | ALL (Except MCWRAP) |
| 78015 | Thyroid carcinoma metastases imaging; li | No | | | MCWRAP |
| 78016 | Thyroid carcinoma metastases imaging; w | Yes | CCN | | ALL (Except MCWRAP) |
| 78016 | Thyroid carcinoma metastases imaging; w | No | | | MCWRAP |
| 78018 | Thyroid carcinoma metastases imaging; w | Yes | CCN | | ALL (Except MCWRAP) |
| 78018 | Thyroid carcinoma metastases imaging; w | No | | | MCWRAP |
| 78020 | Thyroid carcinoma metastases uptake (Lis | Yes | CCN | | ALL (Except MCWRAP) |
| 78020 | Thyroid carcinoma metastases uptake (Lis | No | | | MCWRAP |
| 78070 | Parathyroid imaging | Yes | CCN | | ALL (Except MCWRAP) |
| 78070 | Parathyroid imaging | No | | | MCWRAP |
| 78071 | Parathyroid planar imaging (including subt | Yes | CCN | | ALL (Except MCWRAP) |
| 78071 | Parathyroid planar imaging (including subt | No | | | MCWRAP |
| 78072 | Parathyroid planar imaging (including subt | Yes | CCN | | ALL (Except MCWRAP) |
| 78072 | Parathyroid planar imaging (including subt | No | | | MCWRAP |
| 78075 | Adrenal imaging, cortex and/or medulla | Yes | CCN | | ALL (Except MCWRAP) |
| 78075 | Adrenal imaging, cortex and/or medulla | No | | | MCWRAP |
| 78099 | UNLISTED ENDOCRINE PROCEDURE, I | Yes | | | ALL (Except MCWRAP) |
| 78099 | UNLISTED ENDOCRINE PROCEDURE, I | No | | | MCWRAP |
| 78102 | Bone marrow imaging; limited area | Yes | CCN | | ALL (Except MCWRAP) |
| 78102 | Bone marrow imaging; limited area | No | | | MCWRAP |
| 78103 | Bone marrow imaging; multiple areas | Yes | CCN | | ALL (Except MCWRAP) |
| 78103 | Bone marrow imaging; multiple areas | No | | | MCWRAP |
| 78104 | Bone marrow imaging; whole body | Yes | CCN | | ALL (Except MCWRAP) |
| 78104 | Bone marrow imaging; whole body | No | | | MCWRAP |
| 78110 | Plasma Volume, Radiopharmaceutical Vo | No | | | ALL |
| 78111 | Plasma volume, radiopharmaceutical volu | No | | | ALL |
| 78120 | RED CELL VOLUME DETERMINATION (S | No | | | ALL |
| 78121 | RED CELL VOLUME DETERMINATION (S | No | | | ALL |
| 78122 | WHOLE BLOOD VOLUME DETERMINAT | No | | | ALL |
| 78130 | RED CELL SURVIVAL STUDY | No | | | ALL |
| 78135 | RED CELL SURVIVAL STUDY; DIFFERE | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 78140 | LABELED RED CELL SEQUESTRATION, | No | | | ALL |
| 78185 | Spleen imaging only, with or without vascu | Yes | CCN | | ALL (Except MCWRAP) |
| 78185 | Spleen imaging only, with or without vascu | No | | | MCWRAP |
| 78191 | Platelet survival study | No | | | ALL |
| 78195 | Lymphatics and lymph nodes imaging | Yes | CCN | | ALL (Except MCWRAP) |
| 78195 | Lymphatics and lymph nodes imaging | No | | | MCWRAP |
| 78199 | UNLISTED HEMATOPOIETIC, RETICULC | Yes | | | ALL |
| 78201 | Liver imaging; static only | Yes | CCN | | ALL (Except MCWRAP) |
| 78201 | Liver imaging; static only | No | | | MCWRAP |
| 78202 | Liver imaging; with vascular flow | Yes | CCN | | ALL (Except MCWRAP) |
| 78202 | Liver imaging; with vascular flow | No | | | MCWRAP |
| 78215 | Liver and spleen imaging; static only | Yes | CCN | | ALL (Except MCWRAP) |
| 78215 | Liver and spleen imaging; static only | No | | | MCWRAP |
| 78216 | Liver and spleen imaging; with vascular flo | Yes | CCN | | ALL (Except MCWRAP) |
| 78216 | Liver and spleen imaging; with vascular flo | No | | | MCWRAP |
| 78226 | Hepatobiliary system imaging, including g | Yes | CCN | | ALL (Except MCWRAP) |
| 78226 | Hepatobiliary system imaging, including g | No | | | MCWRAP |
| 78227 | Hepatobiliary system imaging, including g | Yes | CCN | | ALL (Except MCWRAP) |
| 78227 | Hepatobiliary system imaging, including g | No | | | MCWRAP |
| 78230 | Salivary gland imaging; | Yes | CCN | | ALL (Except MCWRAP) |
| 78230 | Salivary gland imaging; | No | | | MCWRAP |
| 78231 | Salivary gland imaging; with serial images | Yes | CCN | | ALL (Except MCWRAP) |
| 78231 | Salivary gland imaging; with serial images | No | | | MCWRAP |
| 78232 | Salivary gland function study | Yes | CCN | | ALL (Except MCWRAP) |
| 78232 | Salivary gland function study | No | | | MCWRAP |
| 78258 | Esophageal motility | Yes | CCN | | ALL (Except MCWRAP) |
| 78258 | Esophageal motility | No | | | MCWRAP |
| 78261 | Gastric mucosa imaging | Yes | CCN | | ALL (Except MCWRAP) |
| 78261 | Gastric mucosa imaging | No | | | MCWRAP |
| 78262 | Gastroesophageal reflux study | Yes | CCN | | ALL (Except MCWRAP) |
| 78262 | Gastroesophageal reflux study | No | | | MCWRAP |
| 78264 | Gastric emptying study | Yes | CCN | | ALL (Except MCWRAP) |
| 78264 | Gastric emptying study | No | | | MCWRAP |
| 78265 | Gastric emptying imaging study (e.g., solid, liqu | Yes | CCN | | ALL (Except MCWRAP) |
| 78265 | Gastric emptying imaging study (e.g., solid, liqu | No | | | MCWRAP |
| 78266 | Gastric emptying imaging study (e.g., solid, liqu | Yes | CCN | | ALL (Except MCWRAP) |
| 78266 | Gastric emptying imaging study (e.g., solid, liqu | No | | | MCWRAP |
| 78266 | Gastric emptying imaging study (e.g., solid, liqu | Yes | CCN | | ALL (Except MCWRAP) |
| 78266 | Gastric emptying imaging study (e.g., solid, liqu | No | | | MCWRAP |
| 78267 | Urea breath test, C-14 (isotopic); acquisiti | No | | | ALL |
| 78268 | Urea breath test, C-14 (isotopic); analysis | No | | | ALL |
| 78278 | Acute gastrointestinal blood loss imaging | Yes | CCN | | ALL (Except MCWRAP) |
| 78278 | Acute gastrointestinal blood loss imaging | No | | | MCWRAP |
| 78282 | Gastrointestinal protein loss | No | | | ALL |
| 78290 | Intestine imaging (eg, ectopic gastric muc | Yes | CCN | | ALL (Except MCWRAP) |
| 78290 | Intestine imaging (eg, ectopic gastric muc | No | | | MCWRAP |
| 78291 | Peritoneal-venous shunt patency test (eg, | Yes | CCN | | ALL (Except MCWRAP) |
| 78291 | Peritoneal-venous shunt patency test (eg, | No | | | MCWRAP |
| 78299 | UNLISTED GASTROINTESTINAL PROCE | Yes | | | ALL (Except MCWRAP) |
| 78299 | UNLISTED GASTROINTESTINAL PROCE | No | | | MCWRAP |
| 78300 | Bone and/or joint imaging; limited area | Yes | CCN | | ALL (Except MCWRAP) |
| 78300 | Bone and/or joint imaging; limited area | No | | | MCWRAP |
| 78305 | Bone and/or joint imaging; multiple areas | Yes | CCN | | ALL (Except MCWRAP) |
| 78305 | Bone and/or joint imaging; multiple areas | No | | | MCWRAP |
| 78306 | Bone and/or joint imaging; whole body | Yes | CCN | | ALL (Except MCWRAP) |
| 78306 | Bone and/or joint imaging; whole body | No | | | MCWRAP |
| 78315 | Bone and/or joint imaging; three phase stu | Yes | CCN | | ALL (Except MCWRAP) |
| 78315 | Bone and/or joint imaging; three phase stu | No | | | MCWRAP |
| 78350 | BONE DENSITY (BONE MINERAL CONT | Not Covered | | | ALL |
| 78351 | BONE DENSITY (BONE MINERAL CONT | Not Covered | | | ALL |
| 78399 | UNLISTED MUSCULOSKELETAL PROCE | Yes | | | ALL (Except MCWRAP) |
| 78399 | UNLISTED MUSCULOSKELETAL PROCE | No | | | MCWRAP |
| 78414 | Determination of central c-v hemodynamic | No | | | ALL |
| 78428 | Cardiac shunt detection | Yes | CCN | | ALL (Except MCWRAP) |
| 78428 | Cardiac shunt detection | No | | | MCWRAP |
| 78429 | Myocardial imaging, positron emission ton | No | | | ALL |
| 78430 | Myocardial imaging, positron emission ton | No | | | ALL |
| 78431 | Myocardial imaging, positron emission ton | No | | | ALL |
| 78432 | Myocardial imaging, positron emission ton | No | | | ALL |
| 78433 | Myocardial imaging, positron emission ton | No | | | ALL |
| 78434 | Absolute quantitation of myocardial blood | No | | | ALL |
| 78445 | Non-cardiac vascular flow imaging (ie, ang | Yes | CCN | | ALL (Except MCWRAP) |
| 78445 | Non-cardiac vascular flow imaging (ie, ang | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 78451 | MYOCARDIAL PERFUSION IMAGING, TC | No | | | ALL |
| 78452 | MYOCARDIAL PERFUSION IMAGING, TC | No | | | ALL |
| 78453 | MYOCARDIAL PERFUSION IMAGING, PL | No | | | ALL |
| 78454 | MYOCARDIAL PERFUSION IMAGING, PL | No | | | ALL |
| 78456 | Acute venous thrombosis imaging, peptid | Not Covered | | | ALL (Except MED) |
| 78456 | Acute venous thrombosis imaging, peptid | Yes | | | MED |
| 78457 | Venous thrombosis imaging, venogram; u | Yes | CCN | | ALL (Except MCWRAP) |
| 78457 | Venous thrombosis imaging, venogram; u | No | | | MCWRAP |
| 78458 | Venous thrombosis imaging, venogram; b | Yes | CCN | | ALL (Except MCWRAP) |
| 78458 | Venous thrombosis imaging, venogram; b | No | | | MCWRAP |
| 78459 | MYOCARDIAL IMAGING, POSITRON EM | No | | | ALL |
| 78466 | MYOCARDIAL IMAGING, INFARCT AVID | No | | | ALL |
| 78468 | MYOCARDIAL IMAGING, INFARCT AVID | No | | | ALL |
| 78469 | MYOCARDIAL IMAGING, INFARCT AVID | No | | | ALL |
| 78472 | CARDIAC BLOOD POOL IMAGING, GATI | No | | | ALL |
| 78473 | CARDIAC BLOOD POOL IMAGING, GATI | No | | | ALL |
| 78481 | CARDIAC BLOOD POOL IMAGING, (PLA | No | | | ALL |
| 78483 | CARDIAC BLOOD POOL IMAGING, (PLA | No | | | ALL |
| 78491 | MYOCARDIAL IMAGING, POSITRON EM | No | | | ALL |
| 78492 | MYOCARDIAL IMAGING, POSITRON EM | No | | | ALL |
| 78494 | CARDIAC BLOOD POOL IMAGING, GATI | No | | | ALL |
| 78496 | NUCLEAR BLOOD POOL IMAGING | No | | | ALL |
| 78499 | UNLISTED CARDIOVASCULAR PROCED | Yes | | | ALL (Except MCWRAP) |
| 78499 | UNLISTED CARDIOVASCULAR PROCED | No | | | MCWRAP |
| 78579 | Pulmonary ventilation imaging (eg, aerosc | Yes | CCN | | ALL (Except MCWRAP) |
| 78579 | Pulmonary ventilation imaging (eg, aerosc | No | | | MCWRAP |
| 78580 | Pulmonary perfusion imaging, particulate | Yes | CCN | | ALL (Except MCWRAP) |
| 78580 | Pulmonary perfusion imaging, particulate | No | | | MCWRAP |
| 78582 | Pulmonary ventilation imaging (eg, aerosc | Yes | CCN | | ALL (Except MCWRAP) |
| 78582 | Pulmonary ventilation imaging (eg, aerosc | No | | | MCWRAP |
| 78597 | Quantitative differential pulmonary perfusi | Yes | CCN | | ALL (Except MCWRAP) |
| 78597 | Quantitative differential pulmonary perfusi | No | | | MCWRAP |
| 78598 | Quantitative differential pulmonary perfusi | Yes | CCN | | ALL (Except MCWRAP) |
| 78598 | Quantitative differential pulmonary perfusi | No | | | MCWRAP |
| 78599 | UNLISTED RESPIRATORY PROCEDURE | Yes | | | ALL (Except MCWRAP) |
| 78599 | UNLISTED RESPIRATORY PROCEDURE | No | | | MCWRAP |
| 78600 | BRAIN IMAGING, LIMITED PROCEDURE | Yes | CCN | | ALL (Except MCWRAP) |
| 78600 | BRAIN IMAGING, LIMITED PROCEDURE | No | | | MCWRAP |
| 78601 | BRAIN IMAGING, LIMITED PROCEDURE | Yes | CCN | | ALL (Except MCWRAP) |
| 78601 | BRAIN IMAGING, LIMITED PROCEDURE | No | | | MCWRAP |
| 78605 | BRAIN IMAGING, COMPLETE STUDY; S | Yes | CCN | | ALL (Except MCWRAP) |
| 78605 | BRAIN IMAGING, COMPLETE STUDY; S | No | | | MCWRAP |
| 78606 | BRAIN IMAGING, COMPLETE STUDY; W | Yes | CCN | | ALL (Except MCWRAP) |
| 78606 | BRAIN IMAGING, COMPLETE STUDY; W | No | | | MCWRAP |
| 78608 | BRAIN IMAGING, POSITRON EMISSION | Yes | CCN | | ALL (Except MCWRAP) |
| 78608 | BRAIN IMAGING, POSITRON EMISSION | No | | | MCWRAP |
| 78609 | BRAIN IMAGING, POSITRON EMISSION | Not Covered | | | ALL |
| 78610 | BRAIN IMAGING, VASCULAR FLOW ONI | Yes | CCN | | ALL (Except MCWRAP) |
| 78610 | BRAIN IMAGING, VASCULAR FLOW ONI | No | | | MCWRAP |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGIN | Yes | CCN | | ALL (Except MCWRAP) |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGIN | No | | | MCWRAP |
| 78635 | Cerebrospinal fluid flow, imaging (not inclu | Yes | CCN | | ALL (Except MCWRAP) |
| 78635 | Cerebrospinal fluid flow, imaging (not inclu | No | | | MCWRAP |
| 78645 | Cerebrospinal fluid flow, imaging (not inclu | Yes | CCN | | ALL (Except MCWRAP) |
| 78645 | Cerebrospinal fluid flow, imaging (not inclu | No | | | MCWRAP |
| 78650 | Cerebrospinal fluid leakage detection and | Yes | CCN | | ALL (Except MCWRAP) |
| 78650 | Cerebrospinal fluid leakage detection and | No | | | MCWRAP |
| 78660 | Radiopharmaceutical dacryocystography | Yes | CCN | | ALL (Except MCWRAP) |
| 78660 | Radiopharmaceutical dacryocystography | No | | | MCWRAP |
| 78699 | UNLISTED NERVOUS SYSTEM PROCED | Yes | | | ALL (Except MCWRAP) |
| 78699 | UNLISTED NERVOUS SYSTEM PROCED | No | | | MCWRAP |
| 78700 | KIDNEY IMAGING MORPHOLOGY | Yes | CCN | | ALL (Except MCWRAP) |
| 78700 | KIDNEY IMAGING MORPHOLOGY | No | | | MCWRAP |
| 78701 | KIDNEY IMAGING MORPHOLOGY; WITH | Yes | CCN | | ALL (Except MCWRAP) |
| 78701 | KIDNEY IMAGING MORPHOLOGY; WITH | No | | | MCWRAP |
| 78707 | KIDNEY IMAGING MORPHOLOGY; WITH | Yes | CCN | | ALL (Except MCWRAP) |
| 78707 | KIDNEY IMAGING MORPHOLOGY; WITH | No | | | MCWRAP |
| 78708 | KIDNEY IMAGING MORPHOLOGY; WITH | Yes | CCN | | ALL (Except MCWRAP) |
| 78708 | KIDNEY IMAGING MORPHOLOGY; WITH | No | | | MCWRAP |
| 78709 | KIDNEY IMAGING MORPHOLOGY; W/VA | Yes | CCN | | ALL (Except MCWRAP) |
| 78709 | KIDNEY IMAGING MORPHOLOGY; W/VA | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 78725 | KIDNEY FUNCTION STUDY, NON-IMAGI | No | | | ALL |
| 78730 | URINARY BLADDER RESIDUAL STUDY | Yes | CCN | | ALL (Except MCWRAP) |
| 78730 | URINARY BLADDER RESIDUAL STUDY | No | | | MCWRAP |
| 78740 | URETERAL REFLUX STUDY (RADIOPHA | Yes | CCN | | ALL (Except MCWRAP) |
| 78740 | URETERAL REFLUX STUDY (RADIOPHA | No | | | MCWRAP |
| 78761 | TESTICULAR IMAGING WITH VASCULA | Yes | CCN | | ALL (Except MCWRAP) |
| 78761 | TESTICULAR IMAGING WITH VASCULA | No | | | MCWRAP |
| 78799 | UNLISTED GENITOURINARY PROCEDU | Yes | | | ALL (Except MCWRAP) |
| 78799 | UNLISTED GENITOURINARY PROCEDU | No | | | MCWRAP |
| 78800 | RADIOPHARMACEUTICAL LOCALIZATIC | Yes | CCN | | ALL (Except MCWRAP) |
| 78800 | RADIOPHARMACEUTICAL LOCALIZATIC | No | | | MCWRAP |
| 78801 | RADIOPHARMACEUTICAL LOCALIZATIC | Yes | CCN | | ALL (Except MCWRAP) |
| 78801 | RADIOPHARMACEUTICAL LOCALIZATIC | No | | | MCWRAP |
| 78802 | RADIOPHARMACEUTICAL LOCALIZATIC | Yes | CCN | | ALL (Except MCWRAP) |
| 78802 | RADIOPHARMACEUTICAL LOCALIZATIC | No | | | MCWRAP |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATIC | Yes | CCN | | ALL (Except MCWRAP) |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATIC | No | | | MCWRAP |
| 78804 | RADIOPHARMACEUTICAL LOCALIZATIC | Yes | CCN | | ALL (Except MCWRAP) |
| 78804 | RADIOPHARMACEUTICAL LOCALIZATIC | No | | | MCWRAP |
| 78808 | Injection procedure for radiopharmaceutic | No | | | ALL |
| 78811 | TUMOR IMAGING, POSITRON EMISSION | Yes | CCN | | ALL (Except MCWRAP) |
| 78811 | TUMOR IMAGING, POSITRON EMISSION | No | | | MCWRAP |
| 78812 | TUMOR IMAGING, POSITRON EMISSION | Yes | CCN | | ALL (Except MCWRAP) |
| 78812 | TUMOR IMAGING, POSITRON EMISSION | No | | | MCWRAP |
| 78813 | TUMOR IMAGING, POSITRON EMISSION | Yes | CCN | | ALL (Except MCWRAP) |
| 78813 | TUMOR IMAGING, POSITRON EMISSION | No | | | MCWRAP |
| 78814 | TUMOR IMAGING, POSITRON EMISSION | Yes | CCN | | ALL (Except MCWRAP) |
| 78814 | TUMOR IMAGING, POSITRON EMISSION | No | | | MCWRAP |
| 78815 | TUMOR IMAGING, POSITRON EMISSION | Yes | CCN | | ALL (Except MCWRAP) |
| 78815 | TUMOR IMAGING, POSITRON EMISSION | No | | | MCWRAP |
| 78816 | TUMOR IMAGING, POSITRON EMISSION | Yes | CCN | | ALL (Except MCWRAP) |
| 78816 | TUMOR IMAGING, POSITRON EMISSION | No | | | MCWRAP |
| 78830 | Radiopharmaceutical localization of tumor | Yes | CCN | | ALL (Except MCWRAP) |
| 78830 | Radiopharmaceutical localization of tumor | No | | | MCWRAP |
| 78831 | Radiopharmaceutical localization of tumor | Yes | CCN | | ALL (Except MCWRAP) |
| 78831 | Radiopharmaceutical localization of tumor | No | | | MCWRAP |
| 78832 | Radiopharmaceutical localization of tumor | Yes | CCN | | ALL (Except MCWRAP) |
| 78832 | Radiopharmaceutical localization of tumor | No | | | MCWRAP |
| 78835 | Radiopharmaceutical quantification meas | No | | | ALL |
| 78999 | UNLISTED MISCELLANEOUS PROCEDU | Yes | | | ALL (Except MCWRAP) |
| 78999 | UNLISTED MISCELLANEOUS PROCEDU | No | | | MCWRAP |
| 79005 | Radiopharmaceutical therapy, by oral adm | No | | | ALL |
| 79101 | Radiopharmaceutical therapy, by intraven | No | | | ALL |
| 79200 | Radiopharmaceutical therapy, by intracavi | No | | | ALL |
| 79300 | Radiopharmaceutical therapy, by interstitia | No | | | ALL |
| 79403 | RADIOPHARMACEUTICAL THERAPY, R | No | | | ALL |
| 79440 | Radiopharmaceutical therapy, by intra-arti | No | | | ALL |
| 79445 | Radiopharmaceutical therapy, by intra-arte | No | | | ALL |
| 79999 | Radiopharmaceutical therapy, unlisted pro | No | | | ALL |
| 80047 | BASIC METABOLIC PANEL (CALCIUM, I | No | | | ALL |
| 80048 | Basic metabolic panel | No | | | ALL |
| 80050 | General health panel | No | | | ALL |
| 80051 | Electrolyte panel | No | | | ALL |
| 80053 | Comprehensive metabolic panel | No | | | ALL |
| 80055 | Obstetric panel | No | | | ALL |
| 80061 | Lipid panel | No | * | | ALL |
| 80069 | Renal function panel | No | | | ALL |
| 80074 | Acute hepatitis panel | No | | | ALL |
| 80076 | Hepatic function panel | No | | | ALL |
| 80081 | Obstetric panel (including HIV testing) | No | | | ALL |
| 80143 | Acetaminophen | No | | | ALL |
| 80145 | Adalimumab | No | | | ALL |
| 80150 | Amikacin | No | | | ALL |
| 80151 | Amiodarone | No | | | ALL |
| 80155 | Caffeine | No | | | ALL |
| 80156 | Carbamazepine; total | No | | | ALL |
| 80157 | Carbamazepine; free | No | | | ALL |
| 80158 | Cyclosporine | No | | | ALL |
| 80159 | Clozapine | No | | | ALL |
| 80161 | Carbamazepine; -10,11-epoxide | No | | | ALL |
| 80162 | Digoxin | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 80163 | Digoxin; free | No | | | ALL |
| 80164 | Dipropylacetic acid (valproic acid) | No | | | ALL |
| 80165 | Valproic acid (dipropylacetic acid); free | No | | | ALL |
| 80167 | Felbamate | No | | | ALL |
| 80168 | Ethosuximide | No | | | ALL |
| 80169 | Everolimus | No | | | ALL |
| 80170 | Gentamicin | No | | | ALL |
| 80171 | Gabapentin | No | | | ALL |
| 80173 | Haloperidol | No | | | ALL |
| 80175 | Lamotrigine | No | | | ALL |
| 80176 | Lidocaine | No | | | ALL |
| 80177 | Levetiracetam | No | | | ALL |
| 80178 | Lithium | No | | | ALL |
| 80179 | Salicylate | No | | | ALL |
| 80180 | Mycophenolate (mycophenolic acid) | No | | | ALL |
| 80181 | Flecainide | No | | | ALL |
| 80183 | Oxcarbazepine | No | | | ALL |
| 80184 | Phenobarbital | No | | | ALL |
| 80185 | Phenytoin; total | No | | | ALL |
| 80186 | Phenytoin; free | No | | | ALL |
| 80187 | Posaconazole | No | | | ALL |
| 80188 | Primidone | No | | | ALL |
| 80189 | Itraconazole | No | | | ALL |
| 80190 | Procainamide; | No | | | ALL |
| 80192 | Procainamide; with metabolites (eg, n-ace | No | | | ALL |
| 80193 | Leflunomide | No | | | ALL |
| 80194 | Quinidine | No | | | ALL |
| 80195 | Assay of sirolimus | No | | | ALL |
| 80197 | Tacrolimus | No | | | ALL |
| 80198 | Theophylline | No | | | ALL |
| 80199 | Tiagabine | No | | | ALL |
| 80200 | Tobramycin | No | | | ALL |
| 80201 | Topiramate | No | | | ALL |
| 80202 | Vancomycin | No | | | ALL |
| 80203 | Zonisamide | No | | | ALL |
| 80204 | Methotrexate | No | | | ALL |
| 80210 | Rufinamide | No | | | ALL |
| 80220 | Hydroxychloroquine | No | | | ALL |
| 80230 | Infliximab | No | | | ALL |
| 80235 | Lacosamide | No | | | ALL |
| 80280 | Vedolizumab | No | | | ALL |
| 80285 | Voriconazole | No | | | ALL |
| 80299 | Quantitation of drug, not elsewhere specif | No | | | ALL |
| 80305 | Drug test(s), presumptive, any number of | No | | | ALL |
| 80306 | Drug test(s), presumptive, any number of | No | | | ALL |
| 80307 | Drug test(s), presumptive, any number of | No | | | ALL |
| 80320 | Alcohols | No | | | ALL |
| 80321 | Alcohol biomarkers; 1 or 2 | No | | | ALL |
| 80322 | Alcohol biomarkers; 3 or more | No | | | ALL |
| 80323 | Alkaloids, not otherwise specified | No | | | ALL |
| 80324 | Amphetamines; 1 or 2 | No | | | ALL |
| 80325 | Amphetamines; 3 or 4 | No | | | ALL |
| 80326 | Amphetamines; 5 or more | No | | | ALL |
| 80327 | Anabolic steroids; 1 or 2 | No | | | ALL |
| 80328 | Anabolic steroids; 3 or more | No | | | ALL |
| 80329 | Analgesics, non-opioid; 1 or 2 | No | | | ALL |
| 80330 | Analgesics, non-opioid; 3-5 | No | | | ALL |
| 80331 | Analgesics, non-opioid; 6 or more | No | | | ALL |
| 80332 | Antidepressants, serotonergic class; 1 or | No | | | ALL |
| 80333 | Antidepressants, serotonergic class; 3-5 | No | | | ALL |
| 80334 | Antidepressants, serotonergic class; 6 or | No | | | ALL |
| 80335 | Antidepressants, tricyclic and other cyclica | No | | | ALL |
| 80336 | Antidepressants, tricyclic and other cyclica | No | | | ALL |
| 80337 | Antidepressants, tricyclic and other cyclica | No | | | ALL |
| 80338 | Antidepressants, not otherwise specified | No | | | ALL |
| 80339 | Antiepileptics, not otherwise specified; 1-3 | No | | | ALL |
| 80340 | Antiepileptics, not otherwise specified; 4-6 | No | | | ALL |
| 80341 | Antiepileptics, not otherwise specified; 7 o | No | | | ALL |
| 80342 | Antipsychotics, not otherwise specified; 1- | No | | | ALL |
| 80343 | Antipsychotics, not otherwise specified; 4- | No | | | ALL |
| 80344 | Antipsychotics, not otherwise specified; 7 | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 80345 | Barbiturates | No | | | ALL |
| 80346 | Benzodiazepines; 1-12 | No | | | ALL |
| 80347 | Benzodiazepines; 13 or more | No | | | ALL |
| 80348 | Buprenorphine | No | | | ALL |
| 80349 | Cannabinoids, natural | No | | | ALL |
| 80350 | Cannabinoids, synthetic; 1-3 | No | | | ALL |
| 80351 | Cannabinoids, synthetic; 4-6 | No | | | ALL |
| 80352 | Cannabinoids, synthetic; 7 or more | No | | | ALL |
| 80353 | Cocaine | No | | | ALL |
| 80354 | Fentanyl | No | | | ALL |
| 80355 | Gabapentin, non-blood | No | | | ALL |
| 80356 | Heroin metabolite | No | | | ALL |
| 80357 | Ketamine and norketamine | No | | | ALL |
| 80358 | Methadone | No | | | ALL |
| 80359 | Methylenedioxyamphetamines (MDA, MDI | No | | | ALL |
| 80360 | Methylphenidate | No | | | ALL |
| 80361 | Opiates, 1 or more | No | | | ALL |
| 80362 | Opioids and opiate analogs; 1 or 2 | No | | | ALL |
| 80363 | Opioids and Opiate analogs; 3 or 4 | No | | | ALL |
| 80364 | Opioids and Opiate analogs; 5 or more | No | | | ALL |
| 80365 | Oxycodone | No | | | ALL |
| 80366 | Pregabalin | No | | | ALL |
| 80367 | Propoxyphene | No | | | ALL |
| 80368 | Sedative hypnotics (non-benzodiazepines | No | | | ALL |
| 80369 | Skeletal muscle relaxants; 1 or 2 | No | | | ALL |
| 80370 | Skeletal muscle relaxants; 3 or more | No | | | ALL |
| 80371 | Stimulants, synthetic | No | | | ALL |
| 80372 | Tapentadol | No | | | ALL |
| 80373 | Tramadol | No | | | ALL |
| 80374 | Stereoisomer (enantiomer) analysis, singl | No | | | ALL |
| 80375 | Drug(s) or substance(s), definitive, qualita | No | | | ALL |
| 80376 | Drug(s) or substance(s), definitive, qualita | No | | | ALL |
| 80377 | Drug(s) or substance(s), definitive, qualita | No | | | ALL |
| 80400 | ACTH stimulation panel; for adrenal insuff | No | | | ALL |
| 80402 | ACTH stimulation panel; for 21 hydroxylas | No | * | | ALL |
| 80406 | ACTH stimulation panel; for 3 beta-hydrox | No | * | | ALL |
| 80408 | Aldosterone suppression evaluation panel | No | | | ALL |
| 80410 | Calcitonin stimulation panel (eg, calcium, | No | | | ALL |
| 80412 | Corticotropic releasing hormone (CRH) sti | No | | | ALL |
| 80414 | Chorionic gonadotropin stimulation panel; | No | * | | ALL |
| 80415 | Chorionic gonadotropin stimulation panel; | No | * | | ALL |
| 80416 | Renal vein renin stimulation panel (eg, ca | No | | | ALL |
| 80417 | Peripheral vein renin stimulation panel (eg | No | | | ALL |
| 80418 | Combined rapid anterior pituitary evaluatic | No | * | | ALL |
| 80420 | Dexamethasone suppression panel, 48 ho | No | | | ALL |
| 80422 | Glucagon tolerance panel; for insulinoma | No | | | ALL |
| 80424 | Glucagon tolerance panel; for pheochrom | No | | | ALL |
| 80426 | Gonadotropin releasing hormone stimulati | No | * | | ALL |
| 80428 | Growth hormone stimulation panel (eg, ar | No | | | ALL |
| 80430 | Growth hormone suppression panel (gluc | No | | | ALL |
| 80432 | Insulin-induced C-peptide suppression pa | No | | | ALL |
| 80434 | Insulin tolerance panel; for ACTH insufficie | No | | | ALL |
| 80435 | Insulin tolerance panel; for growth hormor | No | | | ALL |
| 80436 | Metyrapone panel | No | | | ALL |
| 80438 | Thyrotropin releasing hormone (TRH) stim | No | | | ALL |
| 80439 | Thyrotropin releasing hormone (TRH) stim | No | | | ALL |
| 80500 | Clinical pathology consultation; limited, wi | No | | | ALL |
| 80502 | Clinical pathology consultation; comprehe | No | | | ALL |
| 80503 | Pathology clinical consultation; for a clinic | No | | | ALL |
| 80504 | Pathology clinical consultation; for a mode | No | | | ALL |
| 80505 | Pathology clinical consultation; for a highly | No | | | ALL |
| 80506 | Pathology clinical consultation; prolonged | No | | | ALL |
| 81000 | Urinalysis, by dip stick or tablet reagent fo | No | | | ALL |
| 81001 | Urinalysis, by dip stick or tablet reagent fo | No | | | ALL |
| 81002 | Urinalysis, by dip stick or tablet reagent fo | No | | | ALL |
| 81003 | Urinalysis, by dip stick or tablet reagent fo | No | | | ALL |
| 81005 | Urinalysis; qualitative or semiquantitative, | No | | | ALL |
| 81007 | Urinalysis; bacteriuria screen, except by c | No | | | ALL |
| 81015 | Urinalysis; microscopic only | No | | | ALL |
| 81020 | Urinalysis; two or three glass test | No | | | ALL |
| 81025 | Urine pregnancy test, by visual color comp | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81050 | Volume measurement for timed collection | No | | | ALL |
| 81099 | UNLISTED URINALYSIS PROCEDURE | Yes | | | ALL |
| 81105 | Human Platelet Antigen 1 genotyping (HP | Yes | | | ALL (Except MCWRAP) |
| 81105 | Human Platelet Antigen 1 genotyping (HP | No | | | MCWRAP |
| 81106 | Human Platelet Antigen 2 genotyping (HP | Yes | | | ALL (Except MCWRAP) |
| 81106 | Human Platelet Antigen 2 genotyping (HP | No | | | MCWRAP |
| 81107 | Human Platelet Antigen 3 genotyping (HP | Yes | | | ALL (Except MCWRAP) |
| 81107 | Human Platelet Antigen 3 genotyping (HP | No | | | MCWRAP |
| 81108 | Human Platelet Antigen 4 genotyping (HP | Yes | | | ALL (Except MCWRAP) |
| 81108 | Human Platelet Antigen 4 genotyping (HP | No | | | MCWRAP |
| 81109 | Human Platelet Antigen 5 genotyping (HP | Yes | | | ALL (Except MCWRAP) |
| 81109 | Human Platelet Antigen 5 genotyping (HP | No | | | MCWRAP |
| 81110 | Human Platelet Antigen 6 genotyping (HP | Yes | | | ALL (Except MCWRAP) |
| 81110 | Human Platelet Antigen 6 genotyping (HP | No | | | MCWRAP |
| 81111 | Human Platelet Antigen 9 genotyping (HP | Yes | | | ALL (Except MCWRAP) |
| 81111 | Human Platelet Antigen 9 genotyping (HP | No | | | MCWRAP |
| 81112 | Human Platelet Antigen 15 genotyping (HI | Yes | | | ALL (Except MCWRAP) |
| 81112 | Human Platelet Antigen 15 genotyping (HI | No | | | MCWRAP |
| 81120 | IDH1 (isocitrate dehydrogenase 1 [NADP+ | No | Preferred provider HFCPD | | ALL (Except McWrap, MED) |
| 81120 | IDH1 (isocitrate dehydrogenase 1 [NADP+ | No | | | McWrap/MED |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+ | No | Preferred provider HFCPD | | ALL (Except McWrap, MED) |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+ | No | | | McWrap/MED |
| 81161 | DMD (dystrophin) (eg, Duchenne/Becker r | Yes | | | ALL (Except MCWRAP) |
| 81161 | DMD (dystrophin) (eg, Duchenne/Becker r | No | | | MCWRAP |
| 81162 | BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., h | Yes | | | ALL (Except MCWRAP) |
| 81162 | BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., h | No | | | MCWRAP |
| 81163 | BRCA1 (BRCA1, DNA repair associated), | Yes | | | ALL (Except MCWRAP) |
| 81163 | BRCA1 (BRCA1, DNA repair associated), | No | | | MCWRAP |
| 81164 | BRCA1 (BRCA1, DNA repair associated), | Yes | | | ALL (Except MCWRAP) |
| 81164 | BRCA1 (BRCA1, DNA repair associated), | No | | | MCWRAP |
| 81165 | BRCA1 (BRCA1, DNA repair associated) ( | Yes | | | ALL (Except MCWRAP) |
| 81165 | BRCA1 (BRCA1, DNA repair associated) ( | No | | | MCWRAP |
| 81166 | BRCA1 (BRCA1, DNA repair associated) ( | Yes | | | ALL (Except MCWRAP) |
| 81166 | BRCA1 (BRCA1, DNA repair associated) ( | No | | | MCWRAP |
| 81167 | BRCA2 (BRCA2, DNA repair associated) ( | Yes | | | ALL (Except MCWRAP) |
| 81167 | BRCA2 (BRCA2, DNA repair associated) ( | No | | | MCWRAP |
| 81168 | CCND1/IGH (t(11;14)) (eg, mantle cell lym | Yes | | | ALL (Except MCWRAP) |
| 81168 | CCND1/IGH (t(11;14)) (eg, mantle cell lym | No | | | MCWRAP |
| 81170 | ABL1 (ABL proto-oncogene 1, non-receptor tyro | Yes | | | ALL (Except MCWRAP) |
| 81170 | ABL1 (ABL proto-oncogene 1, non-receptor tyro | No | | | MCWRAP |
| 81171 | AFF2 (AF4/FMR2 family, member 2 [FMR | Yes | | | ALL (Except MCWRAP) |
| 81171 | AFF2 (AF4/FMR2 family, member 2 [FMR | No | | | MCWRAP |
| 81172 | AFF2 (AF4/FMR2 family, member 2 [FMR | Yes | | | ALL (Except MCWRAP) |
| 81172 | AFF2 (AF4/FMR2 family, member 2 [FMR | No | | | MCWRAP |
| 81173 | AR (androgen receptor) (eg, spinal and bu | Yes | | | ALL (Except MCWRAP) |
| 81173 | AR (androgen receptor) (eg, spinal and bu | No | | | MCWRAP |
| 81174 | AR (androgen receptor) (eg, spinal and bu | Yes | | | ALL (Except MCWRAP) |
| 81174 | AR (androgen receptor) (eg, spinal and bu | No | | | MCWRAP |
| 81175 | ASXL1 (additional sex combs like 1, trans | Yes | | | ALL (Except MCWRAP) |
| 81175 | ASXL1 (additional sex combs like 1, trans | No | | | MCWRAP |
| 81176 | ASXL1 (additional sex combs like 1, trans | Yes | | | ALL (Except MCWRAP) |
| 81176 | ASXL1 (additional sex combs like 1, trans | No | | | MCWRAP |
| 81177 | ATN1 (atrophin 1) (eg, dentatorubral-pallid | Yes | | | ALL (Except MCWRAP) |
| 81177 | ATN1 (atrophin 1) (eg, dentatorubral-pallid | No | | | MCWRAP |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar atax | Yes | | | ALL (Except MCWRAP) |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar atax | No | | | MCWRAP |
| 81179 | ATXN2 (ataxin 2) (eg, spinocerebellar atax | Yes | | | ALL (Except MCWRAP) |
| 81179 | ATXN2 (ataxin 2) (eg, spinocerebellar atax | No | | | MCWRAP |
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar atax | Yes | | | ALL (Except MCWRAP) |
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar atax | No | | | MCWRAP |
| 81181 | ATXN7 (ataxin 7) (eg, spinocerebellar atax | Yes | | | ALL (Except MCWRAP) |
| 81181 | ATXN7 (ataxin 7) (eg, spinocerebellar atax | No | | | MCWRAP |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-p | Yes | | | ALL (Except MCWRAP) |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-p | No | | | MCWRAP |
| 81183 | ATXN10 (ataxin 10) (eg, spinocerebellar a | Yes | | | ALL (Except MCWRAP) |
| 81183 | ATXN10 (ataxin 10) (eg, spinocerebellar a | No | | | MCWRAP |
| 81184 | CACNA1A (calcium voltage-gated channe | Yes | | | ALL (Except MCWRAP) |
| 81184 | CACNA1A (calcium voltage-gated channe | No | | | MCWRAP |
| 81185 | CACNA1A (calcium voltage-gated channe | Yes | | | ALL (Except MCWRAP) |
| 81185 | CACNA1A (calcium voltage-gated channe | No | | | MCWRAP |
| 81186 | CACNA1A (calcium voltage-gated channe | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81186 | CACNA1A (calcium voltage-gated channe | No | | | MCWRAP |
| 81187 | CNBP (CCHC-type zinc finger nucleic acic | Yes | | | ALL (Except MCWRAP) |
| 81187 | CNBP (CCHC-type zinc finger nucleic acic | No | | | MCWRAP |
| 81188 | CSTB (cystatin B) (eg, Unverricht-Lundbo | Yes | | | ALL (Except MCWRAP) |
| 81188 | CSTB (cystatin B) (eg, Unverricht-Lundbo | No | | | MCWRAP |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundbo | Yes | | | ALL (Except MCWRAP) |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundbo | No | | | MCWRAP |
| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundbo | Yes | | | ALL (Except MCWRAP) |
| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundbo | No | | | MCWRAP |
| 81191 | NTRK1 (neurotrophic receptor tyrosine kir | Yes | | | ALL (Except MCWRAP) |
| 81191 | NTRK1 (neurotrophic receptor tyrosine kir | No | | | MCWRAP |
| 81192 | NTRK2 (neurotrophic receptor tyrosine kir | Yes | | | ALL (Except MCWRAP) |
| 81192 | NTRK2 (neurotrophic receptor tyrosine kir | No | | | MCWRAP |
| 81193 | NTRK3 (neurotrophic receptor tyrosine kir | Yes | | | ALL (Except MCWRAP) |
| 81193 | NTRK3 (neurotrophic receptor tyrosine kir | No | | | MCWRAP |
| 81194 | NTRK (neurotrophic-tropomyosin receptor | Yes | | | ALL (Except MCWRAP) |
| 81194 | NTRK (neurotrophic-tropomyosin receptor | No | | | MCWRAP |
| 81200 | ASPA (aspartoacylase) (eg, Canavan dise | Yes | | | ALL (Except MCWRAP) |
| 81200 | ASPA (aspartoacylase) (eg, Canavan dise | No | | | MCWRAP |
| 81201 | APC (adenomatous polyposis coli) (eg, fa | Yes | | | ALL (Except MCWRAP) |
| 81201 | APC (adenomatous polyposis coli) (eg, fa | No | | | MCWRAP |
| 81202 | APC (adenomatous polyposis coli) (eg, fa | Yes | | | ALL (Except MCWRAP) |
| 81202 | APC (adenomatous polyposis coli) (eg, fa | No | | | MCWRAP |
| 81203 | APC (adenomatous polyposis coli) (eg, fa | Yes | | | ALL (Except MCWRAP) |
| 81203 | APC (adenomatous polyposis coli) (eg, fa | No | | | MCWRAP |
| 81204 | AR (androgen receptor) (eg, spinal and bu | Yes | | | ALL (Except MCWRAP) |
| 81204 | AR (androgen receptor) (eg, spinal and bu | No | | | MCWRAP |
| 81205 | BCKDHB (branched-chain keto acid dehyd | Yes | | | ALL (Except MCWRAP) |
| 81205 | BCKDHB (branched-chain keto acid dehyd | No | | | MCWRAP |
| 81206 | BCR/ABL1 (t(9;22)) (eg, chronic myeloger | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81206 | BCR/ABL1 (t(9;22)) (eg, chronic myeloger | No | | | McWrap/MA |
| 81207 | BCR/ABL1 (t(9;22)) (eg, chronic myeloger | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81207 | BCR/ABL1 (t(9;22)) (eg, chronic myeloger | No | | | McWrap/MA |
| 81208 | BCR/ABL1 (t(9;22)) (eg, chronic myeloger | Yes | | | ALL (Except MCWRAP) |
| 81208 | BCR/ABL1 (t(9;22)) (eg, chronic myeloger | No | | | MCWRAP |
| 81209 | BLM (Bloom syndrome, RecQ helicase-lik | Yes | | | ALL (Except MCWRAP) |
| 81209 | BLM (Bloom syndrome, RecQ helicase-lik | No | | | MCWRAP |
| 81210 | BRAF (v-raf murine sarcoma viral oncoge | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81210 | BRAF (v-raf murine sarcoma viral oncoge | No | | | McWrap/MA |
| 81212 | BRCA1, BRCA2 (breast cancer 1 and 2) ( | Yes | | | ALL (Except Medicare Comp) |
| 81212 | BRCA1, BRCA2 (breast cancer 1 and 2) ( | No | | | MEDICARE COMP/MCWRAP |
| 81215 | BRCA1 (breast cancer 1) (eg, hereditary b | Yes | | | ALL (Except Medicare Comp) |
| 81215 | BRCA1 (breast cancer 1) (eg, hereditary b | No | | | MEDICARE COMP/MCWRAP |
| 81216 | BRCA2 (breast cancer 2) (eg, hereditary b | Yes | | | ALL (Except Medicare Comp) |
| 81216 | BRCA2 (breast cancer 2) (eg, hereditary b | No | | | MEDICARE COMP/MCWRAP |
| 81217 | BRCA2 (breast cancer 2) (eg, hereditary b | Yes | | | ALL (Except Medicare Comp) |
| 81217 | BRCA2 (breast cancer 2) (eg, hereditary b | No | | | MEDICARE COMP/MCWRAP |
| 81218 | CEBPA (CCAAT/enhancer binding protein | Yes | | | ALL (Except MCWRAP) |
| 81218 | CEBPA (CCAAT/enhancer binding protein | No | | | MCWRAP |
| 81219 | CALR (calreticulin) (e.g., myeloproliferativ | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81219 | CALR (calreticulin) (e.g., myeloproliferativ | No | | | McWrap/MA |
| 81220 | CFTR (cystic fibrosis transmembrane con | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81220 | CFTR (cystic fibrosis transmembrane con | No | | | McWrap/MA |
| 81221 | CFTR (cystic fibrosis transmembrane con | Yes | | | ALL (Except MCWRAP) |
| 81221 | CFTR (cystic fibrosis transmembrane con | No | | | MCWRAP |
| 81222 | CFTR (cystic fibrosis transmembrane con | Yes | | | ALL (Except MCWRAP) |
| 81222 | CFTR (cystic fibrosis transmembrane con | No | | | MCWRAP |
| 81223 | CFTR (cystic fibrosis transmembrane con | Yes | | | ALL (Except MCWRAP) |
| 81223 | CFTR (cystic fibrosis transmembrane con | No | | | MCWRAP |
| 81224 | CFTR (cystic fibrosis transmembrane con | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81224 | CFTR (cystic fibrosis transmembrane con | No | | | McWrap/MA |
| 81225 | CYP2C19 (cytochrome P450, family 2, su | Yes | | | ALL (Except MCWRAP) |
| 81225 | CYP2C19 (cytochrome P450, family 2, su | No | | | MCWRAP |
| 81226 | CYP2D6 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |
| 81226 | CYP2D6 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 81227 | CYP2C9 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |
| 81227 | CYP2C9 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 81228 | Cytogenomic constitutional (genome-wide | Yes | | | ALL (Except MCWRAP) |
| 81228 | Cytogenomic constitutional (genome-wide | No | | | MCWRAP |
| 81229 | Cytogenomic constitutional (genome-wide | Yes | | | ALL (Except MCWRAP) |
| 81229 | Cytogenomic constitutional (genome-wide | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81230 | CYP3A4 (cytochrome P450 family 3 subfa | Yes | | | ALL (Except MCWRAP) |
| 81230 | CYP3A4 (cytochrome P450 family 3 subfa | No | | | MCWRAP |
| 81231 | CYP3A5 (cytochrome P450 family 3 subfa | Yes | | | ALL (Except MCWRAP) |
| 81231 | CYP3A5 (cytochrome P450 family 3 subfa | No | | | MCWRAP |
| 81232 | DPYD (dihydropyrimidine dehydrogenase) | Yes | | | ALL (Except MCWRAP) |
| 81232 | DPYD (dihydropyrimidine dehydrogenase) | No | | | MCWRAP |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chroni | Yes | | | ALL (Except MCWRAP) |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chroni | No | | | MCWRAP |
| 81234 | DMPK (DM1 protein kinase) (eg, myotonic | Yes | | | ALL (Except MCWRAP) |
| 81234 | DMPK (DM1 protein kinase) (eg, myotonic | No | | | MCWRAP |
| 81235 | EGFR (epidermal growth factor receptor) ( | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81235 | EGFR (epidermal growth factor receptor) ( | No | | | McWrap/MA |
| 81236 | EZH2 (enhancer of zeste 2 polycomb repr | Yes | | | ALL (Except MCWRAP) |
| 81236 | EZH2 (enhancer of zeste 2 polycomb repr | No | | | MCWRAP |
| 81237 | EZH2 (enhancer of zeste 2 polycomb repr | Yes | | | ALL (Except MCWRAP) |
| 81237 | EZH2 (enhancer of zeste 2 polycomb repr | No | | | MCWRAP |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia | Yes | | | ALL (Except MCWRAP) |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia | No | | | MCWRAP |
| 81239 | DMPK (DM1 protein kinase) (eg, myotonic | Yes | | | ALL (Except MCWRAP) |
| 81239 | DMPK (DM1 protein kinase) (eg, myotonic | No | | | MCWRAP |
| 81240 | F2 (prothrombin, coagulation factor II) (eg | Yes | | | ALL (Except MCWRAP) |
| 81240 | F2 (prothrombin, coagulation factor II) (eg | No | | | MCWRAP |
| 81241 | F5 (coagulation Factor V) (eg, hereditary h | Yes | | | ALL (Except MCWRAP) |
| 81241 | F5 (coagulation Factor V) (eg, hereditary h | No | | | MCWRAP |
| 81242 | FANCC (Fanconi anemia, complementatio | Yes | | | ALL (Except MCWRAP) |
| 81242 | FANCC (Fanconi anemia, complementatio | No | | | MCWRAP |
| 81243 | FMR1 (Fragile X mental retardation 1) (eg | Yes | | | ALL (Except MCWRAP) |
| 81243 | FMR1 (Fragile X mental retardation 1) (eg | No | | | MCWRAP |
| 81244 | FMR1 (Fragile X mental retardation 1) (eg | Yes | | | ALL (Except MCWRAP) |
| 81244 | FMR1 (Fragile X mental retardation 1) (eg | No | | | MCWRAP |
| 81245 | FLT3 (fms-related tyrosine kinase 3) (eg, a | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81245 | FLT3 (fms-related tyrosine kinase 3) (eg, a | No | | | McWrap/MA |
| 81246 | FLT3 (fms-related tyrosine kinase 3) (eg, a | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81246 | FLT3 (fms-related tyrosine kinase 3) (eg, a | No | | | McWrap/MA |
| 81247 | G6PD (glucose-6-phosphate dehydrogena | Yes | | | ALL (Except MCWRAP) |
| 81247 | G6PD (glucose-6-phosphate dehydrogena | No | | | MCWRAP |
| 81248 | G6PD (glucose-6-phosphate dehydrogena | Yes | | | ALL (Except MCWRAP) |
| 81248 | G6PD (glucose-6-phosphate dehydrogena | No | | | MCWRAP |
| 81249 | G6PD (glucose-6-phosphate dehydrogena | Yes | | | ALL (Except MCWRAP) |
| 81249 | G6PD (glucose-6-phosphate dehydrogena | No | | | MCWRAP |
| 81250 | G6PC (glucose-6-phosphatase, catalytic s | Yes | | | ALL (Except MCWRAP) |
| 81250 | G6PC (glucose-6-phosphatase, catalytic s | No | | | MCWRAP |
| 81251 | GBA (glucosidase, beta, acid) (eg, Gauch | Yes | | | ALL (Except MCWRAP) |
| 81251 | GBA (glucosidase, beta, acid) (eg, Gauch | No | | | MCWRAP |
| 81252 | GJB2 (gap junction protein, beta 2, 26kDa | Yes | | | ALL (Except MCWRAP) |
| 81252 | GJB2 (gap junction protein, beta 2, 26kDa | No | | | MCWRAP |
| 81253 | GJB2 (gap junction protein, beta 2, 26kDa | Yes | | | ALL (Except MCWRAP) |
| 81253 | GJB2 (gap junction protein, beta 2, 26kDa | No | | | MCWRAP |
| 81254 | GJB6 (gap junction protein, beta 6, 30kDa | Yes | | | ALL (Except MCWRAP) |
| 81254 | GJB6 (gap junction protein, beta 6, 30kDa | No | | | MCWRAP |
| 81255 | HEXA (hexosaminidase A [alpha polypept | Yes | | | ALL (Except MCWRAP) |
| 81255 | HEXA (hexosaminidase A [alpha polypept | No | | | MCWRAP |
| 81256 | HFE (hemochromatosis) (eg, hereditary h | Yes | | | ALL (Except MCWRAP) |
| 81256 | HFE (hemochromatosis) (eg, hereditary h | No | | | MCWRAP |
| 81257 | HBA1/HBA2 (alpha globin 1 and alpha glo | Yes | | | ALL (Except MCWRAP) |
| 81257 | HBA1/HBA2 (alpha globin 1 and alpha glo | No | | | MCWRAP |
| 81258 | HBA1/HBA2 (alpha globin 1 and alpha glo | Yes | | | ALL (Except MCWRAP) |
| 81258 | HBA1/HBA2 (alpha globin 1 and alpha glo | No | | | MCWRAP |
| 81259 | HBA1/HBA2 (alpha globin 1 and alpha glo | Yes | | | ALL (Except MCWRAP) |
| 81259 | HBA1/HBA2 (alpha globin 1 and alpha glo | No | | | MCWRAP |
| 81260 | IKBKAP (inhibitor of kappa light polypeptic | Yes | | | ALL (Except MCWRAP) |
| 81260 | IKBKAP (inhibitor of kappa light polypeptic | No | | | MCWRAP |
| 81261 | IGH@ (Immunoglobulin heavy chain locus | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81261 | IGH@ (Immunoglobulin heavy chain locus | No | | | McWrap/MA |
| 81262 | IGH@ (Immunoglobulin heavy chain locus | Yes | | | ALL (Except MCWRAP) |
| 81262 | IGH@ (Immunoglobulin heavy chain locus | No | | | MCWRAP |
| 81263 | IGH@ (Immunoglobulin heavy chain locus | Yes | | | ALL (Except MCWRAP) |
| 81263 | IGH@ (Immunoglobulin heavy chain locus | No | | | MCWRAP |
| 81264 | IGH@ (Immunoglobulin heavy chain locus | Yes | | | ALL (Except MCWRAP) |
| 81264 | IGH@ (Immunoglobulin heavy chain locus | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81265 | Comparative analysis using Short Tanden | No | Preferred provider HFCPD or UofM | | ALL (Except McWrap, MA) |
| 81265 | Comparative analysis using Short Tanden | No | | | McWrap/MA |
| 81266 | Comparative analysis using Short Tanden | No | Preferred provider HFCPD or UofM | | ALL (Except McWrap, MA) |
| 81266 | Comparative analysis using Short Tanden | No | | | McWrap/MA |
| 81267 | Chimerism (engraftment) analysis, post tra | No | Preferred provider HFCPD or UofM | | ALL (Except McWrap, MA) |
| 81267 | Chimerism (engraftment) analysis, post tra | No | | | McWrap/MA |
| 81268 | Chimerism (engraftment) analysis, post tra | No | Preferred provider HFCPD or UofM | | ALL (Except McWrap, MA) |
| 81268 | Chimerism (engraftment) analysis, post tra | No | | | McWrap/MA |
| 81269 | HBA1/HBA2 (alpha globin 1 and alpha glo | Yes | | | ALL (Except MCWRAP) |
| 81269 | HBA1/HBA2 (alpha globin 1 and alpha glo | No | | | MCWRAP |
| 81270 | JAK2 (Janus kinase 2) (eg, myeloprolifera | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81270 | JAK2 (Janus kinase 2) (eg, myeloprolifera | No | | | McWrap/MA |
| 81271 | HTT (huntingtin) (eg, Huntington disease) | Yes | | | ALL (Except MCWRAP) |
| 81271 | HTT (huntingtin) (eg, Huntington disease) | No | | | MCWRAP |
| 81272 | KIT (v-kit Hardy-Zuckerman 4 feline sarco | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81272 | KIT (v-kit Hardy-Zuckerman 4 feline sarco | No | | | McWrap/MA |
| 81273 | KIT (v-kit Hardy-Zuckerman 4 feline sarco | Yes | | | ALL (Except MCWRAP) |
| 81273 | KIT (v-kit Hardy-Zuckerman 4 feline sarco | No | | | MCWRAP |
| 81274 | HTT (huntingtin) (eg, Huntington disease) | Yes | | | ALL (Except MCWRAP) |
| 81274 | HTT (huntingtin) (eg, Huntington disease) | No | | | MCWRAP |
| 81275 | KRAS (v-Ki-ras2 Kirsten rat sarcoma viral | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81275 | KRAS (v-Ki-ras2 Kirsten rat sarcoma viral | No | | | McWrap/MA |
| 81276 | KRAS (Kirsten rat sarcoma viral oncogene | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81276 | KRAS (Kirsten rat sarcoma viral oncogene | No | | | McWrap/MA |
| 81277 | Cytogenomic neoplasia (genome-wide) m | Yes | | | ALL (Except MCWRAP) |
| 81277 | Cytogenomic neoplasia (genome-wide) m | No | | | MCWRAP |
| 81278 | IGH@/BCL2 (t(14;18)) (eg, follicular lymph | Yes | | | ALL (Except MCWRAP) |
| 81278 | IGH@/BCL2 (t(14;18)) (eg, follicular lymph | No | | | MCWRAP |
| 81279 | JAK2 (Janus kinase 2) (eg, myeloprolifera | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81279 | JAK2 (Janus kinase 2) (eg, myeloprolifera | No | | | McWrap/MA |
| 81283 | IFNL3 (interferon, lambda 3) (eg, drug res | Yes | | | ALL (Except MCWRAP) |
| 81283 | IFNL3 (interferon, lambda 3) (eg, drug res | No | | | MCWRAP |
| 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene | Yes | | | ALL (Except MCWRAP) |
| 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene | No | | | MCWRAP |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene | Yes | | | ALL (Except MCWRAP) |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene | No | | | MCWRAP |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene | Yes | | | ALL (Except MCWRAP) |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene | No | | | MCWRAP |
| 81287 | MGMT (O-6-methylguanine-DNA methyltra | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81287 | MGMT (O-6-methylguanine-DNA methyltra | No | | | McWrap/MA |
| 81288 | MLH1 (mutL homolog 1, colon cancer, nor | Yes | | | ALL (Except MCWRAP) |
| 81288 | MLH1 (mutL homolog 1, colon cancer, nor | No | | | MCWRAP |
| 81289 | FXN (frataxin) (eg, Friedreich ataxia) gene | Yes | | | ALL (Except MCWRAP) |
| 81289 | FXN (frataxin) (eg, Friedreich ataxia) gene | No | | | MCWRAP |
| 81290 | MCOLN1 (mucolipin 1) (eg, Mucolipidosis | Yes | | | ALL (Except MCWRAP) |
| 81290 | MCOLN1 (mucolipin 1) (eg, Mucolipidosis | No | | | MCWRAP |
| 81291 | MTHFR (5,10-methylenetetrahydrofolate r | Yes | | | ALL (Except MCWRAP) |
| 81291 | MTHFR (5,10-methylenetetrahydrofolate r | No | | | MCWRAP |
| 81292 | MLH1 (mutL homolog 1, colon cancer, nor | Yes | | | ALL (Except MCWRAP) |
| 81292 | MLH1 (mutL homolog 1, colon cancer, nor | No | | | MCWRAP |
| 81293 | MLH1 (mutL homolog 1, colon cancer, nor | Yes | | | ALL (Except MCWRAP) |
| 81293 | MLH1 (mutL homolog 1, colon cancer, nor | No | | | MCWRAP |
| 81294 | MLH1 (mutL homolog 1, colon cancer, nor | Yes | | | ALL (Except MCWRAP) |
| 81294 | MLH1 (mutL homolog 1, colon cancer, nor | No | | | MCWRAP |
| 81295 | MSH2 (mutS homolog 2, colon cancer, no | Yes | | | ALL (Except MCWRAP) |
| 81295 | MSH2 (mutS homolog 2, colon cancer, no | No | | | MCWRAP |
| 81296 | MSH2 (mutS homolog 2, colon cancer, no | Yes | | | ALL (Except MCWRAP) |
| 81296 | MSH2 (mutS homolog 2, colon cancer, no | No | | | MCWRAP |
| 81297 | MSH2 (mutS homolog 2, colon cancer, no | Yes | | | ALL (Except MCWRAP) |
| 81297 | MSH2 (mutS homolog 2, colon cancer, no | No | | | MCWRAP |
| 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, here | Yes | | | ALL (Except MCWRAP) |
| 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, here | No | | | MCWRAP |
| 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, here | Yes | | | ALL (Except MCWRAP) |
| 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, here | No | | | MCWRAP |
| 81300 | MSH6 (mutS homolog 6 [E. coli]) (eg, here | Yes | | | ALL (Except MCWRAP) |
| 81300 | MSH6 (mutS homolog 6 [E. coli]) (eg, here | No | | | MCWRAP |
| 81301 | Microsatellite instability analysis (eg, here | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81301 | Microsatellite instability analysis (eg, here | No | | | McWrap/MA |
| 81302 | MECP2 (methyl CpG binding protein 2) (e | Yes | | | ALL (Except MCWRAP) |
| 81302 | MECP2 (methyl CpG binding protein 2) (e | No | | | MCWRAP |
| 81303 | MECP2 (methyl CpG binding protein 2) (e | Yes | | | ALL (Except MCWRAP) |
| 81303 | MECP2 (methyl CpG binding protein 2) (e | No | | | MCWRAP |
| 81304 | MECP2 (methyl CpG binding protein 2) (e | Yes | | | ALL (Except MCWRAP) |
| 81304 | MECP2 (methyl CpG binding protein 2) (e | No | | | MCWRAP |
| 81305 | MYD88 (myeloid differentiation primary re | Yes | | | ALL (Except MCWRAP) |
| 81305 | MYD88 (myeloid differentiation primary re | No | | | MCWRAP |
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug m | Yes | | | ALL (Except MCWRAP) |
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug m | No | | | MCWRAP |
| 81307 | PALB2 (partner and localizer of BRCA2) ( | Yes | | | ALL (Except MCWRAP) |
| 81307 | PALB2 (partner and localizer of BRCA2) ( | No | | | MCWRAP |
| 81308 | PALB2 (partner and localizer of BRCA2) ( | Yes | | | ALL (Except MCWRAP) |
| 81308 | PALB2 (partner and localizer of BRCA2) ( | No | | | MCWRAP |
| 81309 | PIK3CA (phosphatidylinositol-4, 5-biphosp | Yes | | | ALL (Except MCWRAP) |
| 81309 | PIK3CA (phosphatidylinositol-4, 5-biphosp | No | | | MCWRAP |
| 81310 | NPM1 (nucleophosmin) (eg, acute myeloi | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81310 | NPM1 (nucleophosmin) (eg, acute myeloi | No | | | McWrap/MA |
| 81311 | NRAS (neuroblastoma RAS viral [v- ras] ( | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81311 | NRAS (neuroblastoma RAS viral [v- ras] ( | No | | | McWrap/MA |
| 81312 | PABPN1 (poly[A] binding protein nuclear 1 | Yes | | | ALL (Except MCWRAP) |
| 81312 | PABPN1 (poly[A] binding protein nuclear 1 | No | | | MCWRAP |
| 81313 | PCA3/KLK3 (prostate cancer antigen 3 [n | Yes | | | ALL (Except MCWRAP) |
| 81313 | PCA3/KLK3 (prostate cancer antigen 3 [n | No | | | MCWRAP |
| 81314 | PDGFRA (platelet-derived growth factor re | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81314 | PDGFRA (platelet-derived growth factor re | No | | | McWrap/MA |
| 81315 | PML/RARalpha, (t(15;17)), (promyelocytic | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81315 | PML/RARalpha, (t(15;17)), (promyelocytic | No | | | McWrap/MA |
| 81316 | PML/RARalpha, (t(15;17)), (promyelocytic | Yes | | | ALL (Except MCWRAP) |
| 81316 | PML/RARalpha, (t(15;17)), (promyelocytic | No | | | MCWRAP |
| 81317 | PMS2 (postmeiotic segregation increased | Yes | | | ALL (Except MCWRAP) |
| 81317 | PMS2 (postmeiotic segregation increased | No | | | MCWRAP |
| 81318 | PMS2 (postmeiotic segregation increased | Yes | | | ALL (Except MCWRAP) |
| 81318 | PMS2 (postmeiotic segregation increased | No | | | MCWRAP |
| 81319 | PMS2 (postmeiotic segregation increased | Yes | | | ALL (Except MCWRAP) |
| 81319 | PMS2 (postmeiotic segregation increased | No | | | MCWRAP |
| 81320 | PLCG2 (phospholipase C gamma 2) (eg, ( | Yes | | | ALL (Except MCWRAP) |
| 81320 | PLCG2 (phospholipase C gamma 2) (eg, ( | No | | | MCWRAP |
| 81321 | PTEN (phosphatase and tensin homolog) | Yes | | | ALL (Except MCWRAP) |
| 81321 | PTEN (phosphatase and tensin homolog) | No | | | MCWRAP |
| 81322 | PTEN (phosphatase and tensin homolog) | Yes | | | ALL (Except MCWRAP) |
| 81322 | PTEN (phosphatase and tensin homolog) | No | | | MCWRAP |
| 81323 | PTEN (phosphatase and tensin homolog) | Yes | | | ALL (Except MCWRAP) |
| 81323 | PTEN (phosphatase and tensin homolog) | No | | | MCWRAP |
| 81324 | PMP22 (peripheral myelin protein 22) (eg, | Yes | | | ALL (Except MCWRAP) |
| 81324 | PMP22 (peripheral myelin protein 22) (eg, | No | | | MCWRAP |
| 81325 | PMP22 (peripheral myelin protein 22) (eg, | Yes | | | ALL (Except MCWRAP) |
| 81325 | PMP22 (peripheral myelin protein 22) (eg, | No | | | MCWRAP |
| 81326 | PMP22 (peripheral myelin protein 22) (eg, | Yes | | | ALL (Except MCWRAP) |
| 81326 | PMP22 (peripheral myelin protein 22) (eg, | No | | | MCWRAP |
| 81327 | SEPT9 (Septin9) (eg, colorectal cancer) m | Yes | | | ALL (Except MCWRAP) |
| 81327 | SEPT9 (Septin9) (eg, colorectal cancer) m | No | | | MCWRAP |
| 81328 | SLCO1B1 (solute carrier organic anion tra | Yes | | | ALL (Except MCWRAP) |
| 81328 | SLCO1B1 (solute carrier organic anion tra | No | | | MCWRAP |
| 81329 | SMN1 (survival of motor neuron 1, telome | Yes | | | ALL (Except MCWRAP) |
| 81329 | SMN1 (survival of motor neuron 1, telome | No | | | MCWRAP |
| 81330 | SMPD1(sphingomyelin phosphodiesterase | Yes | | | ALL (Except MCWRAP) |
| 81330 | SMPD1(sphingomyelin phosphodiesterase | No | | | MCWRAP |
| 81331 | SNRPN/UBE3A (small nuclear ribonucleo | Yes | | | ALL (Except MCWRAP) |
| 81331 | SNRPN/UBE3A (small nuclear ribonucleo | No | | | MCWRAP |
| 81332 | SERPINA1 (serpin peptidase inhibitor, cla | Yes | | | ALL (Except MCWRAP) |
| 81332 | SERPINA1 (serpin peptidase inhibitor, cla | No | | | MCWRAP |
| 81333 | TGFBI (transforming growth factor beta-in | Yes | | | ALL (Except MCWRAP) |
| 81333 | TGFBI (transforming growth factor beta-in | No | | | MCWRAP |
| 81334 | RUNX1 (runt related transcription factor 1 | Yes | | | ALL (Except MCWRAP) |
| 81334 | RUNX1 (runt related transcription factor 1 | No | | | MCWRAP |
| 81335 | TPMT (thiopurine S-methyltransferase) (e | Yes | | | ALL (Except MCWRAP) |
| 81335 | TPMT (thiopurine S-methyltransferase) (e | No | | | MCWRAP |
| 81336 | SMN1 (survival of motor neuron 1, telome | Yes | | | ALL (Except MCWRAP) |
| 81336 | SMN1 (survival of motor neuron 1, telome | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81337 | SMN1 (survival of motor neuron 1, telome | Yes | | | ALL (Except MCWRAP) |
| 81337 | SMN1 (survival of motor neuron 1, telome | No | | | MCWRAP |
| 81338 | MPL (MPL proto-oncogene, thrombopoieti | Yes | | | ALL (Except MCWRAP) |
| 81338 | MPL (MPL proto-oncogene, thrombopoieti | No | | | MCWRAP |
| 81339 | MPL (MPL proto-oncogene, thrombopoieti | Yes | | | ALL (Except MCWRAP) |
| 81339 | MPL (MPL proto-oncogene, thrombopoieti | No | | | MCWRAP |
| 81340 | TRB@ (T cell antigen receptor, beta) (eg, | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81340 | TRB@ (T cell antigen receptor, beta) (eg, | No | | | McWrap/MA |
| 81341 | TRB@ (T cell antigen receptor, beta) (eg, | Yes | | | ALL (Except MCWRAP) |
| 81341 | TRB@ (T cell antigen receptor, beta) (eg, | No | | | MCWRAP |
| 81342 | TRG@ (T cell antigen receptor, gamma) ( | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81342 | TRG@ (T cell antigen receptor, gamma) ( | No | | | McWrap/MA |
| 81343 | PPP2R2B (protein phosphatase 2 regulato | Yes | | | ALL (Except MCWRAP) |
| 81343 | PPP2R2B (protein phosphatase 2 regulato | No | | | MCWRAP |
| 81344 | TBP (TATA box binding protein) (eg, spino | Yes | | | ALL (Except MCWRAP) |
| 81344 | TBP (TATA box binding protein) (eg, spino | No | | | MCWRAP |
| 81345 | TERT (telomerase reverse transcriptase) | Yes | | | ALL (Except MCWRAP) |
| 81345 | TERT (telomerase reverse transcriptase) | No | | | MCWRAP |
| 81346 | TYMS (thymidylate synthetase) (eg, 5-fluo | Yes | | | ALL (Except MCWRAP) |
| 81346 | TYMS (thymidylate synthetase) (eg, 5-fluo | No | | | MCWRAP |
| 81347 | SF3B1 (splicing factor [3b] subunit B1) (eg | Yes | | | ALL (Except MCWRAP) |
| 81347 | SF3B1 (splicing factor [3b] subunit B1) (eg | No | | | MCWRAP |
| 81348 | SRSF2 (serine and arginine-rich splicing f | Yes | | | ALL (Except MCWRAP) |
| 81348 | SRSF2 (serine and arginine-rich splicing f | No | | | MCWRAP |
| 81349 | Cytogenomic (genome-wide) analysis for ( | Yes | | | ALL (Except MCWRAP) |
| 81349 | Cytogenomic (genome-wide) analysis for ( | No | | | MCWRAP |
| 81350 | UGT1A1 (UDP glucuronosyltransferase 1 | Yes | | | ALL (Except MCWRAP) |
| 81350 | UGT1A1 (UDP glucuronosyltransferase 1 | No | | | MCWRAP |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni | Yes | | | ALL (Except MCWRAP) |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni | No | | | MCWRAP |
| 81352 | TP53 (tumor protein 53) (eg, Li-Fraumeni | Yes | | | ALL (Except MCWRAP) |
| 81352 | TP53 (tumor protein 53) (eg, Li-Fraumeni | No | | | MCWRAP |
| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni | Yes | | | ALL (Except MCWRAP) |
| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni | No | | | MCWRAP |
| 81354 | Cytogenomic (genome-wide) analysis for ( | Yes | | | ALL (Except MCWRAP) |
| 81354 | Cytogenomic (genome-wide) analysis for ( | No | | | MCWRAP |
| 81355 | VKORC1 (vitamin K epoxide reductase co | Yes | | | ALL (Except MCWRAP) |
| 81355 | VKORC1 (vitamin K epoxide reductase co | No | | | MCWRAP |
| 81357 | U2AF1 (U2 small nuclear RNA auxiliary fa | Yes | | | ALL (Except MCWRAP) |
| 81357 | U2AF1 (U2 small nuclear RNA auxiliary fa | No | | | MCWRAP |
| 81360 | ZRSR2 (zinc finger CCCH-type, RNA bind | Yes | | | ALL (Except MCWRAP) |
| 81360 | ZRSR2 (zinc finger CCCH-type, RNA bind | No | | | MCWRAP |
| 81361 | HBB (hemoglobin, subunit beta) (eg, sickl | Yes | | | ALL (Except MCWRAP) |
| 81361 | HBB (hemoglobin, subunit beta) (eg, sickl | No | | | MCWRAP |
| 81362 | HBB (hemoglobin, subunit beta) (eg, sickl | Yes | | | ALL (Except MCWRAP) |
| 81362 | HBB (hemoglobin, subunit beta) (eg, sickl | No | | | MCWRAP |
| 81363 | HBB (hemoglobin, subunit beta) (eg, sickl | Yes | | | ALL (Except MCWRAP) |
| 81363 | HBB (hemoglobin, subunit beta) (eg, sickl | No | | | MCWRAP |
| 81364 | HBB (hemoglobin, subunit beta) (eg, sickl | Yes | | | ALL (Except MCWRAP) |
| 81364 | HBB (hemoglobin, subunit beta) (eg, sickl | No | | | MCWRAP |
| 81370 | HLA Class I and II typing, low resolution (e | No | | | ALL |
| 81371 | HLA Class I and II typing, low resolution (e | No | | | ALL |
| 81372 | HLA Class I typing, low resolution (eg, ant | No | | | ALL |
| 81373 | HLA Class I typing, low resolution (eg, ant | No | | | ALL |
| 81374 | HLA Class I typing, low resolution (eg, ant | No | | | ALL |
| 81375 | HLA Class II typing, low resolution (eg, an | No | | | ALL |
| 81376 | HLA Class II typing, low resolution (eg, an | No | | | ALL |
| 81377 | HLA Class II typing, low resolution (eg, an | No | | | ALL |
| 81378 | HLA Class I and II typing, high resolution ( | No | | | ALL |
| 81379 | HLA Class I typing, high resolution (ie, alle | No | | | ALL |
| 81380 | HLA Class I typing, high resolution (ie, alle | No | | | ALL |
| 81381 | HLA Class I typing, high resolution (ie, alle | No | | | ALL |
| 81382 | HLA Class II typing, high resolution (ie, all | No | | | ALL |
| 81383 | HLA Class II typing, high resolution (ie, all | No | | | ALL |
| 81400 | Molecular pathology procedure, Level 1 (e | Yes | | | ALL (Except MCWRAP) |
| 81400 | Molecular pathology procedure, Level 1 (e | No | | | MCWRAP |
| 81401 | Molecular pathology procedure, Level 2 (e | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81401 | Molecular pathology procedure, Level 2 (e | No | | | McWrap/MA |
| 81402 | Molecular pathology procedure, Level 3 (e | Yes | | | ALL (Except MCWRAP) |
| 81402 | Molecular pathology procedure, Level 3 (e | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81403 | Molecular pathology procedure, Level 4 (e | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81403 | Molecular pathology procedure, Level 4 (e | No | | | McWrap/MA |
| 81404 | Molecular pathology procedure, Level 5 (e | Yes | | | ALL (Except MCWRAP) |
| 81404 | Molecular pathology procedure, Level 5 (e | No | | | MCWRAP |
| 81405 | Molecular pathology procedure, Level 6 (e | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81405 | Molecular pathology procedure, Level 6 (e | No | | | McWrap/MA |
| 81406 | Molecular pathology procedure, Level 7 (e | Yes | | | ALL (Except MCWRAP) |
| 81406 | Molecular pathology procedure, Level 7 (e | No | | | MCWRAP |
| 81407 | Molecular pathology procedure, Level 8 (e | Yes | | | ALL (Except MCWRAP) |
| 81407 | Molecular pathology procedure, Level 8 (e | No | | | MCWRAP |
| 81408 | Molecular pathology procedure, Level 9 (e | Yes | | | ALL (Except MCWRAP) |
| 81408 | Molecular pathology procedure, Level 9 (e | No | | | MCWRAP |
| 81410 | Aortic dysfunction or dilation (eg, Marfan s | Yes | | | ALL (Except MCWRAP) |
| 81410 | Aortic dysfunction or dilation (eg, Marfan s | No | | | MCWRAP |
| 81411 | Aortic dysfunction or dilation (eg, Marfan s | Yes | | | ALL (Except MCWRAP) |
| 81411 | Aortic dysfunction or dilation (eg, Marfan s | No | | | MCWRAP |
| 81412 | Ashkenazi Jewish associated disorders (e.g., B | Yes | | | ALL (Except MCWRAP) |
| 81412 | Ashkenazi Jewish associated disorders (e.g., B | No | | | MCWRAP |
| 81413 | Cardiac ion channelopathies (eg, Brugada | Yes | | | ALL (Except MCWRAP) |
| 81413 | Cardiac ion channelopathies (eg, Brugada | No | | | MCWRAP |
| 81414 | Cardiac ion channelopathies (eg, Brugada | Yes | | | ALL (Except MCWRAP) |
| 81414 | Cardiac ion channelopathies (eg, Brugada | No | | | MCWRAP |
| 81415 | Exome (eg, unexplained constitutional or | Yes | | | ALL (Except MCWRAP) |
| 81415 | Exome (eg, unexplained constitutional or | No | | | MCWRAP |
| 81416 | Exome (eg, unexplained constitutional or | Yes | | | ALL (Except MCWRAP) |
| 81416 | Exome (eg, unexplained constitutional or | No | | | MCWRAP |
| 81417 | Exome (eg, unexplained constitutional or | Yes | | | ALL (Except MCWRAP) |
| 81417 | Exome (eg, unexplained constitutional or | No | | | MCWRAP |
| 81418 | Drug metabolism (eg, pharmacogenomics | Yes | | | ALL (Except MCWRAP) |
| 81418 | Drug metabolism (eg, pharmacogenomics | No | | | MCWRAP |
| 81419 | Epilepsy genomic sequence analysis pane | Yes | | | ALL (Except MCWRAP) |
| 81419 | Epilepsy genomic sequence analysis pane | No | | | MCWRAP |
| 81420 | Fetal chromosomal aneuploidy (eg, trisom | No | | | ALL |
| 81422 | Fetal chromosomal microdeletion(s) geno | Yes | | | ALL (Except MCWRAP) |
| 81422 | Fetal chromosomal microdeletion(s) geno | No | | | MCWRAP |
| 81425 | Genome (eg, unexplained constitutional o | Yes | | | ALL (Except MCWRAP) |
| 81425 | Genome (eg, unexplained constitutional o | No | | | MCWRAP |
| 81426 | Genome (eg, unexplained constitutional o | Yes | | | ALL (Except MCWRAP) |
| 81426 | Genome (eg, unexplained constitutional o | No | | | MCWRAP |
| 81427 | Genome (eg, unexplained constitutional o | Yes | | | ALL (Except MCWRAP) |
| 81427 | Genome (eg, unexplained constitutional o | No | | | MCWRAP |
| 81430 | Hearing loss (eg, nonsyndromic hearing lo | Yes | | | ALL (Except MCWRAP) |
| 81430 | Hearing loss (eg, nonsyndromic hearing lo | No | | | MCWRAP |
| 81431 | Hearing loss (eg, nonsyndromic hearing lo | Yes | | | ALL (Except MCWRAP) |
| 81431 | Hearing loss (eg, nonsyndromic hearing lo | No | | | MCWRAP |
| 81432 | Hereditary breast cancer- related disorder | Yes | | | ALL (Except MCWRAP) |
| 81432 | Hereditary breast cancer- related disorder | No | | | MCWRAP |
| 81434 | Hereditary retinal disorders (e.g., retinitis p | Yes | | | ALL (Except MCWRAP) |
| 81434 | Hereditary retinal disorders (e.g., retinitis p | No | | | MCWRAP |
| 81435 | Hereditary colon cancer syndromes (eg, L | Yes | | | ALL (Except MCWRAP) |
| 81435 | Hereditary colon cancer syndromes (eg, L | No | | | MCWRAP |
| 81437 | Hereditary neuroendocrine tumor disorder | Yes | | | ALL (Except MCWRAP) |
| 81437 | Hereditary neuroendocrine tumor disorder | No | | | MCWRAP |
| 81439 | Inherited cardiomyopathy (eg, hypertrophi | Yes | | | ALL (Except MCWRAP) |
| 81439 | Inherited cardiomyopathy (eg, hypertrophi | No | | | MCWRAP |
| 81440 | Nuclear encoded mitochondrial genes (eg | Yes | | | ALL (Except MCWRAP) |
| 81440 | Nuclear encoded mitochondrial genes (eg | No | | | MCWRAP |
| 81441 | Inherited bone marrow failure syndromes | Yes | | | ALL (Except MCWRAP) |
| 81441 | Inherited bone marrow failure syndromes | No | | | MCWRAP |
| 81442 | Noonan spectrum disorders (e.g., Noonan | Yes | | | ALL (Except MCWRAP) |
| 81442 | Noonan spectrum disorders (e.g., Noonan | No | | | MCWRAP |
| 81443 | Genetic testing for severe inherited condit | Yes | | | ALL (Except MCWRAP) |
| 81443 | Genetic testing for severe inherited condit | No | | | MCWRAP |
| 81445 | Targeted genomic sequence analysis pan | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 81445 | Targeted genomic sequence analysis pan | No | | | McWrap/MA |
| 81448 | Hereditary peripheral neuropathies (eg, C | Yes | | | ALL (Except MCWRAP) |
| 81448 | Hereditary peripheral neuropathies (eg, C | No | | | MCWRAP |
| 81449 | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 81449 | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 81450 | Targeted genomic sequence analysis pan | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81450 | Targeted genomic sequence analysis pan | No | | | McWrap/MA |
| 81451 | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 81451 | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 81455 | Targeted genomic sequence analysis pan | Yes | | | ALL (Except McWrap) |
| 81455 | Targeted genomic sequence analysis pan | No | | | McWrap |
| 81456 | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 81456 | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 81457 | Solid organ neoplasm, genomic sequence | Yes | | | ALL (Except MCWRAP) |
| 81457 | Solid organ neoplasm, genomic sequence | No | | | MCWRAP |
| 81458 | Solid organ neoplasm, genomic sequence | Yes | | | ALL (Except MCWRAP) |
| 81458 | Solid organ neoplasm, genomic sequence | No | | | MCWRAP |
| 81459 | Solid organ neoplasm, genomic sequence | Yes | | | ALL (Except MCWRAP) |
| 81459 | Solid organ neoplasm, genomic sequence | No | | | MCWRAP |
| 81460 | Whole mitochondrial genome (eg, Leigh s | Yes | | | ALL (Except MCWRAP) |
| 81460 | Whole mitochondrial genome (eg, Leigh s | No | | | MCWRAP |
| 81462 | Solid organ neoplasm, genomic sequence | Yes | | | ALL (Except MCWRAP) |
| 81462 | Solid organ neoplasm, genomic sequence | No | | | MCWRAP |
| 81463 | Solid organ neoplasm, genomic sequence | Yes | | | ALL (Except MCWRAP) |
| 81463 | Solid organ neoplasm, genomic sequence | No | | | MCWRAP |
| 81464 | Solid organ neoplasm, genomic sequence | Yes | | | ALL (Except MCWRAP) |
| 81464 | Solid organ neoplasm, genomic sequence | No | | | MCWRAP |
| 81465 | Whole mitochondrial genome large deletio | Yes | | | ALL (Except MCWRAP) |
| 81465 | Whole mitochondrial genome large deletio | No | | | MCWRAP |
| 81470 | X-linked intellectual disability (XLID) (eg, s | Yes | | | ALL (Except MCWRAP) |
| 81470 | X-linked intellectual disability (XLID) (eg, s | No | | | MCWRAP |
| 81471 | X-linked intellectual disability (XLID) (eg, s | Yes | | | ALL (Except MCWRAP) |
| 81471 | X-linked intellectual disability (XLID) (eg, s | No | | | MCWRAP |
| 81479 | Unlisted molecular pathology procedure | Yes | | | ALL (Except MCWRAP) |
| 81479 | Unlisted molecular pathology procedure | No | | | MCWRAP |
| 81490 | Autoimmune (rheumatoid arthritis), analysis of 1 | Yes | | | ALL (Except MCWRAP) |
| 81490 | Autoimmune (rheumatoid arthritis), analysis of 1 | No | | | MCWRAP |
| 81493 | Coronary artery disease, mRNA, gene expressi | Yes | | | ALL (Except MCWRAP) |
| 81493 | Coronary artery disease, mRNA, gene expressi | No | | | MCWRAP |
| 81500 | Oncology (ovarian), biochemical assays o | Yes | | | ALL (Except MCWRAP) |
| 81500 | Oncology (ovarian), biochemical assays o | No | | | MCWRAP |
| 81503 | Oncology (ovarian), biochemical assays o | Yes | | | ALL (Except MCWRAP) |
| 81503 | Oncology (ovarian), biochemical assays o | No | | | MCWRAP |
| 81503 | Oncology (ovarian), biochemical assays o | Yes | | | ALL (Except MCWRAP) |
| 81503 | Oncology (ovarian), biochemical assays o | No | | | MCWRAP |
| 81504 | Oncology (tissue of origin), microarray ger | Yes | | | ALL (Except MCWRAP) |
| 81504 | Oncology (tissue of origin), microarray ger | No | | | MCWRAP |
| 81506 | Endocrinology (type 2 diabetes), biochemi | Yes | | | ALL (Except MCWRAP) |
| 81506 | Endocrinology (type 2 diabetes), biochemi | No | | | MCWRAP |
| 81507 | Fetal aneuploidy (trisomy 21, 18, and 13) | Yes | | | ALL (Except MCWRAP) |
| 81507 | Fetal aneuploidy (trisomy 21, 18, and 13) | No | | | MCWRAP |
| 81508 | Fetal congenital abnormalities, biochemic | No | | | ALL |
| 81509 | Fetal congenital abnormalities, biochemic | No | | | ALL |
| 81510 | Fetal congenital abnormalities, biochemic | No | | | ALL |
| 81511 | Fetal congenital abnormalities, biochemic | No | | | ALL |
| 81512 | Fetal congenital abnormalities, biochemic | No | | | ALL |
| 81513 | Infectious disease, bacterial vaginosis, qu | No | | | ALL |
| 81514 | Infectious disease, bacterial vaginosis and | No | | | ALL |
| 81515 | Infectious disease, bacterial vaginosis and | Yes | | | ALL (Except MCWRAP) |
| 81515 | Infectious disease, bacterial vaginosis and | No | | | MCWRAP |
| 81517 | Liver disease, analysis of 3 biomarkers (h | No | | | ALL |
| 81518 | Oncology (breast), mRNA, gene expressio | Yes | | | ALL (Except MCWRAP) |
| 81518 | Oncology (breast), mRNA, gene expressio | No | | | MCWRAP |
| 81519 | Oncology (breast), mRNA, gene expressio | Yes | | | ALL (Except MCWRAP) |
| 81519 | Oncology (breast), mRNA, gene expressio | No | | | MCWRAP |
| 81520 | Oncology (breast), mRNA gene expressio | Yes | | | ALL (Except MCWRAP) |
| 81520 | Oncology (breast), mRNA gene expressio | No | | | MCWRAP |
| 81521 | Oncology (breast), mRNA, microarray gen | Yes | | | ALL (Except MCWRAP) |
| 81521 | Oncology (breast), mRNA, microarray gen | No | | | MCWRAP |
| 81522 | Oncology (breast), mRNA, gene expressio | Yes | | | ALL (Except MCWRAP) |
| 81522 | Oncology (breast), mRNA, gene expressio | No | | | MCWRAP |
| 81523 | Oncology (breast), mRNA, next-generatio | Yes | | | ALL (Except MCWRAP) |
| 81523 | Oncology (breast), mRNA, next-generatio | No | | | MCWRAP |
| 81524 | Oncology (central nervous system tumor), | Yes | | | ALL (Except MCWRAP) |
| 81524 | Oncology (central nervous system tumor), | No | | | MCWRAP |
| 81525 | Oncology (colon), mRNA, gene expressio | Yes | | | ALL (Except MCWRAP) |
| 81525 | Oncology (colon), mRNA, gene expressio | No | | | MCWRAP |
| 81528 | Oncology (colorectal) screening, quantitat | No | | | ALL |
| 81529 | Oncology (cutaneous melanoma), mRNA, | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81529 | Oncology (cutaneous melanoma), mRNA, | No | | | MCWRAP |
| 81535 | Oncology (gynecologic), live tumor cell culture a | Yes | | | ALL (Except MCWRAP) |
| 81535 | Oncology (gynecologic), live tumor cell culture a | No | | | MCWRAP |
| 81536 | Oncology (gynecologic), live tumor cell culture a | Yes | | | ALL (Except MCWRAP) |
| 81536 | Oncology (gynecologic), live tumor cell culture a | No | | | MCWRAP |
| 81538 | Oncology (lung), mass spectrometric 8- protein | Yes | | | ALL (Except MCWRAP) |
| 81538 | Oncology (lung), mass spectrometric 8- protein | No | | | MCWRAP |
| 81539 | Oncology (high-grade prostate cancer), biochen | Yes | | | ALL (Except MCWRAP) |
| 81539 | Oncology (high-grade prostate cancer), biochen | No | | | MCWRAP |
| 81540 | Oncology (tumor of unknown origin), mRNA, ge | Yes | | | ALL (Except MCWRAP) |
| 81540 | Oncology (tumor of unknown origin), mRNA, ge | No | | | MCWRAP |
| 81541 | Oncology (prostate), mRNA gene express | Yes | | | ALL (Except MCWRAP) |
| 81541 | Oncology (prostate), mRNA gene express | No | | | MCWRAP |
| 81542 | Oncology (prostate), mRNA, microarray ge | Yes | | | ALL (Except MCWRAP) |
| 81542 | Oncology (prostate), mRNA, microarray ge | No | | | MCWRAP |
| 81546 | Oncology (thyroid), mRNA, gene expressi | Yes | | | ALL (Except MCWRAP) |
| 81546 | Oncology (thyroid), mRNA, gene expressi | No | | | MCWRAP |
| 81551 | Oncology (prostate), promoter methylation | Yes | | | ALL (Except MCWRAP) |
| 81551 | Oncology (prostate), promoter methylation | No | | | MCWRAP |
| 81552 | Oncology (uveal melanoma), mRNA, gene | Yes | | | ALL (Except MCWRAP) |
| 81552 | Oncology (uveal melanoma), mRNA, gene | No | | | MCWRAP |
| 81554 | Pulmonary disease (idiopathic pulmonary | Yes | | | ALL (Except MCWRAP) |
| 81554 | Pulmonary disease (idiopathic pulmonary | No | | | MCWRAP |
| 81558 | Transplantation medicine (allograft rejecti | Yes | | | ALL (Except MCWRAP) |
| 81558 | Transplantation medicine (allograft rejecti | No | | | MCWRAP |
| 81560 | Transplantation medicine (allograft rejecti | Yes | | | ALL (Except MCWRAP) |
| 81560 | Transplantation medicine (allograft rejecti | No | | | MCWRAP |
| 81595 | Cardiology (heart transplant), mRNA, gene | Yes | | | ALL (Except MCWRAP) |
| 81595 | Cardiology (heart transplant), mRNA, gene | No | | | MCWRAP |
| 81596 | Infectious disease, chronic hepatitis C viru | No | | | ALL |
| 81599 | Unlisted multianalyte assay with algorithm | Yes | | | ALL (Except MCWRAP) |
| 81599 | Unlisted multianalyte assay with algorithm | No | | | MCWRAP |
| 82009 | Acetone or other ketone bodies, serum; q | No | | | ALL |
| 82010 | Acetone or other ketone bodies, serum; q | No | | | ALL |
| 82013 | Acetylcholinesterase | No | | | ALL |
| 82016 | Acylcarnitines; qualitative, each specimen | No | | | ALL |
| 82017 | Acylcarnitines; quantitative, each specime | No | | | ALL |
| 82024 | Adrenocorticotropic hormone (ACTH) | No | | | ALL |
| 82030 | Adenosine, 5-monophosphate, cyclic (cyc | No | | | ALL |
| 82040 | Albumin; serum | No | | | ALL |
| 82042 | Albumin; urine or other source, quantitativ | No | | | ALL |
| 82043 | Albumin; urine, microalbumin, quantitative | No | | | ALL |
| 82044 | Albumin; urine, microalbumin, semiquanti | No | | | ALL |
| 82045 | Albumin; ischemia modified | No | | | ALL |
| 82075 | Alcohol (ethanol); breath | No | | | ALL |
| 82077 | Alcohol (ethanol); any specimen except ur | No | | | ALL |
| 82085 | Aldolase | No | | | ALL |
| 82088 | Aldosterone | No | | | ALL |
| 82103 | Alpha-1-antitrypsin; total | No | | | ALL |
| 82104 | Alpha-1-antitrypsin; phenotype | No | | | ALL |
| 82105 | Alpha-fetoprotein; serum | No | | | ALL |
| 82106 | Alpha-fetoprotein; amniotic fluid | No | | | ALL |
| 82107 | ALPHA-FETOPROTEIN (AFP); AFP-L3 FI | No | | | ALL |
| 82108 | Aluminum | No | | | ALL |
| 82120 | Amines, vaginal fluid, qualitative | No | | | ALL |
| 82127 | Amino acids; single, qualitative, each spe | No | | | ALL |
| 82128 | Amino acids; multiple, qualitative, each sp | No | | | ALL |
| 82131 | Amino acids; single, quantitative, each sp | No | | | ALL |
| 82135 | Aminolevulinic acid, delta (ALA) | No | | | ALL |
| 82136 | Amino acids, 2 to 5 amino acids, quantitat | No | | | ALL |
| 82139 | Amino acids, 6 or more amino acids, quar | No | | | ALL |
| 82140 | Ammonia | No | | | ALL |
| 82143 | Amniotic fluid scan (spectrophotometric) | No | | | ALL |
| 82150 | Amylase | No | | | ALL |
| 82154 | Androstanediol glucuronide | No | | | ALL |
| 82157 | Androstenedione | No | * | | ALL |
| 82160 | Androsterone | No | | | ALL |
| 82163 | Angiotensin II | No | | | ALL |
| 82164 | Angiotensin I - converting enzyme (ACE) | No | | | ALL |
| 82166 | Anti-mullerian hormone (AMH) | No | | | ALL |
| 82172 | Apolipoprotein, each | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 82175 | Arsenic | No | | | ALL |
| 82180 | Ascorbic acid (Vitamin C), blood | No | | | ALL |
| 82190 | Atomic absorption spectroscopy, each ana | No | | | ALL |
| 82232 | Beta-2 microglobulin | No | | | ALL |
| 82233 | Beta-amyloid; 1-40 (Abeta 40) | No | | | ALL |
| 82234 | Beta-amyloid; 1-42 (Abeta 42) | No | | | ALL |
| 82239 | Bile acids; total | No | | | ALL |
| 82240 | Bile acids; cholylglycine | No | | | ALL |
| 82247 | Bilirubin; total | No | | | ALL |
| 82248 | Bilirubin; direct | No | | | ALL |
| 82252 | Bilirubin; feces, qualitative | No | | | ALL |
| 82261 | Biotinidase, each specimen | No | | | ALL |
| 82270 | Blood, occult, by peroxidase activity (eg, g | No | | | ALL |
| 82271 | Occult blood, feces, single | No | | | ALL |
| 82272 | Blood occult peroxidase | No | | | ALL |
| 82274 | Blood, occult, by fecal hemoglobin determ | No | | | ALL |
| 82286 | Bradykinin | No | | | ALL |
| 82300 | Cadmium | No | | | ALL |
| 82306 | Calcifediol (25-OH Vitamin D-3) | No | | | ALL |
| 82308 | Calcitonin | No | | | ALL |
| 82310 | Calcium; total | No | | | ALL |
| 82330 | Calcium; ionized | No | | | ALL |
| 82331 | Calcium; after calcium infusion test | No | | | ALL |
| 82340 | Calcium; urine quantitative, timed specime | No | | | ALL |
| 82355 | Calculus; qualitative analysis | No | | | ALL |
| 82360 | Calculus; quantitative analysis, chemical | No | | | ALL |
| 82365 | Calculus; infrared spectroscopy | No | | | ALL |
| 82370 | Calculus; x-ray diffraction | No | | | ALL |
| 82373 | Carbohydrate deficient transferrin | No | | | ALL |
| 82374 | Carbon dioxide (bicarbonate) | No | | | ALL |
| 82375 | Carbon monoxide, (carboxyhemoglobin); q | No | | | ALL |
| 82376 | Carbon monoxide, (carboxyhemoglobin); q | No | | | ALL |
| 82378 | Carcinoembryonic antigen (CEA) | No | | | ALL |
| 82379 | Carnitine (total and free), quantitative, eac | No | | | ALL |
| 82380 | Carotene | No | | | ALL |
| 82382 | Catecholamines; total urine | No | | | ALL |
| 82383 | Catecholamines; blood | No | | | ALL |
| 82384 | Catecholamines; fractionated | No | | | ALL |
| 82387 | CATHEPSIN-D | Not covered | | | ALL |
| 82390 | Ceruloplasmin | No | | | ALL |
| 82397 | Chemiluminescent assay | No | | | ALL |
| 82415 | Chloramphenicol | No | | | ALL |
| 82435 | Chloride; blood | No | | | ALL |
| 82436 | Chloride; urine | No | | | ALL |
| 82438 | Chloride; other source | No | | | ALL |
| 82441 | Chlorinated hydrocarbons, screen | No | | | ALL |
| 82465 | Cholesterol, serum or whole blood, total | No | | | ALL |
| 82480 | Cholinesterase; serum | No | | | ALL |
| 82482 | Cholinesterase; RBC | No | | | ALL |
| 82485 | Chondroitin B sulfate, quantitative | No | | | ALL |
| 82495 | Chromium | No | | | ALL |
| 82507 | Citrate | No | | | ALL |
| 82523 | COLLAGEN CROSS LINKS, ANY METHO | No | | | ALL |
| 82525 | Copper | No | | | ALL |
| 82528 | Corticosterone | No | | | ALL |
| 82530 | Cortisol; free | No | | | ALL |
| 82533 | Cortisol; total | No | | | ALL |
| 82540 | Creatine | No | | | ALL |
| 82542 | Column chromatography/mass spectrome | No | | | ALL |
| 82550 | Creatine kinase (CK), (CPK); total | No | | | ALL |
| 82552 | Creatine kinase (CK), (CPK); isoenzymes | No | | | ALL |
| 82553 | Creatine kinase (CK), (CPK); MB fraction ( | No | | | ALL |
| 82554 | Creatine kinase (CK), (CPK); isoforms | No | | | ALL |
| 82565 | Creatinine; blood | No | | | ALL |
| 82570 | Creatinine; other source | No | | | ALL |
| 82575 | Creatinine; clearance | No | | | ALL |
| 82585 | Cryofibrinogen | No | | | ALL |
| 82595 | Cryoglobulin, qualitative or semi-quantitati | No | | | ALL |
| 82600 | Cyanide | No | | | ALL |
| 82607 | Cyanocobalamin (Vitamin B-12); | No | | | ALL |
| 82608 | Cyanocobalamin (Vitamin B-12); unsatura | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 82610 | CYSTATIN C | No | | | ALL |
| 82615 | Cystine and homocystine, urine, qualitativ | No | | | ALL |
| 82626 | Dehydroepiandrosterone (DHEA) | No | * | | ALL |
| 82627 | Dehydroepiandrosterone-sulfate (DHEA-S | No | * | | ALL |
| 82633 | Desoxycorticosterone, 11- | No | | | ALL |
| 82634 | Deoxycortisol, 11- | No | | | ALL |
| 82638 | Dibucaine number | No | | | ALL |
| 82642 | Dihydrotestosterone (DHT) | No | | | ALL |
| 82652 | Dihydroxyvitamin D, 1,25- | No | | | ALL |
| 82653 | Elastase, pancreatic (EL-1), fecal; quantita | No | | | ALL |
| 82656 | Elastase, pancreatic (EL-1), fecal, qualitat | No | | | ALL |
| 82657 | Enzyme activity in blood cells, cultured ce | No | | | ALL |
| 82658 | Enzyme activity in blood cells, cultured ce | No | | | ALL |
| 82664 | Electrophoretic technique, not elsewhere s | Yes | | | ALL (Except MCWRAP) |
| 82664 | Electrophoretic technique, not elsewhere s | No | | | MCWRAP |
| 82668 | Erythropoietin | No | | | ALL |
| 82670 | Estradiol | No | * | | ALL |
| 82671 | Estrogens; fractionated | No | * | | ALL |
| 82672 | Estrogens; total | No | * | | ALL |
| 82677 | Estriol | No | | | ALL |
| 82679 | Estrone | No | * | | ALL |
| 82681 | Estradiol; free, direct measurement (eg, e | No | | | ALL |
| 82693 | Ethylene glycol | No | | | ALL |
| 82696 | Etiocholanolone | No | | | ALL |
| 82705 | Fat or lipids, feces; qualitative | No | * | | ALL |
| 82710 | Fat or lipids, feces; quantitative | No | | | ALL |
| 82715 | Fat differential, feces, quantitative | No | | | ALL |
| 82725 | Fatty acids, nonesterified | No | | | ALL |
| 82726 | Very long chain fatty acids | No | | | ALL |
| 82728 | Ferritin | No | | | ALL |
| 82731 | Fetal fibronectin, cervicovaginal secretions | No | | | ALL |
| 82735 | Fluoride | No | | | ALL |
| 82746 | Folic acid; serum | No | | | ALL |
| 82747 | Folic acid; RBC | No | | | ALL |
| 82757 | Fructose, semen | No | * | | ALL |
| 82759 | Galactokinase, RBC | No | | | ALL |
| 82760 | Galactose | No | | | ALL |
| 82775 | Galactose-1-phosphate uridyl transferase; | No | | | ALL |
| 82776 | Galactose-1-phosphate uridyl transferase; | No | | | ALL |
| 82777 | Galectin-3 | Yes | | | ALL (Except MCWRAP) |
| 82777 | Galectin-3 | No | | | MCWRAP |
| 82784 | Gammaglobulin; IgA, IgD, IgG, IgM, each | No | | | ALL |
| 82785 | Gammaglobulin; IgE | No | | | ALL |
| 82787 | Gammaglobulin; immunoglobulin subclass | No | | | ALL |
| 82800 | Gases, blood, pH only | No | | | ALL |
| 82803 | Gases, blood, any combination of pH, pC( | No | | | ALL |
| 82805 | Gases, blood, any combination of pH, pC( | No | | | ALL |
| 82810 | Gases, blood, O2 saturation only, by direc | No | | | ALL |
| 82820 | Hemoglobin-oxygen affinity (pO2 for 50% | No | | | ALL |
| 82930 | Gastric acid analysis, includes pH if perfor | No | | | ALL |
| 82938 | Gastrin after secretin stimulation | No | | | ALL |
| 82941 | Gastrin | No | | | ALL |
| 82943 | Glucagon | No | | | ALL |
| 82945 | Glucose, body fluid, other than blood | No | | | ALL |
| 82946 | Glucagon tolerance test | No | | | ALL |
| 82947 | Glucose; quantitative, blood (except reage | No | * | | ALL |
| 82948 | Glucose; blood, reagent strip | No | | | ALL |
| 82950 | Glucose; post glucose dose (includes gluc | No | | | ALL |
| 82951 | Glucose; tolerance test (GTT), three speci | No | * | | ALL |
| 82952 | Glucose; tolerance test, each additional b | No | * | | ALL |
| 82955 | Glucose-6-phosphate dehydrogenase (G6 | No | | | ALL |
| 82960 | Glucose-6-phosphate dehydrogenase (G6 | No | | | ALL |
| 82962 | Glucose, blood by glucose monitoring dev | No | | | ALL |
| 82963 | Glucosidase, beta | No | | | ALL |
| 82965 | Glutamate dehydrogenase | No | | | ALL |
| 82977 | Glutamyltransferase, gamma (GGT) | No | | | ALL |
| 82978 | Glutathione | No | | | ALL |
| 82979 | Glutathione reductase, RBC | No | | | ALL |
| 82985 | Glycated protein | No | | | ALL |
| 83001 | Gonadotropin; follicle stimulating hormone | No | * | | ALL |
| 83002 | Gonadotropin; luteinizing hormone (LH) | No | * | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 83003 | Growth hormone, human (HGH) (somatot | No | | | ALL |
| 83006 | Growth stimulation expressed gene 2 (ST | Yes | | | ALL (Except MCWRAP) |
| 83006 | Growth stimulation expressed gene 2 (ST | No | | | MCWRAP |
| 83009 | Helicobacter pylori, blood test analysis for | No | | | ALL |
| 83010 | Haptoglobin; quantitative | No | | | ALL |
| 83012 | Haptoglobin; phenotypes | No | | | ALL |
| 83013 | Helicobacter pylori; breath test analysis fo | No | | | ALL |
| 83014 | Helicobacter pylori; drug administration | No | | | ALL |
| 83015 | Heavy metal (eg, arsenic, barium, berylliu | No | | | ALL |
| 83018 | Heavy metal (eg, arsenic, barium, berylliu | No | * | | ALL |
| 83020 | Hemoglobin fractionation and quantitation | No | | | ALL |
| 83021 | Hemoglobin fractionation and quantitation | No | | | ALL |
| 83026 | Hemoglobin; by copper sulfate method, nc | No | | | ALL |
| 83030 | Hemoglobin; F (fetal), chemical | No | | | ALL |
| 83033 | Hemoglobin; F (fetal), qualitative | No | | | ALL |
| 83036 | Hemoglobin; glycated | No | | | ALL |
| 83037 | Glycosylated hb, home device | No | | | ALL |
| 83045 | Hemoglobin; methemoglobin, qualitative | No | | | ALL |
| 83050 | Hemoglobin; methemoglobin, quantitative | No | | | ALL |
| 83051 | Hemoglobin; plasma | No | | | ALL |
| 83060 | Hemoglobin; sulfhemoglobin, quantitative | No | | | ALL |
| 83065 | Hemoglobin; thermolabile | No | | | ALL |
| 83068 | Hemoglobin; unstable, screen | No | | | ALL |
| 83069 | Hemoglobin; urine | No | | | ALL |
| 83070 | Hemosiderin; qualitative | No | | | ALL |
| 83080 | b-Hexosaminidase, each assay | No | | | ALL |
| 83088 | Histamine | No | | | ALL |
| 83090 | Homocystine | No | | | ALL |
| 83150 | Homovanillic acid (HVA) | No | | | ALL |
| 83491 | Hydroxycorticosteroids, 17- (17-OHCS) | No | | | ALL |
| 83497 | HYDROXYINDOLACETIC ACID, 5-(HIAA) | No | | | ALL |
| 83498 | Hydroxyprogesterone, 17-d | No | * | | ALL |
| 83500 | Hydroxyproline; free | No | | | ALL |
| 83505 | Hydroxyproline; total | No | | | ALL |
| 83516 | Immunoassay for analyte other than infect | No | * | | ALL |
| 83518 | Immunoassay for analyte other than infect | No | | | ALL |
| 83519 | Immunoassay, analyte, quantitative; by ra | No | | | ALL |
| 83520 | Immunoassay, analyte, quantitative; not o | No | | | ALL |
| 83521 | Immunoglobulin light chains (ie, kappa, la | No | | | ALL |
| 83525 | Insulin; total | No | | | ALL |
| 83527 | Insulin; free | No | | | ALL |
| 83528 | Intrinsic factor | No | | | ALL |
| 83529 | Interleukin-6 (IL-6) | No | | | ALL |
| 83540 | Iron | No | | | ALL |
| 83550 | Iron binding capacity | No | | | ALL |
| 83570 | Isocitric dehydrogenase (IDH) | No | | | ALL |
| 83582 | Ketogenic steroids, fractionation | No | | | ALL |
| 83586 | Ketosteroids, 17- (17-KS); total | No | | | ALL |
| 83593 | Ketosteroids, 17- (17-KS); fractionation | No | | | ALL |
| 83605 | Lactate (lactic acid) | No | | | ALL |
| 83615 | Lactate dehydrogenase (LD), (LDH); | No | | | ALL |
| 83625 | Lactate dehydrogenase (LD), (LDH); isoer | No | | | ALL |
| 83630 | Lactoferrin, fecal, qualitative | No | | | ALL |
| 83631 | Lactoferrin, fecal (quant) | No | | | ALL |
| 83632 | Lactogen, human placental (HPL) human | No | | | ALL |
| 83633 | Lactose, urine; qualitative | No | | | ALL |
| 83655 | Assay blood for Lead | No | | | ALL |
| 83661 | Fetal lung maturity assessment; lecithin s | No | | | ALL |
| 83662 | Fetal lung maturity assessment; foam stal | No | | | ALL |
| 83663 | Fetal lung maturity assessment; fluoresce | No | | | ALL |
| 83664 | Fetal lung maturity assessment; lamellar b | No | | | ALL |
| 83670 | Leucine aminopeptidase (LAP) | No | | | ALL |
| 83690 | Lipase | No | | | ALL |
| 83695 | Assay of lipoprotein(a) | No | | | ALL |
| 83698 | LIPO-PROTEIN-ASSOCIATED PHOSPHO | No | | | ALL |
| 83700 | Lipopro bld, electrophoretic | Not Covered | | | ALL (Except MA) |
| 83700 | Lipopro bld, electrophoretic | No | | | MA |
| 83701 | Lipoprotein bld, hr fraction | Not Covered | | | ALL (Except MA) |
| 83701 | Lipoprotein bld, hr fraction | No | | | MA |
| 83704 | Lipoprotein, bld, by nmr | No | | | ALL |
| 83718 | Lipoprotein, direct measurement; high der | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 83719 | Lipoprotein, direct measurement; direct m | No | | | ALL |
| 83721 | Lipoprotein, direct measurement; direct m | No | | | ALL |
| 83722 | Lipoprotein, direct measurement; small de | No | | | ALL |
| 83727 | Luteinizing releasing factor (LRH) | No | | | ALL |
| 83735 | Magnesium | No | | | ALL |
| 83775 | Malate dehydrogenase | No | | | ALL |
| 83785 | Manganese | No | | | ALL |
| 83789 | Mass spectrometry and tandem mass spe | No | | | ALL |
| 83825 | Mercury, quantitative | No | | | ALL |
| 83835 | Metanephrines | No | | | ALL |
| 83884 | Neurofilament light chain (NfL) | No | | | ALL |
| 83857 | Methemalbumin | No | | | ALL |
| 83861 | Microfluidic analysis utilizing an integrated | Not Covered | | | ALL (Except MA) |
| 83861 | Microfluidic analysis utilizing an integrated | No | * | | MA |
| 83864 | Mucopolysaccharides, acid; quantitative | No | | | ALL |
| 83872 | Mucin, synovial fluid (Ropes test) | No | | | ALL |
| 83873 | Myelin basic protein, cerebrospinal fluid | No | | | ALL |
| 83874 | Myoglobin | No | | | ALL |
| 83876 | Myeloperoxidase (MPO) | No | | | ALL |
| 83880 | Natriuretic peptide | No | | | ALL |
| 83883 | Nephelometry, each analyte not elsewher | No | | | ALL |
| 83885 | Nickel | No | | | ALL |
| 83915 | Nucleotidase 5- | No | | | ALL |
| 83916 | Oligoclonal immune (oligoclonal bands) | No | | | ALL |
| 83918 | Organic acids; total, quantitative, each spe | No | | | ALL |
| 83919 | Organic acids; qualitative, each specimen | No | | | ALL |
| 83951 | Oncoprotein; des-gamma-carboxy-prothro | Not Covered | | | ALL (Except MA) |
| 83951 | Oncoprotein; des-gamma-carboxy-prothro | No | | | MA |
| 83970 | Parathormone (parathyroid hormone) | No | | | ALL |
| 83986 | pH, body fluid, except blood | No | | | ALL |
| 83987 | ASSAY PH; EXHALED BREATH CONDEN | No | | | ALL |
| 83992 | Phencyclidine (PCP) | No | | | ALL |
| 83993 | CALPROTECTIN, FECAL | No | | | ALL |
| 84030 | Phenylalanine (PKU), blood | No | | | ALL |
| 84035 | Phenylketones, qualitative | No | | | ALL |
| 84060 | Phosphatase, acid; total | No | | | ALL |
| 84066 | Phosphatase, acid; prostatic | No | | | ALL |
| 84075 | Phosphatase, alkaline; | No | | | ALL |
| 84078 | Phosphatase, alkaline; heat stable (total n | No | | | ALL |
| 84080 | Phosphatase, alkaline; isoenzymes | No | | | ALL |
| 84081 | Phosphatidylglycerol | No | | | ALL |
| 84085 | Phosphogluconate, 6-, dehydrogenase, R | No | | | ALL |
| 84087 | Phosphohexose isomerase | No | | | ALL |
| 84100 | Phosphorus inorganic (phosphate); | No | | | ALL |
| 84105 | Phosphorus inorganic (phosphate); urine | No | | | ALL |
| 84106 | Porphobilinogen, urine; qualitative | No | | | ALL |
| 84110 | Porphobilinogen, urine; quantitative | No | | | ALL |
| 84112 | Placental alpha microglobulin-1 (PAMG-1) | No | | | ALL |
| 84119 | Porphyrins, urine; qualitative | No | | | ALL |
| 84120 | Porphyrins, urine; quantitation and fractior | No | | | ALL |
| 84126 | Porphyrins, feces; quantitative | No | | | ALL |
| 84132 | Potassium; serum | No | | | ALL |
| 84133 | Potassium; urine | No | | | ALL |
| 84134 | Prealbumin | No | | | ALL |
| 84135 | Pregnanediol | No | * | | ALL |
| 84138 | Pregnanetriol | No | | | ALL |
| 84140 | Pregnenolone | No | | | ALL |
| 84143 | 17-hydroxypregnenolone | No | * | | ALL |
| 84144 | Progesterone | No | * | | ALL |
| 84145 | ASSAY PROCALCITONIN (PCT) | No | | | ALL |
| 84146 | Prolactin | No | * | | ALL |
| 84150 | Prostaglandin, each | No | | | ALL |
| 84152 | Prostate specific antigen (PSA); complexe | No | | | ALL |
| 84153 | Prostate specific antigen (PSA); total | No | | | ALL |
| 84154 | Prostate specific antigen (PSA); free | No | | | ALL |
| 84155 | Protein, total, except by refractometry; ser | No | | | ALL |
| 84156 | Protein, total, except by refractometry; urir | No | | | ALL |
| 84157 | Protein, total, except by refractometry; oth | No | | | ALL |
| 84160 | Protein, total, by refractometry, any source | No | | | ALL |
| 84163 | Pregnancy-associated plasma protein-A (I | No | | | ALL |
| 84165 | Protein; electrophoretic fractionation and c | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 84166 | Protein; electrophoretic fractionation and c | No | | | ALL |
| 84181 | Protein; Western Blot, with interpretation a | No | | | ALL |
| 84182 | Protein; Western Blot, with interpretation a | No | | | ALL |
| 84202 | Protoporphyrin, RBC; quantitative | No | | | ALL |
| 84203 | Protoporphyrin, RBC; screen | No | | | ALL |
| 84206 | Proinsulin | No | | | ALL |
| 84207 | Pyridoxal phosphate (Vitamin B-6) | No | | | ALL |
| 84210 | Pyruvate | No | | | ALL |
| 84220 | Pyruvate kinase | No | | | ALL |
| 84228 | Quinine | No | | | ALL |
| 84233 | Receptor assay; estrogen | No | | | ALL |
| 84234 | Receptor assay; progesterone | No | | | ALL |
| 84235 | Receptor assay; endocrine, other than est | No | | | ALL |
| 84238 | Receptor assay; non-endocrine (eg, acety | No | | | ALL |
| 84244 | Renin | No | | | ALL |
| 84252 | Riboflavin (Vitamin B-2) | No | | | ALL |
| 84255 | Selenium | No | | | ALL |
| 84260 | Serotonin | No | | | ALL |
| 84270 | Sex hormone binding globulin (SHBG) | No | | | ALL |
| 84275 | SIALIC ACID | Not Covered | | | ALL |
| 84285 | SILICA | No | | | ALL |
| 84295 | Sodium; serum | No | | | ALL |
| 84300 | Sodium; urine | No | | | ALL |
| 84302 | Sodium; other source | No | | | ALL |
| 84305 | Somatomedin | No | | | ALL |
| 84307 | Somatostatin | No | | | ALL |
| 84311 | Spectrophotometry, analyte not elsewhere | No | | | ALL |
| 84315 | Specific gravity (except urine) | No | | | ALL |
| 84375 | Sugars, chromatographic, TLC or paper c | No | | | ALL |
| 84376 | Sugars (mono-, di-, and oligosaccharides) | No | | | ALL |
| 84377 | Sugars (mono-, di-, and oligosaccharides) | No | | | ALL |
| 84378 | Sugars (mono-, di-, and oligosaccharides) | No | | | ALL |
| 84379 | Sugars (mono-, di-, and oligosaccharides) | No | | | ALL |
| 84392 | Sulfate, urine | No | | | ALL |
| 84393 | Tau, phosphorylated (eg, pTau 181, pTau | No | | | ALL |
| 84394 | Tau, total (tTau) | No | | | ALL |
| 84402 | Testosterone; free | No | * | | ALL |
| 84403 | Testosterone; total | No | * | | ALL |
| 84410 | Testosterone; bioavailable, direct measure | No | | | ALL |
| 84425 | Thiamine (Vitamin B-1) | No | | | ALL |
| 84431 | ASSAY THROMBOXANE METABOLITE(S | No | | | ALL |
| 84432 | Thyroglobulin | No | | | ALL |
| 84433 | Thiopurine S-methyltransferase (TPMT) | Yes | | | ALL (Except MCWRAP) |
| 84433 | Thiopurine S-methyltransferase (TPMT) | No | | | MCWRAP |
| 84436 | Thyroxine; total | No | | | ALL |
| 84437 | Thyroxine; requiring elution (eg, neonatal) | No | | | ALL |
| 84439 | Thyroxine; free | No | | | ALL |
| 84442 | Thyroxine binding globulin (TBG) | No | | | ALL |
| 84443 | Thyroid stimulating hormone (TSH) | No | * | | ALL |
| 84445 | Thyroid stimulating immune globulins (TS | No | | | ALL |
| 84446 | Tocopherol alpha (Vitamin E) | No | | | ALL |
| 84449 | Transcortin (cortisol binding globulin) | No | | | ALL |
| 84450 | Transferase; aspartate amino (AST) (SGC | No | | | ALL |
| 84460 | Transferase; alanine amino (ALT) (SGPT) | No | | | ALL |
| 84466 | Transferrin | No | | | ALL |
| 84478 | Triglycerides | No | | | ALL |
| 84479 | Thyroid hormone (T3 or T4) uptake or thyr | No | | | ALL |
| 84480 | Triiodothyronine T3; total (TT-3) | No | | | ALL |
| 84481 | Triiodothyronine T3; free | No | | | ALL |
| 84482 | Triiodothyronine T3; reverse | No | | | ALL |
| 84484 | Troponin, quantitative | No | | | ALL |
| 84485 | Trypsin; duodenal fluid | No | | | ALL |
| 84488 | Trypsin; feces, qualitative | No | | | ALL |
| 84490 | Trypsin; feces, quantitative, 24-hour collec | No | | | ALL |
| 84510 | Tyrosine | No | | | ALL |
| 84512 | Troponin, qualitative | No | | | ALL |
| 84520 | Urea nitrogen; quantitative | No | | | ALL |
| 84525 | Urea nitrogen; semiquantitative (eg, reage | No | | | ALL |
| 84540 | Urea nitrogen, urine | No | | | ALL |
| 84545 | Urea nitrogen, clearance | No | | | ALL |
| 84550 | Uric acid; blood | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 84560 | Uric acid; other source | No | | | ALL |
| 84577 | Urobilinogen, feces, quantitative | No | | | ALL |
| 84578 | Urobilinogen, urine; qualitative | No | | | ALL |
| 84580 | Urobilinogen, urine; quantitative, timed sp | No | | | ALL |
| 84583 | Urobilinogen, urine; semiquantitative | No | | | ALL |
| 84585 | Vanillylmandelic acid (VMA), urine | No | | | ALL |
| 84586 | Vasoactive intestinal peptide (VIP) | No | | | ALL |
| 84588 | Vasopressin (antidiuretic hormone, ADH) | No | | | ALL |
| 84590 | Vitamin A | No | | | ALL |
| 84591 | Vitamin, not otherwise specified | No | | | ALL |
| 84597 | Vitamin K | No | | | ALL |
| 84600 | Volatiles (eg, acetic anhydride, carbon tet | No | | | ALL |
| 84620 | Xylose absorption test, blood and/or urine | No | | | ALL |
| 84630 | Zinc | No | | | ALL |
| 84681 | C-peptide | No | | | ALL |
| 84702 | Gonadotropin, chorionic (hCG); quantitativ | No | * | | ALL |
| 84703 | Gonadotropin, chorionic (hCG); qualitative | No | * | | ALL |
| 84704 | GONADOTROPIN, CHORIONIC (hCG); F | No | | | ALL |
| 84830 | Ovulation tests, by visual color compariso | No | * | | ALL |
| 84999 | Unlisted chemistry procedure | Yes | | | ALL (Except MCWRAP) |
| 84999 | Unlisted chemistry procedure | No | | | MCWRAP |
| 85002 | Bleeding time | No | | | ALL |
| 85004 | Blood count; automated differential WBC ( | No | | | ALL |
| 85007 | Blood count; blood smear, microscopic ex | No | | | ALL |
| 85008 | Blood count; blood smear, microscopic ex | No | | | ALL |
| 85009 | Blood count; manual differential WBC cou | No | | | ALL |
| 85013 | Blood count; spun microhematocrit | No | | | ALL |
| 85014 | Blood count; hematocrit (Hct) | No | | | ALL |
| 85018 | Blood count; hemoglobin (Hgb) | No | | | ALL |
| 85025 | Blood count; complete (CBC), automated | No | | | ALL |
| 85027 | Blood count; complete (CBC), automated | No | | | ALL |
| 85032 | Blood count; manual cell count (erythrocyt | No | | | ALL |
| 85041 | Blood count; red blood cell (RBC), automa | No | | | ALL |
| 85044 | Blood count; reticulocyte, manual | No | | | ALL |
| 85045 | Blood count; reticulocyte, automated | No | | | ALL |
| 85046 | Blood count; reticulocytes, automated, inc | No | | | ALL |
| 85048 | Blood count; leukocyte (WBC), automated | No | * | | ALL |
| 85049 | Blood count; platelet, automated | No | | | ALL |
| 85055 | Reticulated platelet assay | No | | | ALL |
| 85060 | Blood smear, peripheral, interpretation by | No | | | ALL |
| 85097 | Bone marrow, smear interpretation | No | | | ALL |
| 85130 | Chromogenic substrate assay | No | | | ALL |
| 85170 | Clot retraction | No | | | ALL |
| 85175 | Clot lysis time, whole blood dilution | No | | | ALL |
| 85210 | Clotting; factor II, prothrombin, specific | No | | | ALL |
| 85220 | Clotting; factor V (AcG or proaccelerin), la | No | | | ALL |
| 85230 | Clotting; factor VII (proconvertin, stable fa | No | | | ALL |
| 85240 | Clotting; factor VIII (AHG), one stage | No | | | ALL |
| 85244 | Clotting; factor VIII related antigen | No | | | ALL |
| 85245 | Clotting; factor VIII, VW factor, ristocetin c | No | | | ALL |
| 85246 | Clotting; factor VIII, VW factor antigen | No | | | ALL |
| 85247 | Clotting; factor VIII, von Willebrand factor, | No | | | ALL |
| 85250 | Clotting; factor IX (PTC or Christmas) | No | | | ALL |
| 85260 | Clotting; factor X (Stuart-Prower) | No | | | ALL |
| 85270 | Clotting; factor XI (PTA) | No | | | ALL |
| 85280 | Clotting; factor XII (Hageman) | No | | | ALL |
| 85290 | Clotting; factor XIII (fibrin stabilizing) | No | | | ALL |
| 85291 | Clotting; factor XIII (fibrin stabilizing), scre | No | | | ALL |
| 85292 | Clotting; prekallikrein assay (Fletcher facto | No | | | ALL |
| 85293 | Clotting; high molecular weight kininogen | No | | | ALL |
| 85300 | Clotting inhibitors or anticoagulants; antith | No | | | ALL |
| 85301 | Clotting inhibitors or anticoagulants; antith | No | | | ALL |
| 85302 | Clotting inhibitors or anticoagulants; prote | No | | | ALL |
| 85303 | Clotting inhibitors or anticoagulants; prote | No | | | ALL |
| 85305 | Clotting inhibitors or anticoagulants; prote | No | | | ALL |
| 85306 | Clotting inhibitors or anticoagulants; prote | No | | | ALL |
| 85307 | Activated Protein C (APC) resistance assa | No | | | ALL |
| 85335 | Factor inhibitor test | No | | | ALL |
| 85337 | Thrombomodulin | No | | | ALL |
| 85345 | Coagulation time; Lee and White | No | | | ALL |
| 85347 | Coagulation time; activated | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 85348 | Coagulation time; other methods | No | | | ALL |
| 85360 | Euglobulin lysis | No | | | ALL |
| 85362 | Fibrin(ogen) degradation (split) products ( | No | | | ALL |
| 85366 | Fibrin(ogen) degradation (split) products ( | No | | | ALL |
| 85370 | Fibrin(ogen) degradation (split) products ( | No | | | ALL |
| 85378 | Fibrin degradation products, D-dimer; qua | No | | | ALL |
| 85379 | Fibrin degradation products, D-dimer; qua | No | | | ALL |
| 85380 | Fibrin degradation products, D-dimer; ultra | No | | | ALL |
| 85384 | Fibrinogen; activity | No | | | ALL |
| 85385 | Fibrinogen; antigen | No | | | ALL |
| 85390 | Fibrinolysins or coagulopathy screen, inter | No | | | ALL |
| 85396 | Coagulation/fibrinolysis assay, whole bloo | No | | | ALL |
| 85397 | Coagulation and fibrinolysis, functional act | No | | | ALL |
| 85400 | Fibrinolytic factors and inhibitors; plasmin | No | | | ALL |
| 85410 | Fibrinolytic factors and inhibitors; alpha-2 | No | | | ALL |
| 85415 | Fibrinolytic factors and inhibitors; plasmin | No | | | ALL |
| 85420 | Fibrinolytic factors and inhibitors; plasmin | No | | | ALL |
| 85421 | Fibrinolytic factors and inhibitors; plasmin | No | | | ALL |
| 85441 | Heinz bodies; direct | No | | | ALL |
| 85445 | Heinz bodies; induced, acetyl phenylhydra | No | | | ALL |
| 85460 | Hemoglobin or RBCs, fetal, for fetomatern | No | | | ALL |
| 85461 | Hemoglobin or RBCs, fetal, for fetomatern | No | | | ALL |
| 85475 | Hemolysin, acid | No | | | ALL |
| 85520 | Heparin assay | No | | | ALL |
| 85525 | Heparin neutralization | No | | | ALL |
| 85530 | Heparin-protamine tolerance test | No | | | ALL |
| 85536 | Iron stain, peripheral blood | No | | | ALL |
| 85540 | Leukocyte alkaline phosphatase with cour | No | | | ALL |
| 85547 | Mechanical fragility, RBC | No | | | ALL |
| 85549 | Muramidase | No | | | ALL |
| 85555 | Osmotic fragility, RBC; unincubated | No | | | ALL |
| 85557 | Osmotic fragility, RBC; incubated | No | | | ALL |
| 85576 | Platelet, aggregation (in vitro), each agent | No | | | ALL |
| 85597 | Phospholipid neutralization; platelet | No | | | ALL |
| 85598 | Phospholipid neutralization; hexagonal ph | No | | | ALL |
| 85610 | Prothrombin time; | No | | | ALL |
| 85611 | Prothrombin time; substitution, plasma fra | No | | | ALL |
| 85612 | Russell viper venom time (includes venom | No | | | ALL |
| 85613 | Russell viper venom time (includes venom | No | | | ALL |
| 85635 | Reptilase test | No | | | ALL |
| 85651 | Sedimentation rate, erythrocyte; non-auto | No | | | ALL |
| 85652 | Sedimentation rate, erythrocyte; automate | No | | | ALL |
| 85660 | Sickling of RBC, reduction | No | | | ALL |
| 85670 | Thrombin time; plasma | No | | | ALL |
| 85675 | Thrombin time; titer | No | | | ALL |
| 85705 | Thromboplastin inhibition, tissue | No | | | ALL |
| 85730 | Thromboplastin time, partial (PTT); plasm | No | | | ALL |
| 85732 | Thromboplastin time, partial (PTT); substi | No | | | ALL |
| 85810 | Viscosity | No | | | ALL |
| 85999 | UNLISTED HEMATOLOGY AND COAGUI | Yes | | | ALL (Except MCWRAP) |
| 85999 | UNLISTED HEMATOLOGY AND COAGUI | No | | | MCWRAP |
| 86000 | Agglutinins, febrile (eg, Brucella, Francise | No | | | ALL |
| 86001 | ALLERGEN SPECIFIC IgG QUANTITATIV | No | | | ALL |
| 86003 | ALLERGEN SPECIFIC IGE; QUANTITATI | No | * | | ALL |
| 86005 | ALLERGEN SPECIFIC IGE; QUALITATIV | No | * | | ALL |
| 86008 | Allergen specific IgE; quantitative or semi | No | | | ALL |
| 86015 | Actin (smooth muscle) antibody (ASMA), e | No | | | ALL |
| 86021 | Antibody identification; leukocyte antibodie | No | | | ALL |
| 86022 | Antibody identification; platelet antibodies | No | | | ALL |
| 86023 | Antibody identification; platelet associated | No | | | ALL |
| 86036 | Antineutrophil cytoplasmic antibody (ANC | No | | | ALL |
| 86037 | Antineutrophil cytoplasmic antibody (ANC | No | | | ALL |
| 86038 | Antinuclear antibodies (ANA); | No | | | ALL |
| 86039 | Antinuclear antibodies (ANA); titer | No | | | ALL |
| 86041 | Acetylcholine receptor (AChR); binding an | No | | | ALL |
| 86042 | Acetylcholine receptor (AChR); blocking a | No | | | ALL |
| 86043 | Acetylcholine receptor (AChR); modulating | No | | | ALL |
| 86051 | Aquaporin-4 (neuromyelitis optica [NMO]) | No | | | ALL |
| 86052 | Aquaporin-4 (neuromyelitis optica [NMO]) | No | | | ALL |
| 86053 | Aquaporin-4 (neuromyelitis optica [NMO]) | No | | | ALL |
| 86060 | Antistreptolysin 0; titer | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 86063 | Antistreptolysin 0; screen | No | | | ALL |
| 86077 | Blood bank physician services; difficult cr | No | | | ALL |
| 86078 | Blood bank physician services; investigati | No | | | ALL |
| 86079 | Blood bank physician services; authorizati | No | | | ALL |
| 86140 | C-reactive protein; | No | | | ALL |
| 86141 | C-reactive protein; high sensitivity (hsCRP | No | | | ALL |
| 86146 | Beta 2 Glycoprotein I antibody, each | No | | | ALL |
| 86147 | Cardiolipin (phospholipid) antibody, each | No | | | ALL |
| 86148 | Anti-phosphatidylserine (phospholipid) ant | No | | | ALL |
| 86152 | Cell enumeration using immunologic selec | Not Covered | | | ALL (Except MA) |
| 86152 | Cell enumeration using immunologic selec | Yes | | | MA |
| 86153 | Cell enumeration using immunologic selec | Not Covered | | | ALL (Except MA) |
| 86153 | Cell enumeration using immunologic selec | Yes | | | MA |
| 86155 | Chemotaxis assay, specify method | No | | | ALL |
| 86156 | Cold agglutinin; screen | No | | | ALL |
| 86157 | Cold agglutinin; titer | No | | | ALL |
| 86160 | Complement; antigen, each component | No | | | ALL |
| 86161 | Complement; functional activity, each com | No | | | ALL |
| 86162 | Complement; total hemolytic (CH50) | No | | | ALL |
| 86171 | Complement fixation tests, each antigen | No | | | ALL |
| 86200 | Ccp antibody | No | | | ALL |
| 86215 | Deoxyribonuclease, antibody | No | | | ALL |
| 86225 | Deoxyribonucleic acid (DNA) antibody; na | No | | | ALL |
| 86226 | Deoxyribonucleic acid (DNA) antibody; sin | No | | | ALL |
| 86231 | Endomysial antibody (EMA), each immunc | No | | | ALL |
| 86235 | Extractable nuclear antigen, antibody to, a | No | | | ALL |
| 86255 | Fluorescent noninfectious agent antibody; | No | | | ALL |
| 86256 | Fluorescent noninfectious agent antibody; | No | | | ALL |
| 86258 | Gliadin (deamidated) (DGP) antibody, eac | No | | | ALL |
| 86277 | Growth hormone, human (HGH), antibody | No | | | ALL |
| 86280 | Hemagglutination inhibition test (HAI) | No | | | ALL |
| 86294 | IMMUNOASSAY FOR TUMOR ANTIGEN, | No | | | ALL |
| 86300 | IMMUNOASSAY FOR TUMOR ANTIGEN | No | | | ALL |
| 86301 | IMMUNOASSAY FOR TUMOR ANTIGEN, | No | | | ALL |
| 86304 | IMMUNOASSAY FOR TUMOR ANTIGEN, | No | | | ALL |
| 86305 | IMMUNOLOGY: HUMAN EPIDIDYMIS PR | No | | | ALL |
| 86308 | Heterophile antibodies; screening | No | | | ALL |
| 86309 | Heterophile antibodies; titer | No | | | ALL |
| 86310 | Heterophile antibodies; titers after absorpt | No | | | ALL |
| 86316 | IMMUNOASSAY FOR TUMOR ANTIGEN | No | | | ALL |
| 86317 | Immunoassay for infectious agent antibod | No | | | ALL |
| 86318 | Immunoassay for infectious agent antibod | No | | | ALL |
| 86320 | Immunoelectrophoresis; serum | No | | | ALL |
| 86325 | Immunoelectrophoresis; other fluids (eg, u | No | | | ALL |
| 86328 | Immunoassay for infectious agent antibod | No | | | ALL |
| 86329 | Immunodiffusion; not elsewhere specified | No | | | ALL |
| 86331 | Immunodiffusion; gel diffusion, qualitative | No | | | ALL |
| 86332 | Immune complex assay | No | | | ALL |
| 86334 | Immunofixation electrophoresis; serum | No | | | ALL |
| 86335 | Immunofixation electrophoresis; other fluic | No | | | ALL |
| 86336 | Inhibin A | No | | | ALL |
| 86337 | Insulin antibodies | No | | | ALL |
| 86340 | Intrinsic factor antibodies | No | | | ALL |
| 86341 | Islet cell antibody | No | | | ALL |
| 86343 | Leukocyte histamine release test (LHR) | Not Covered | | | ALL (Except MA) |
| 86343 | Leukocyte histamine release test (LHR) | No | | | MA |
| 86344 | Leukocyte phagocytosis | No | | | ALL |
| 86352 | CELLULAR FUNCTION ASSAY INVOLVIN | No | | | ALL |
| 86353 | Lymphocyte transformation, mitogen (phyt | No | | | ALL |
| 86355 | B cells, total count | No | | | ALL |
| 86356 | MONONUCLEAR CELL ANTIGEN, QUAN | No | | | ALL |
| 86357 | Nk cells, total count | No | | | ALL |
| 86359 | T cells; total count | No | | | ALL |
| 86360 | T cells; absolute CD4 and CD8 count, incl | No | | | ALL |
| 86361 | T cells; absolute CD4 count | No | | | ALL |
| 86362 | Myelin oligodendrocyte glycoprotein (MOG | No | | | ALL |
| 86363 | Myelin oligodendrocyte glycoprotein (MOG | No | | | ALL |
| 86364 | Tissue transglutaminase, each immunoglo | No | | | ALL |
| 86367 | Stem cells, total count | No | | | ALL |
| 86366 | Muscle-specific kinase (MuSK) antibody | No | | | ALL |
| 86376 | Microsomal antibodies (eg, thyroid or liver | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 86381 | Mitochondrial antibody (eg, M2), each | No | | | ALL |
| 86382 | Neutralization test, viral | No | | | ALL |
| 86384 | Nitroblue tetrazolium dye test (NTD) | No | | | ALL |
| 86386 | Nuclear Matrix Protein 22 (NMP22), qualit | Yes | | | ALL (Except MCWRAP) |
| 86386 | Nuclear Matrix Protein 22 (NMP22), qualit | No | | | MCWRAP |
| 86403 | Particle agglutination; screen, each antibo | No | | | ALL |
| 86406 | Particle agglutination; titer, each antibody | No | | | ALL |
| 86408 | Neutralizing antibody, sever acute respirat | No | | | ALL |
| 86409 | Neutralizing antibody, sever acute respirat | No | | | ALL |
| 86413 | Severe acute respiratory syndrome corona | No | | | ALL |
| 86430 | Rheumatoid factor; qualitative | No | | | ALL |
| 86431 | Rheumatoid factor; quantitative | No | | | ALL |
| 86480 | Tuberculosis test, cell mediated immunity | No | | | ALL |
| 86481 | Tuberculosis test, cell mediated immunity | No | | | ALL |
| 86485 | Skin test; candida | No | | | ALL |
| 86486 | SKIN TEST; UNLISTED ANTIGEN, EACH | No | | | ALL |
| 86510 | Skin test; histoplasmosis | No | | | ALL |
| 86580 | Skin test; tuberculosis, intradermal | No | | | ALL |
| 86581 | Streptococcus pneumoniae antibody (IgG | No | | | ALL |
| 86590 | Streptokinase, antibody | No | | | ALL |
| 86592 | Syphilis test; qualitative (eg, VDRL, RPR, | No | | | ALL |
| 86593 | Syphilis test; quantitative | No | | | ALL |
| 86596 | Voltage-gated calcium channel antibody, e | No | | | ALL |
| 86602 | Antibody; actinomyces | No | | | ALL |
| 86603 | Antibody; adenovirus | No | | | ALL |
| 86606 | Antibody; Aspergillus | No | | | ALL |
| 86609 | Antibody; bacterium, not elsewhere specif | No | | | ALL |
| 86611 | Antibody; Bartonella | No | | | ALL |
| 86612 | Antibody; Blastomyces | No | | | ALL |
| 86615 | Antibody; Bordetella | No | | | ALL |
| 86617 | Antibody; Borrelia burgdorferi (Lyme disea | No | | | ALL |
| 86618 | Antibody; Borrelia burgdorferi (Lyme disea | No | | | ALL |
| 86619 | Antibody; Borrelia (relapsing fever) | No | | | ALL |
| 86622 | Antibody; Brucella | No | | | ALL |
| 86625 | Antibody; Campylobacter | No | | | ALL |
| 86628 | Antibody; Candida | No | | | ALL |
| 86631 | Antibody; Chlamydia | No | | | ALL |
| 86632 | Antibody; Chlamydia, IgM | No | | | ALL |
| 86635 | Antibody; Coccidioides | No | | | ALL |
| 86638 | Antibody; Coxiella burnetii (Q fever) | No | | | ALL |
| 86641 | Antibody; Cryptococcus | No | | | ALL |
| 86644 | Antibody; cytomegalovirus (CMV) | No | | | ALL |
| 86645 | Antibody; cytomegalovirus (CMV), IgM | No | | | ALL |
| 86648 | Antibody; Diphtheria | No | | | ALL |
| 86651 | Antibody; encephalitis, California (La Cros | No | | | ALL |
| 86652 | Antibody; encephalitis, Eastern equine | No | | | ALL |
| 86653 | Antibody; encephalitis, St. Louis | No | | | ALL |
| 86654 | Antibody; encephalitis, Western equine | No | | | ALL |
| 86658 | Antibody; enterovirus (eg, coxsackie, echo | No | | | ALL |
| 86663 | Antibody; Epstein-Barr (EB) virus, early ar | No | | | ALL |
| 86664 | Antibody; Epstein-Barr (EB) virus, nuclear | No | | | ALL |
| 86665 | Antibody; Epstein-Barr (EB) virus, viral ca | No | | | ALL |
| 86666 | Antibody; Ehrlichia | No | | | ALL |
| 86668 | Antibody; Francisella tularensis | No | | | ALL |
| 86671 | Antibody; fungus, not elsewhere specified | No | | | ALL |
| 86674 | Antibody; Giardia lamblia | No | | | ALL |
| 86677 | Antibody; Helicobacter pylori | No | | | ALL |
| 86682 | Antibody; helminth, not elsewhere specifie | No | | | ALL |
| 86684 | Antibody; Haemophilus influenza | No | | | ALL |
| 86687 | Antibody; HTLV-I | No | | | ALL |
| 86688 | Antibody; HTLV-II | No | | | ALL |
| 86689 | Antibody; HTLV or HIV antibody, confirma | No | | | ALL |
| 86692 | Antibody; hepatitis, delta agent | No | | | ALL |
| 86694 | Antibody; herpes simplex, non-specific typ | No | | | ALL |
| 86695 | Antibody; herpes simplex, type 1 | No | | | ALL |
| 86696 | Antibody; herpes simplex, type 2 | No | | | ALL |
| 86698 | Antibody; histoplasma | No | | | ALL |
| 86701 | Antibody; HIV-1 | No | | | ALL |
| 86702 | Antibody; HIV-2 | No | | | ALL |
| 86703 | Antibody; HIV-1 and HIV-2, single assay | No | | | ALL |
| 86704 | Hepatitis B core antibody (HBcAb); total | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 86705 | Hepatitis B core antibody (HBcAb); IgM ar | No | | | ALL |
| 86706 | Hepatitis B surface antibody (HBsAb) | No | | | ALL |
| 86707 | Hepatitis Be antibody (HBeAb) | No | | | ALL |
| 86708 | Hepatitis A antibody (HAAb); total | No | | | ALL |
| 86709 | Hepatitis A antibody (HAAb); IgM antibody | No | | | ALL |
| 86710 | Antibody; influenza virus | No | | | ALL |
| 86711 | Antibody; JC (John Cunningham) virus | No | | | ALL |
| 86713 | Antibody; Legionella | No | | | ALL |
| 86717 | Antibody; Leishmania | No | | | ALL |
| 86720 | Antibody; Leptospira | No | | | ALL |
| 86723 | Antibody; Listeria monocytogenes | No | | | ALL |
| 86727 | Antibody; lymphocytic choriomeningitis | No | | | ALL |
| 86732 | Antibody; mucormycosis | No | | | ALL |
| 86735 | Antibody; mumps | No | | | ALL |
| 86738 | Antibody; mycoplasma | No | | | ALL |
| 86741 | Antibody; Neisseria meningitidis | No | | | ALL |
| 86744 | Antibody; Nocardia | No | | | ALL |
| 86747 | Antibody; parvovirus | No | | | ALL |
| 86750 | Antibody; Plasmodium (malaria) | No | | | ALL |
| 86753 | Antibody; protozoa, not elsewhere specifie | No | | | ALL |
| 86756 | Antibody; respiratory syncytial virus | No | | | ALL |
| 86757 | Antibody; Rickettsia | No | | | ALL |
| 86759 | Antibody; rotavirus | No | | | ALL |
| 86762 | Antibody; rubella | No | | | ALL |
| 86765 | Antibody; rubeola | No | | | ALL |
| 86768 | Antibody; Salmonella | No | | | ALL |
| 86769 | Antibody; severe acute respiratory syndro | No | | | ALL |
| 86771 | Antibody; Shigella | No | | | ALL |
| 86774 | Antibody; tetanus | No | | | ALL |
| 86777 | Antibody; Toxoplasma | No | | | ALL |
| 86778 | Antibody; Toxoplasma, IgM | No | | | ALL |
| 86780 | IMMUNOASSAY: TREPONEMA PALLIDU | No | | | ALL |
| 86784 | Antibody; Trichinella | No | | | ALL |
| 86787 | Antibody; varicella-zoster | No | | | ALL |
| 86788 | ANTIBODY; WEST NILE VIRUS, IGM | No | | | ALL |
| 86789 | ANTIBODY; WEST NILE VIRUS | No | | | ALL |
| 86790 | Antibody; virus, not elsewhere specified | No | | | ALL |
| 86793 | Antibody; Yersinia | No | | | ALL |
| 86794 | Antibody; Zika virus, IgM | No | | | ALL |
| 86800 | Thyroglobulin antibody | No | | | ALL |
| 86803 | Hepatitis C antibody; | No | | | ALL |
| 86804 | Hepatitis C antibody; confirmatory test (eg | No | | | ALL |
| 86805 | Lymphocytotoxicity assay, visual crossma | No | | | ALL |
| 86806 | Lymphocytotoxicity assay, visual crossma | No | | | ALL |
| 86807 | Serum screening for cytotoxic percent rea | No | | | ALL |
| 86808 | Serum screening for cytotoxic percent rea | No | | | ALL |
| 86812 | HLA typing; A, B, or C (eg, A10, B7, B27), | No | | | ALL |
| 86813 | HLA typing; A, B, or C, multiple antigens | No | | | ALL |
| 86816 | HLA typing; DR/DQ, single antigen | No | | | ALL |
| 86817 | HLA typing; DR/DQ, multiple antigens | No | | | ALL |
| 86821 | HLA typing; lymphocyte culture, mixed (MI | No | | | ALL |
| 86825 | HUMAN LEUKOCYTE ANTIGEN (HLA) C | No | | | ALL |
| 86826 | HUMAN LEUKOCYTE ANTIGEN (HLA) C | No | | | ALL |
| 86828 | Antibody to human leukocyte antigens (HL | No | | | ALL |
| 86829 | Antibody to human leukocyte antigens (HL | No | | | ALL |
| 86830 | Antibody to human leukocyte antigens (HL | No | | | ALL |
| 86831 | Antibody to human leukocyte antigens (HL | No | | | ALL |
| 86832 | Antibody to human leukocyte antigens (HL | No | | | ALL |
| 86833 | Antibody to human leukocyte antigens (HL | No | | | ALL |
| 86834 | Antibody to human leukocyte antigens (HL | No | | | ALL |
| 86835 | Antibody to human leukocyte antigens (HL | No | | | ALL |
| 86849 | UNLISTED IMMUNOLOGY PROCEDURE | Yes | | | ALL (Except MCWRAP) |
| 86849 | UNLISTED IMMUNOLOGY PROCEDURE | No | | | MCWRAP |
| 86850 | Antibody screen, RBC, each serum techni | No | | | ALL |
| 86860 | Antibody elution (RBC), each elution | No | | | ALL |
| 86870 | Antibody identification, RBC antibodies, ea | No | | | ALL |
| 86880 | Antihuman globulin test (Coombs test); dir | No | | | ALL |
| 86885 | Antihuman globulin test (Coombs test); inc | No | | | ALL |
| 86886 | Antihuman globulin test (Coombs test); inc | No | | | ALL |
| 86890 | AUTOLOGOUS BLOOD OR COMPONEN | No | | | ALL |
| 86891 | Autologous blood or component, collectior | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 86900 | Blood typing; ABO | No | | | ALL |
| 86901 | Blood typing; Rh (D) | No | | | ALL |
| 86902 | Blood typing; antigen testing of donor bloc | No | | | ALL |
| 86904 | Blood typing; antigen screening for compa | No | | | ALL |
| 86905 | Blood typing; RBC antigens, other than AB | No | | | ALL |
| 86906 | Blood typing; Rh phenotyping, complete | No | | | ALL |
| 86910 | BLOOD TYPING, FOR PATERNITY TEST | Not Covered | | | ALL |
| 86911 | BLOOD TYPING, FOR PATERNITY TEST | Not Covered | | | ALL |
| 86920 | Compatibility test each unit; immediate sp | No | | | ALL |
| 86921 | Compatibility test each unit; incubation tec | No | | | ALL |
| 86922 | Compatibility test each unit; antiglobulin te | No | | | ALL |
| 86923 | Compatibility test, electric | No | | | ALL |
| 86927 | Fresh frozen plasma, thawing, each unit | No | | | ALL |
| 86930 | Frozen blood, each unit; freezing (includes | No | | | ALL |
| 86931 | Frozen blood, each unit; thawing | No | | | ALL |
| 86932 | Frozen blood, each unit; freezing (includes | No | | | ALL |
| 86940 | Hemolysins and agglutinins; auto, screen, | No | | | ALL |
| 86941 | Hemolysins and agglutinins; incubated | No | | | ALL |
| 86945 | Irradiation of blood product, each unit | No | | | ALL |
| 86950 | Leukocyte transfusion | No | | | ALL |
| 86960 | Vol reduction of blood/prod | No | | | ALL |
| 86965 | Pooling of platelets or other blood product | No | | | ALL |
| 86970 | Pretreatment of RBCs for use in RBC anti | No | | | ALL |
| 86971 | Pretreatment of RBCs for use in RBC anti | No | | | ALL |
| 86972 | Pretreatment of RBCs for use in RBC anti | No | | | ALL |
| 86975 | Pretreatment of serum for use in RBC ant | No | | | ALL |
| 86976 | Pretreatment of serum for use in RBC ant | No | | | ALL |
| 86977 | Pretreatment of serum for use in RBC ant | No | | | ALL |
| 86978 | Pretreatment of serum for use in RBC ant | No | | | ALL |
| 86985 | Splitting of blood or blood products, each | No | | | ALL |
| 86999 | UNLISTED TRANSFUSION MEDICINE PR | Yes | | | ALL (Except MCWRAP) |
| 86999 | UNLISTED TRANSFUSION MEDICINE PR | No | | | MCWRAP |
| 87003 | Animal inoculation, small animal; with obs | No | | | ALL |
| 87015 | Concentration (any type), for infectious ag | No | | | ALL |
| 87040 | Culture, bacterial; blood, aerobic, with isol | No | | | ALL |
| 87045 | Culture, bacterial; stool, aerobic, with isola | No | | | ALL |
| 87046 | Culture, bacterial; stool, aerobic, additiona | No | | | ALL |
| 87070 | Culture, bacterial; any other source excep | No | * | | ALL |
| 87071 | Culture, bacterial; quantitative, aerobic wit | No | | | ALL |
| 87073 | Culture, bacterial; quantitative, anaerobic | No | | | ALL |
| 87075 | Culture, bacterial; any source, except bloc | No | | | ALL |
| 87076 | Culture, bacterial; anaerobic isolate, addit | No | | | ALL |
| 87077 | Culture, bacterial; aerobic isolate, addition | No | | | ALL |
| 87081 | Culture, presumptive, pathogenic organisr | No | | | ALL |
| 87084 | Culture, presumptive, pathogenic organisr | No | | | ALL |
| 87086 | Culture, bacterial; quantitative colony cour | No | | | ALL |
| 87088 | Culture, bacterial; with isolation and presu | No | | | ALL |
| 87101 | Culture, fungi (mold or yeast) isolation, wit | No | | | ALL |
| 87102 | Culture, fungi (mold or yeast) isolation, wit | No | | | ALL |
| 87103 | Culture, fungi (mold or yeast) isolation, wit | No | | | ALL |
| 87106 | Culture, fungi, definitive identification, eac | No | | | ALL |
| 87107 | Culture, fungi, definitive identification, eac | No | | | ALL |
| 87109 | Culture, mycoplasma, any source | No | * | | ALL |
| 87110 | Culture, chlamydia, any source | No | * | | ALL |
| 87116 | Culture, tubercle or other acid-fast bacilli ( | No | | | ALL |
| 87118 | Culture, mycobacterial, definitive identifica | No | | | ALL |
| 87140 | Culture, typing; immunofluorescent metho | No | | | ALL |
| 87143 | Culture, typing; gas liquid chromatography | No | | | ALL |
| 87147 | Culture, typing; immunologic method, othe | No | | | ALL |
| 87149 | Culture, typing; identification by nucleic ac | No | | | ALL |
| 87150 | CULTURE, TYPING; IDENTIFICATION BY | No | | | ALL |
| 87152 | Culture, typing; identification by pulse field | No | | | ALL |
| 87153 | CULTURE TYPING: IDENTIFICATION BY | No | | | ALL |
| 87154 | Culture, typing; identification of blood path | No | | | ALL |
| 87158 | Culture, typing; other methods | No | | | ALL |
| 87164 | Dark field examination, any source (eg, pe | No | | | ALL |
| 87166 | Dark field examination, any source (eg, pe | No | | | ALL |
| 87168 | Macroscopic examination; arthropod | No | | | ALL |
| 87169 | Macroscopic examination; parasite | No | | | ALL |
| 87172 | Pinworm exam (eg, cellophane tape prep) | No | | | ALL |
| 87176 | Homogenization, tissue, for culture | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 87177 | Ova and parasites, direct smears, concen | No | | | ALL |
| 87181 | Susceptibility studies, antimicrobial agent; | No | | | ALL |
| 87182 | Susceptibility studies, antimicrobial agent; | No | | | ALL |
| 87183 | Susceptibility studies, antimicrobial agent; | No | | | ALL |
| 87184 | Susceptibility studies, antimicrobial agent; | No | | | ALL |
| 87185 | Susceptibility studies, antimicrobial agent; | No | | | ALL |
| 87186 | Susceptibility studies, antimicrobial agent; | No | | | ALL |
| 87187 | Susceptibility studies, antimicrobial agent; | No | | | ALL |
| 87188 | Susceptibility studies, antimicrobial agent; | No | | | ALL |
| 87190 | Susceptibility studies, antimicrobial agent; | No | | | ALL |
| 87197 | Serum bactericidal titer (Schlicter test) | No | | | ALL |
| 87205 | Smear, primary source with interpretation; | No | | | ALL |
| 87206 | Smear, primary source with interpretation; | No | | | ALL |
| 87207 | Smear, primary source with interpretation; | No | | | ALL |
| 87209 | Smear, complex stain | No | | | ALL |
| 87210 | Smear, primary source with interpretation; | No | | | ALL |
| 87220 | Tissue examination by KOH slide of samp | No | | | ALL |
| 87230 | Toxin or antitoxin assay, tissue culture (eg | No | | | ALL |
| 87230 | TOXIN OR ANTITOXIN ASSAY, TISSUE ( | No | | | ALL |
| 87250 | Virus isolation; inoculation of embryonatec | No | | | ALL |
| 87252 | Virus isolation; tissue culture inoculation, ( | No | | | ALL |
| 87253 | Virus isolation; tissue culture, additional st | No | | | ALL |
| 87254 | Virus isolation; centrifuge enhanced (shell | No | | | ALL |
| 87255 | Virus isolation; including identification by r | No | | | ALL |
| 87260 | Infectious agent antigen detection by imm | No | | | ALL |
| 87265 | Infectious agent antigen detection by imm | No | | | ALL |
| 87267 | Infectious agent antigen detection by imm | No | | | ALL |
| 87269 | Infectious agent antigen detection by imm | No | | | ALL |
| 87270 | Infectious agent antigen detection by imm | No | | | ALL |
| 87271 | Infectious agent antigen detection by imm | No | | | ALL |
| 87272 | Infectious agent antigen detection by imm | No | | | ALL |
| 87273 | Infectious agent antigen detection by imm | No | | | ALL |
| 87274 | Infectious agent antigen detection by imm | No | | | ALL |
| 87275 | Infectious agent antigen detection by imm | No | | | ALL |
| 87276 | Infectious agent antigen detection by imm | No | | | ALL |
| 87278 | Infectious agent antigen detection by imm | No | | | ALL |
| 87279 | Infectious agent antigen detection by imm | No | | | ALL |
| 87278 | Infectious agent antigen detection by imm | No | | | ALL |
| 87279 | Infectious agent antigen detection by imm | No | | | ALL |
| 87280 | Infectious agent antigen detection by imm | No | | | ALL |
| 87281 | Infectious agent antigen detection by imm | No | | | ALL |
| 87283 | Infectious agent antigen detection by imm | No | | | ALL |
| 87285 | Infectious agent antigen detection by imm | No | | | ALL |
| 87290 | Infectious agent antigen detection by imm | No | | | ALL |
| 87299 | Infectious agent antigen detection by imm | No | | | ALL |
| 87300 | Infectious agent antigen detection by imm | No | | | ALL |
| 87301 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87305 | INF AGT ANTIGEN; ASPERGILLUS | No | | | ALL |
| 87320 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87324 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87327 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87328 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87329 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87332 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87335 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87336 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87337 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87338 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87339 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87340 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87341 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87350 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87380 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87385 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87389 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87390 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87391 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87400 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87420 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87425 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87426 | Infectious agent antigen detection by imm | No | | | ALL |
| 87427 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87428 | Infectious agent antigen detection by imm | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 87430 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87449 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87450 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87451 | Infectious agent antigen detection by enzy | No | | | ALL |
| 87467 | Infectious agent antigen detection by imm | No | | | ALL |
| 87468 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87469 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87471 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87472 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87475 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87476 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87478 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87480 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87481 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87482 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87483 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87484 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87485 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87486 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87487 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87490 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87491 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87492 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87493 | INFECTIOUS AGENT DETECTION BY NU | No | | | ALL |
| 87494 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87495 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87496 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87497 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87498 | INFECTION AGENT DETECTION BY NUC | No | | | ALL |
| 87500 | INFECTIOUS AGENT DETECTION BY NU | No | | | ALL |
| 87501 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87502 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87503 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87505 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87506 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87507 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87510 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87511 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87512 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87513 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87516 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87517 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87520 | INFECTIOUS AGENT DETECTION BY NU | Yes | | | ALL (Except MCWRAP |
| 87520 | INFECTIOUS AGENT DETECTION BY NU | No | | | MCWRAP |
| 87521 | INFECTIOUS AGENT DETECTION BY NU | No | | | ALL |
| 87522 | INFECTIOUS AGENT DETECTION BY NU | No | | | ALL |
| 87523 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87525 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87526 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87527 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87528 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87529 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87530 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87531 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87532 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87533 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87534 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87535 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87536 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87537 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87538 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87539 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87540 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87541 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87542 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87550 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87551 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87552 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87555 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87556 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87557 | Infectious agent detection by nucleic acid | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 87560 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87561 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87562 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87563 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87564 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87580 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87581 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87582 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87590 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87591 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87592 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87593 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87594 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87623 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87624 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87625 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87626 | Lab+B55:C57 | No | | | ALL |
| 87627 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87631 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87632 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87633 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87634 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87635 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87636 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87637 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87640 | INFECTION AGENT DETECTION BY NU( | No | | | ALL |
| 87641 | INFECTION AGENT DETECTION BY NU( | No | | | ALL |
| 87650 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87651 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87652 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87653 | DETECT INF AGT STREPTOCOCCUS | No | | | ALL |
| 87660 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87661 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87662 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87797 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87798 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87799 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87800 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87801 | Infectious agent detection by nucleic acid | No | | | ALL |
| 87802 | Infectious agent antigen detection by imm | No | | | ALL |
| 87803 | Infectious agent antigen detection by imm | No | | | ALL |
| 87804 | Infectious agent antigen detection by imm | No | | | ALL |
| 87806 | Infectious agent antigen detection by imm | No | | | ALL |
| 87807 | Infectious agent antigen detection by imm | No | | | ALL |
| 87808 | INFECTION AGENT DETECTION BY NU( | No | | | ALL |
| 87809 | INFECTIOUS AGENT DETECTION BY IM | No | | | ALL |
| 87810 | Infectious agent detection by immunoassa | No | | | ALL |
| 87811 | Infectious agent antigen detection in immu | No | | | ALL |
| 87812 | Infectious agent antigen detection by imm | No | | | ALL |
| 87850 | Infectious agent detection by immunoassa | No | | | ALL |
| 87880 | Infectious agent detection by immunoassa | No | | | ALL |
| 87899 | Infectious agent detection by immunoassa | No | | | ALL |
| 87900 | INFECTIOUS AGENT DRUG SUSCEPTIE | No | | | ALL |
| 87901 | Infectious agent genotype analysis by nuc | No | | | ALL |
| 87902 | Infectious agent genotype analysis by nuc | No | | | ALL |
| 87903 | INFECTIOUS AGENT PHENOTYPE ANAI | No | | | ALL |
| 87904 | INFECTIOUS AGENT PHENOTYPE ANAI | No | | | ALL |
| 87905 | Infectious agent enzymatic activity other th | No | | | ALL |
| 87906 | Infectious agent genotype analysis by nuc | No | | | ALL |
| 87910 | Infectious agent genotype analysis by nuc | No | | | ALL |
| 87912 | Infectious agent genotype analysis by nuc | No | | | ALL |
| 87913 | Infectious agent genotype analysis by nuc | No | | | ALL |
| 87999 | UNLISTED MICROBIOLOGY PROCEDUF | Yes | | | ALL (Except MCWRAP) |
| 87999 | UNLISTED MICROBIOLOGY PROCEDUF | No | | | MCWRAP |
| 88000 | NECROPSY (AUTOPSY), GROSS EXAMI | Not Covered | | | ALL |
| 88005 | NECROPSY (AUTOPSY), GROSS EXAMI | Not Covered | | | ALL |
| 88007 | NECROPSY (AUTOPSY), GROSS EXAMI | Not Covered | | | ALL |
| 88012 | NECROPSY (AUTOPSY), GROSS EXAMI | Not Covered | | | ALL |
| 88014 | NECROPSY (AUTOPSY), GROSS EXAMI | Not Covered | | | ALL |
| 88016 | NECROPSY (AUTOPSY), GROSS EXAMI | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 88020 | NECROPSY (AUTOPSY), GROSS AND M | Not Covered | | | ALL |
| 88025 | NECROPSY (AUTOPSY), GROSS AND M | Not Covered | | | ALL |
| 88027 | NECROPSY (AUTOPSY), GROSS AND M | Not Covered | | | ALL |
| 88028 | NECROPSY (AUTOPSY), GROSS AND M | Not Covered | | | ALL |
| 88029 | NECROPSY (AUTOPSY), GROSS AND M | Not Covered | | | ALL |
| 88036 | NECROPSY (AUTOPSY), LIMITED, GRO | Not Covered | | | ALL |
| 88037 | NECROPSY (AUTOPSY), LIMITED, GRO | Not Covered | | | ALL |
| 88040 | NECROPSY (AUTOPSY); FORENSIC EX | Not Covered | | | ALL |
| 88045 | NECROPSY (AUTOPSY); CORONER'S C | Not Covered | | | ALL |
| 88099 | UNLISTED NECROPSY (AUTOPSY) PRC | Not Covered | | | ALL |
| 88104 | CYTOPATHOLOGY, FLUIDS, WASHINGS | No | | | ALL |
| 88106 | Cytopathology, fluids, washings or brushin | No | | | ALL |
| 88108 | Cytopathology, concentration technique, s | No | | | ALL |
| 88112 | Cytopathology, selective cellular enhance | No | | | ALL |
| 88120 | Cytopathology, in situ hybridization (eg, FI | Yes | | | ALL (Except MCWRAP) |
| 88120 | Cytopathology, in situ hybridization (eg, FI | No | | | MCWRAP |
| 88121 | Cytopathology, in situ hybridization (eg, FI | Yes | | | ALL (Except MCWRAP) |
| 88121 | Cytopathology, in situ hybridization (eg, FI | No | | | MCWRAP |
| 88125 | Cytopathology, forensic (eg, sperm) | No | | | ALL |
| 88130 | Sex chromatin identification; Barr bodies | No | | | ALL |
| 88140 | Sex chromatin identification; peripheral bl | No | | | ALL |
| 88141 | Cytopathology, cervical or vaginal (any rep | No | | | ALL |
| 88142 | Cytopathology, cervical or vaginal (any rep | No | | | ALL |
| 88143 | Cytopathology, cervical or vaginal (any rep | No | | | ALL |
| 88147 | Cytopathology smears, cervical or vaginal | No | | | ALL |
| 88148 | Cytopathology smears, cervical or vaginal | No | | | ALL |
| 88150 | Cytopathology, slides, cervical or vaginal; | No | | | ALL |
| 88152 | Cytopathology, slides, cervical or vaginal; | No | | | ALL |
| 88153 | Cytopathology, slides, cervical or vaginal; | No | | | ALL |
| 88155 | Cytopathology, slides, cervical or vaginal, | No | | | ALL |
| 88160 | Cytopathology, smears, any other source; | No | | | ALL |
| 88161 | Cytopathology, smears, any other source; | No | | | ALL |
| 88162 | Cytopathology, smears, any other source; | No | | | ALL |
| 88164 | Cytopathology, slides, cervical or vaginal ( | No | | | ALL |
| 88165 | Cytopathology, slides, cervical or vaginal ( | No | | | ALL |
| 88166 | Cytopathology, slides, cervical or vaginal ( | No | | | ALL |
| 88167 | Cytopathology, slides, cervical or vaginal ( | No | | | ALL |
| 88172 | Cytopathology, evaluation of fine needle a | No | | | ALL |
| 88173 | Cytopathology, evaluation of fine needle a | No | | | ALL |
| 88174 | Cytopathology, cervical or vaginal (any rep | No | | | ALL |
| 88175 | Cytopathology, cervical or vaginal (any rep | No | | | ALL |
| 88177 | Cytopathology, evaluation of fine needle a | No | | | ALL |
| 88182 | FLOW CYTOMETRY; CELL CYCLE OR D | No | | | ALL |
| 88184 | Flow cytometry, cell surface, cytoplasmic, | No | | | ALL |
| 88185 | Flow cytometry, cell surface, cytoplasmic, | No | | | ALL |
| 88187 | Flow cytometry, interpretation; 2 to 8 mark | No | | | ALL |
| 88188 | Flow cytometry, interpretation; 9 to 15 mar | No | | | ALL |
| 88189 | Flow cytometry, interpretation; 16 or more | No | | | ALL |
| 88199 | UNLISTED CYTOPATHOLOGY PROCED | Yes | | | ALL (Except MCWRAP) |
| 88199 | UNLISTED CYTOPATHOLOGY PROCED | No | | | MCWRAP |
| 88230 | Tissue culture for non-neoplastic disorders | No | | | ALL (Except MCWRAP) |
| 88230 | Tissue culture for non-neoplastic disorders | Yes | | | MCWRAP |
| 88233 | Tissue culture for non-neoplastic disorders | No | | | ALL (Except MCWRAP) |
| 88233 | Tissue culture for non-neoplastic disorders | Yes | | | MCWRAP |
| 88235 | Tissue culture for non-neoplastic disorders | No | | | ALL (Except MCWRAP) |
| 88235 | Tissue culture for non-neoplastic disorders | Yes | | | MCWRAP |
| 88237 | Tissue culture for neoplastic disorders; bo | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 88237 | Tissue culture for neoplastic disorders; bo | No | | | McWrap/MA |
| 88239 | Tissue culture for neoplastic disorders; so | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 88239 | Tissue culture for neoplastic disorders; so | No | | | McWrap/MA |
| 88240 | CRYOPRESERVATION, FREEZING AND | Yes | | | ALL (Except MCWRAP) |
| 88240 | CRYOPRESERVATION, FREEZING AND | No | | | MCWRAP |
| 88241 | THAWING AND EXPANSION OF FROZE | Yes | | | ALL (Except MCWRAP) |
| 88241 | THAWING AND EXPANSION OF FROZE | No | | | MCWRAP |
| 88245 | Chromosome analysis for breakage syndr | Yes | | | ALL (Except MCWRAP) |
| 88245 | Chromosome analysis for breakage syndr | No | | | MCWRAP |
| 88248 | Chromosome analysis for breakage syndr | Yes | | | ALL (Except MCWRAP) |
| 88248 | Chromosome analysis for breakage syndr | No | | | MCWRAP |
| 88249 | Chromosome analysis for breakage syndr | Yes | | | ALL (Except MCWRAP) |
| 88249 | Chromosome analysis for breakage syndr | No | | | MCWRAP |
| 88261 | Chromosome analysis; count 5 cells, 1 ka | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 88261 | Chromosome analysis; count 5 cells, 1 ka | No | | | MCWRAP |
| 88262 | Chromosome analysis; count 15-20 cells, | Yes | | | ALL (Except MCWRAP) |
| 88262 | Chromosome analysis; count 15-20 cells, | No | | | MCWRAP |
| 88263 | Chromosome analysis; count 45 cells for r | Yes | | | ALL (Except MCWRAP) |
| 88263 | Chromosome analysis; count 45 cells for r | No | | | MCWRAP |
| 88264 | Chromosome analysis; analyze 20-25 cell | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 88264 | Chromosome analysis; analyze 20-25 cell | No | | | McWrap/MA |
| 88267 | Chromosome analysis, amniotic fluid or ch | Yes | | | ALL (Except MCWRAP) |
| 88267 | Chromosome analysis, amniotic fluid or ch | No | | | MCWRAP |
| 88269 | Chromosome analysis, in situ for amniotic | Yes | | | ALL (Except MCWRAP) |
| 88269 | Chromosome analysis, in situ for amniotic | No | | | MCWRAP |
| 88271 | MOLECULAR CYTOGENETICS; DNA PR | Yes | | | ALL (Except MCWRAP) |
| 88271 | MOLECULAR CYTOGENETICS; DNA PR | No | | | MCWRAP |
| 88272 | Molecular cytogenetics; chromosomal in s | Yes | | | ALL (Except MCWRAP) |
| 88272 | Molecular cytogenetics; chromosomal in s | No | | | MCWRAP |
| 88273 | Molecular cytogenetics; chromosomal in s | Yes | | | ALL (Except MCWRAP) |
| 88273 | Molecular cytogenetics; chromosomal in s | No | | | MCWRAP |
| 88274 | MOLECULAR CYTOGENETICS; INTERPI | Yes | | | ALL (Except MCWRAP) |
| 88274 | MOLECULAR CYTOGENETICS; INTERPI | No | | | MCWRAP |
| 88275 | Molecular cytogenetics; interphase in situ | Yes | | | ALL (Except MCWRAP) |
| 88275 | Molecular cytogenetics; interphase in situ | No | | | MCWRAP |
| 88280 | Chromosome analysis; additional karyotyp | No | Preferred provider HFCPD | | ALL (Except McWrap, MA) |
| 88280 | Chromosome analysis; additional karyotyp | No | | | McWrap/MA |
| 88283 | Chromosome analysis; additional specializ | Yes | | | ALL (Except MCWRAP) |
| 88283 | Chromosome analysis; additional specializ | No | | | MCWRAP |
| 88285 | Chromosome analysis; additional cells co | Yes | | | ALL (Except MCWRAP) |
| 88285 | Chromosome analysis; additional cells co | No | | | MCWRAP |
| 88289 | Chromosome analysis; additional high res | Yes | | | ALL (Except MCWRAP) |
| 88289 | Chromosome analysis; additional high res | No | | | MCWRAP |
| 88291 | CYTOGENETICS AND MOLECULAR CYT | No | | | ALL |
| 88299 | UNLISTED CYTOGENETIC STUDY | Yes | | | ALL (Except MCWRAP) |
| 88299 | UNLISTED CYTOGENETIC STUDY | No | | | MCWRAP |
| 88300 | Level I - Surgical pathology, gross examin | No | | | ALL |
| 88302 | Level II - Surgical pathology, gross and mi | No | | | ALL |
| 88304 | Level III - Surgical pathology, gross and m | No | | | ALL |
| 88305 | LEVEL IV - SURGICAL PATHOLOGY, GR | No | | | ALL |
| 88307 | Level V - Surgical pathology, gross and m | No | | | ALL |
| 88309 | Level VI - Surgical pathology, gross and m | No | | | ALL |
| 88311 | Decalcification procedure (List separately | No | | | ALL |
| 88312 | Special stains (List separately in addition t | No | | | ALL |
| 88313 | SPECIAL STAINS (LIST SEPARATELY IN | No | | | ALL |
| 88314 | Special stains (List separately in addition t | No | | | ALL |
| 88319 | Determinative histochemistry or cytochem | No | | | ALL |
| 88321 | Consultation and report on referred slides | No | | | ALL |
| 88323 | Consultation and report on referred mater | No | | | ALL |
| 88325 | Consultation, comprehensive, with review | No | | | ALL |
| 88329 | Pathology consultation during surgery; | No | | | ALL |
| 88331 | Pathology consultation during surgery; firs | No | | | ALL |
| 88332 | Pathology consultation during surgery; ea | No | | | ALL |
| 88333 | Intraop cyto path consult, 1 | No | | | ALL |
| 88334 | Pathology consultation during surgery; cyt | No | | | ALL |
| 88341 | Immunohistochemistry or immunocytoche | No | | | ALL |
| 88342 | IMMUNOCYTOCHEMISTRY (INCLUDING | No | | | ALL |
| 88344 | Immunohistochemistry or immunocytoche | No | | | ALL |
| 88346 | Immunofluorescent study, each antibody; | No | | | ALL |
| 88348 | Electron microscopy; diagnostic | No | | | ALL |
| 88350 | Immunofluorescence, per specimen; each addit | No | | | ALL |
| 88355 | Morphometric analysis; skeletal muscle | No | | | ALL |
| 88356 | Morphometric analysis; nerve | No | | | ALL |
| 88358 | TUMOR (EG, DNA PLOIDY) | Not Covered | | | ALL |
| 88360 | MORPHOMETRIC ANALYSIS, TUMOR IM | No | | | ALL |
| 88361 | MORPHOMETRIC ANALYSIS, TUMOR IM | No | | | ALL |
| 88362 | Nerve teasing preparations | No | | | ALL |
| 88363 | Examination and selection of retrieved arc | No | | | ALL |
| 88364 | In situ hybridization (eg, FISH), per specim | No | | | ALL |
| 88365 | TISSUE IN SITU HYBRIDIZATION (EG FI | No | | | ALL |
| 88366 | In situ hybridization (eg, FISH), per specim | No | | | ALL |
| 88367 | MORPHOMETRIC ANALYSIS, IN SITU HY | No | | | ALL |
| 88368 | MORPHOMETRIC ANALYSIS, IN SITU HY | No | | | ALL |
| 88369 | Morphometric analysis, in situ hybridizatio | No | | | ALL |
| 88371 | Protein analysis of tissue by Western Blot, | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 88372 | Protein analysis of tissue by Western Blot | No | | | ALL |
| 88373 | Morphometric analysis, in situ hybridizatio | No | | | ALL |
| 88374 | Morphometric analysis, in situ hybridizatio | No | | | ALL |
| 88375 | Optical endomicroscopic image(s), interpr | No | | | ALL |
| 88377 | Morphometric analysis, in situ hybridizatio | No | | | ALL |
| 88380 | Microdissection (eg, mechanical, laser ca | No | | | ALL |
| 88381 | MICRODISSECTION (IE, SAMPLE PREP, | No | | | ALL |
| 88387 | MACROSCOPIC EXAM, DISSECTION, & | No | | | ALL |
| 88399 | UNLISTED SURGICAL PATHOLOGY PR( | No | | | ALL |
| 88400 | BILRUBIN, TOTAL, TRANSCUTANEOUS | No | | | ALL |
| 88720 | Bilirubin, total, transcutaneous | No | | | ALL |
| 88738 | HEMOGLOBIN (HGB), QUANTITATIVE, T | No | | | ALL |
| 88740 | Hemoglobin, quantitative, transcutaneous | No | | | ALL |
| 88741 | Hemoglobin, quantitative, transcutaneous | No | | | ALL |
| 88749 | Unlisted in vivo (eg, transcutaneous) labo | No | | | ALL |
| 89049 | Chct for mal hyperthermia | No | | | ALL |
| 89050 | CELL COUNT, MISCELLANEOUS BODY | No | | | ALL |
| 89051 | Cell count, miscellaneous body fluids (eg, | No | | | ALL |
| 89055 | Leukocyte assessment, fecal, qualitative c | No | | | ALL |
| 89060 | Crystal identification by light microscopy w | No | | | ALL |
| 89125 | Fat stain, feces, urine, or respiratory secre | No | | | ALL |
| 89160 | Meat fibers, feces | No | | | ALL |
| 89190 | Nasal smear for eosinophils | No | | | ALL |
| 89220 | Sputum, obtaining specimen, aerosol indu | No | | | ALL |
| 89230 | Sweat collection by iontophoresis | No | | | ALL |
| 89240 | UNLISTED MISCELLANEOUS PATHOLO | Yes | | | ALL (Except MCWRAP) |
| 89240 | UNLISTED MISCELLANEOUS PATHOLO | No | | | MCWRAP |
| 89250 | CULTURE OF OOCYTE(S);/EMBRYO(S), | Yes | * | A | ALL |
| 89251 | CULTURE AND FERTILIZATION OF OOC | Yes | * | A | ALL |
| 89253 | ASSISTED EMBRYO HATCHING, MICRO | Yes | * | A | ALL |
| 89254 | OOCYTE IDENTIFICATION FROM FOLLI | Yes | * | A | ALL |
| 89255 | PREPARATION OF EMBRYO FOR TRAN | Yes | * | A | ALL |
| 89257 | SPERM IDENTIFICATION FROM ASPIRA | No | | A/I | ALL |
| 89258 | CRYOPRESERVATION; EMBRYO | Not Covered | | | ALL |
| 89259 | CRYOPRESERVATION, SPERM | Yes | * | MED NEC FERT PRE SERV | ALL |
| 89260 | SPERM ISOLATION; SIMPLE PREP (EG, | No | | A/I | ALL |
| 89261 | SPERM ISOLATION; COMPLEX PREP (E | No | | A/I | ALL |
| 89264 | SPERM IDENTIFICATION FROM TESTIS | No | | | ALL |
| 89268 | INSEMINATION OF OOCYTES | Yes | * | A | ALL |
| 89272 | EXTENDED CULTURE OF OOCYTE(S)/E | Yes | * | A | ALL |
| 89280 | ASSISTED OOCYTE FERTILIZATION, MI | Yes | * | A | ALL |
| 89281 | ASSISTED OOCYTE FERTILIZATION, MI | Yes | * | A | ALL |
| 89290 | BIOPSY, OOCYTE POLAR BODY OR EM | Not Covered | | | ALL |
| 89291 | BIOPSY, OOCYTE POLAR BODY OR EM | Not Covered | | | ALL |
| 89300 | Semen analysis; presence and/or motility | No | | | ALL |
| 89310 | Semen analysis; motility and count (not in | No | | | ALL |
| 89320 | Semen analysis; complete (volume, count | No | | | ALL |
| 89321 | SEMEN ANALYSIS, PRESENCE AND/OR | No | | | ALL |
| 89322 | SEMEN ANALYSIS; VOLUME, COUNT, M | No | | | ALL |
| 89325 | Sperm antibodies | No | | | ALL |
| 89329 | SPERM EVALUATION; HAMSTER PENE | No | | | ALL |
| 89330 | Sperm evaluation; cervical mucus penetra | No | | | ALL |
| 89331 | SPERM EVALUATION, FOR RETROGRA | Yes | | | ALL (Except MCWRAP) |
| 89331 | SPERM EVALUATION, FOR RETROGRA | No | | | MCWRAP |
| 89335 | CRYOPRESERVATION, REPRODUCTIVE | Not Covered | | | ALL |
| 89337 | Cryopreservation, mature oocyte(s) | Yes | * | MED NEC FERT PRE SERV | ALL |
| 89342 | STORAGE/YEAR; EMBRYO(S) | Not Covered | | | ALL |
| 89343 | STORAGE, (PER YEAR); SPERM/SEMEN | Yes | * | MED NEC FERT PRE SERV | ALL |
| 89344 | STORAGE, (PER YEAR); REPRODUCTIV | Not Covered | | | ALL |
| 89346 | STORAGE, (PER YEAR); OOCYTE | Yes | * | MED NEC FERT PRE SERV | ALL |
| 89352 | THAWING OF CRYOPRESERVED; EMBF | Not Covered | | | ALL |
| 89353 | THAWING OF CRYOPRESERVED; SPER | Not Covered | | | ALL |
| 89354 | THAWING OF CRYOPRESERVED; REPF | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 89356 | THAWING OF CRYOPRESERVED; OOC | Not Covered | | | ALL |
| 89398 | UNLISTED REPRODUCTIVE MEDICINE | Yes | | | ALL (Except MCWRAP) |
| 89398 | UNLISTED REPRODUCTIVE MEDICINE | No | | | MCWRAP |
| 90281 | IMMUNE GLOBULIN (IG), HUMAN, FOR | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| 90281 | IMMUNE GLOBULIN (IG), HUMAN, FOR | No | | | MCWRAP, MA |
| 90283 | IMMUNE GLOBULIN (IGIV), HUMAN, FOR | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| 90283 | IMMUNE GLOBULIN (IGIV), HUMAN, FOR | No | | | MCWRAP, MA |
| 90284 | IMMUNE GLOBULIN (SCIg), HUMAN, FO | No | | | ALL |
| 90287 | Botulinum antitoxin, equine, any route | No | | | ALL |
| 90288 | Botulism immune globulin, human, for intr | No | | | ALL |
| 90291 | Cytomegalovirus immune globulin (CMV-I | No | | | ALL |
| 90296 | Diphtheria antitoxin, equine, any route | No | | | ALL |
| 90371 | Hepatitis B immune globulin (HBIg), huma | No | | | ALL |
| 90375 | RABIES IMMUNE GLOBULIN (RIG), HUM | No | | | ALL |
| 90376 | RABIES IMMUNE GLOBULIN (RIG-HT), H | No | | | ALL |
| 90377 | Rabies immune globulin, heat- and solver | No | | | ALL |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS IMMU | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS IMMU | No | | | MCWRAP, MA |
| 90380 | Respiratory syncytial virus, monoclona | No | | | ALL |
| 90381 | Respiratory syncytial virus, monoclona | No | | | ALL |
| 90382 | Respiratory syncytial virus, monoclonal an | No | | | ALL |
| 90384 | Rho(D) immune globulin (RhIg), human, fu | No | | | ALL |
| 90385 | Rho(D) immune globulin (RhIg), human, n | No | | | ALL |
| 90386 | Rho(D) immune globulin (RhIgIV), human | No | | | ALL |
| 90389 | Tetanus immune globulin (TIg), human, fo | No | | | ALL |
| 90393 | Vaccinia immune globulin, human, for intr | No | | | ALL |
| 90396 | Varicella-zoster immune globulin, human, | No | | | ALL |
| 90399 | UNLISTED IMMUNE GLOBULIN | Yes | | | ALL (Except MCWRAP) |
| 90399 | UNLISTED IMMUNE GLOBULIN | No | | | MCWRAP |
| 90460 | Immunization administration through 18 ye | No | | | ALL |
| 90461 | Immunization administration through 18 ye | No | | | ALL |
| 90470 | H1N1 IMMUNIZATION ADMINISTRATION | No | | | ALL |
| 90471 | Immunization administration (includes per | No | | | ALL |
| 90472 | Immunization administration (includes per | No | | | ALL |
| 90473 | Immunization administration by intranasal | No | | | ALL |
| 90474 | Immunization administration by intranasal | No | | | ALL |
| 90476 | Adenovirus vaccine, type 4, live, for oral u | No | | | ALL |
| 90474 | Immunization administration by intranasal | No | | | ALL |
| 90476 | Adenovirus vaccine, type 4, live, for oral u | No | | | ALL |
| 90477 | Adenovirus vaccine, type 7, live, for oral u | No | | | ALL |
| 90480 | Immunization administration by intramusc | No | | | ALL |
| 90481 | Immunization administration by intramusc | No | | | ALL |
| 90482 | Immunization counseling by physician or c | No | | | ALL |
| 90483 | Immunization counseling by physician or c | No | | | ALL |
| 90484 | Immunization counseling by physician or c | No | | | ALL |
| 90581 | Anthrax vaccine, for subcutaneous use | No | | | ALL |
| 90584 | Dengue vaccine, quadrivalent, live, 2 dose | Not covered | | | ALL |
| 90585 | Bacillus Calmette-Guerin vaccine (BCG) fo | No | * | | ALL |
| 90586 | Bacillus Calmette-Guerin vaccine (BCG) fo | No | | | ALL |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose | Not Covered | | | ALL |
| 90589 | Chikungunya virus vaccine, live attenuate | No | | | ALL |
| 90593 | Chikungunya virus vaccine, recombinant, | No | | | ALL |
| 90611 | Vaccinia (smallpox) virus vaccine, live, lyo | No | | | ALL |
| 90612 | Influenza virus vaccine, trivalent, and seve | No | | | ALL |
| 90613 | Influenza virus vaccine, quadrivalent, and | No | | | ALL |
| 90619 | Meningococcal conjugate vaccine, serogroups A | No | | | ALL |
| 90620 | Meningococcal recombinant protein and outer m | No | * | | ALL |
| 90621 | Meningococcal recombinant lipoprotein vaccine | No | * | | ALL |
| 90622 | Smallpox and monkeypox vaccine, attenu | No | | | ALL |
| 90623 | Meningococcal pentavalent vaccine, conju | No | | | ALL |
| 90624 | Meningococcal pentavalent vaccine, Men | No | | | ALL |
| 90625 | Cholera vaccine, live, adult dosage, 1 dose sch | Yes | | | ALL (Except MCWRAP) |
| 90625 | Cholera vaccine, live, adult dosage, 1 dose sch | No | | | MCWRAP |
| 90626 | Tick-borne encephalitis virus vaccine, inac | Not covered | | | ALL |
| 90627 | Tick-borne encephalitis virus vaccine, inac | Not covered | | | ALL |
| 90630 | Influenza virus vaccine, quadrivalent (IIV4 | No | | | ALL |
| 90632 | Hepatitis A vaccine, adult dosage, for intra | No | * | | ALL |
| 90633 | Hepatitis A vaccine, pediatric/adolescent c | No | * | | ALL |
| 90634 | Hepatitis A vaccine, pediatric/adolescent c | No | | | ALL |
| 90635 | Influenza virus vaccine, H5N1, derived fro | No | | | ALL |
| 90636 | Hepatitis A and hepatitis B vaccine (HepA | No | * | | ALL |
| 90637 | Influenza virus vaccine, quadrivalent (qIRV | No | | | ALL |
| 90638 | Influenza virus vaccine, quadrivalent (qIRV | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 90644 | Meningococcal conjugate vaccine, serogr | No | | | ALL |
| 90647 | Hemophilus influenza b vaccine (Hib), PR | No | | | ALL |
| 90648 | Hemophilus influenza b vaccine (Hib), PR | No | * | | ALL |
| 90649 | HUMAN PAPILLOMA VIRUS (HPV) VACC | No | * | | ALL |
| 90650 | HUMAN PAPILLOMAVIRUS (HPV) VACC | No | | | ALL |
| 90651 | Human Papillomavirus vaccine types 6, 1 | No | * | | ALL |
| 90653 | Influenza vaccine, inactivated, subunit, ad | No | | | ALL |
| 90655 | Influenza virus vaccine, split virus, preserv | No | | | ALL |
| 90656 | Influenza virus vaccine, split virus, preserv | No | | | ALL |
| 90657 | Influenza virus vaccine, split virus, for chil | No | | | ALL |
| 90658 | Influenza virus vaccine, split virus, for use | No | | | ALL |
| 90660 | INFLUENZA VIRUS VACCINE, LIVE, FOR | No | | | ALL |
| 90661 | INFLUENZA VIRUS VACCINE, DERIVED | No | | | ALL |
| 90662 | INFLUENZA VIRUS VACCINE, SPLIT VIR | No | | | ALL |
| 90664 | Influenza virus vaccine, pandemic formula | Not Covered | | | ALL |
| 90666 | Influenza virus vaccine, pandemic formula | Not Covered | | | ALL |
| 90667 | Influenza virus vaccine, pandemic formula | Not Covered | | | ALL |
| 90668 | Influenza virus vaccine, pandemic formula | Not Covered | | | ALL |
| 90670 | PNEUMOCCAL CONJUGATE VACCINE, | No | | | ALL |
| 90671 | Pneumococcal conjugate vaccine, 15 vale | No | | | ALL |
| 90672 | Influenza virus vaccine, quadrivalent, live, | No | | | ALL |
| 90673 | Influenza virus vaccine, trivalent, derived f | No | | | ALL |
| 90674 | Influenza virus vaccine, quadrivalent (ccIIV | No | | | ALL |
| 90675 | Rabies vaccine, for intramuscular use | No | | | ALL |
| 90676 | Rabies vaccine, for intradermal use | No | | | ALL |
| 90677 | Pneumococcal conjugate vaccine, 20 vale | No | | | ALL |
| 90678 | Respiratory syncytial virus vaccine, preF, s | No | | | ALL |
| 90679 | Respiratory syncytial virus vaccine, preF, | No | | | ALL |
| 90680 | Rotavirus vaccine, tetravalent, live, for ora | No | * | | ALL |
| 90681 | ROTAVIRUS VACCINE, HUMAN, ATTEN | No | * | | ALL |
| 90682 | Influenza virus vaccine, quadrivalent (RIV4 | No | | | ALL |
| 90683 | Respiratory syncytial virus vaccine, mRNA | No | | | ALL |
| 90684 | Pneumococcal conjugate vaccine, 21 | No | | | ALL |
| 90685 | Influenza virus vaccine, quadrivalent, split | No | | | ALL |
| 90686 | Influenza virus vaccine, quadrivalent, split | No | | | ALL |
| 90687 | Influenza virus vaccine, quadrivalent, split | No | | | ALL |
| 90688 | Influenza virus vaccine, quadrivalent, split | No | | | ALL |
| 90689 | Influenza virus vaccine, quadrivalent (IIV4 | No | | | ALL |
| 90690 | TYPHOID VACCINE, LIVE, ORAL | Not Covered | | | ALL |
| 90691 | TYPHOID VACCINE, VI CAPSULAR POL | Not Covered | * | | ALL |
| 90694 | Influenza virus vaccine, quadrivalent (aIIV | No | | | ALL |
| 90696 | DIPHTHERIA, TETANUS TOXOIDS, ACE | No | * | | ALL |
| 90697 | Diphtheria, tetanus toxoids, acellular pertu | No | * | | ALL |
| 90698 | DIPHTHERIA, TETANUS TOXOIDS, ACE | No | * | | ALL |
| 90700 | Diphtheria, tetanus toxoids, and acellular | No | * | | ALL |
| 90702 | Diphtheria and tetanus toxoids (DT) adsor | No | * | | ALL |
| 90707 | Measles, mumps and rubella virus vaccin | No | * | | ALL |
| 90710 | Measles, mumps, rubella, and varicella va | No | * | | ALL |
| 90713 | Poliovirus vaccine, inactivated, (IPV), for s | No | * | | ALL |
| 90714 | Td vaccine no prsrv >/= 7 im | No | * | | ALL |
| 90715 | Tetanus, diphtheria toxoids and acellular p | No | * | | ALL |
| 90716 | Varicella virus vaccine, live, for subcutane | No | * | | ALL |
| 90717 | YELLOW FEVER VACCINE, LIVE, FOR S | Not Covered | * | | ALL |
| 90723 | Diphtheria, tetanus toxoids, acellular pertu | No | * | | ALL |
| 90732 | Pneumococcal polysaccharide vaccine, 23 | No | | | ALL |
| 90733 | Meningococcal polysaccharide vaccine (a | No | * | | ALL |
| 90734 | Meningococcal conjugate vaccine, serogr | No | * | | ALL |
| 90736 | ZOSTER (SHINGLES) VACCINE, LIVE, F | No | * | | ALL |
| 90738 | JAPANESE ENCEPHALITIS VIRUS VACC | Not Covered | | | ALL |
| 90739 | Hepatitis B vaccine, adult dosage (2 dose | No | | | ALL |
| 90740 | Hepatitis B vaccine, dialysis or immunosu | No | | | ALL |
| 90743 | Hepatitis B vaccine, adolescent (2 dose s | No | | | ALL |
| 90744 | Hepatitis B vaccine, pediatric/adolescent | No | | | ALL |
| 90746 | Hepatitis B vaccine, adult dosage, for intra | No | | | ALL |
| 90747 | Hepatitis B vaccine, dialysis or immunosu | No | | | ALL |
| 90748 | Hepatitis B and Hemophilus influenza b va | No | | | ALL |
| 90749 | UNLISTED VACCINE/TOXOID | Yes | | | ALL (Except MCWRAP) |
| 90749 | UNLISTED VACCINE/TOXOID | No | | | MCWRAP |
| 90750 | Zoster (shingles) vaccine (HZV), recombin | No | * | | ALL |
| 90756 | Influenza virus vaccine, quadrivalent (ccIIV | No | | | ALL |
| 90758 | Zaire ebolavirus vaccine, live, for intramus | Yes | * | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 90758 | Zaire ebolavirus vaccine, live, for intramus | No | | | MCWRAP |
| 90759 | Hepatitis B vaccine (HepB), 3-antigen (S, | No | | | ALL |
| 90863 | Pharmacologic management, including pr | Not Covered | | | ALL |
| 90867 | Therapeutic repetitive transcranial magne | Yes | CBHM | | ALL |
| 90868 | Therapeutic repetitive transcranial magne | Yes | CBHM | | ALL |
| 90869 | Therapeutic repetitive transcranial magne | Yes | CBHM | | ALL |
| 90870 | ELECTROCONVULSIVE THERAPY (INCL | Yes | CBHM | | ALL (Except MCWRAP) |
| 90870 | ELECTROCONVULSIVE THERAPY (INCL | No | | | MCWRAP |
| 90887 | Interpretation or explanation of results of p | Yes | * | | ALL (Except MCWRAP) |
| 90887 | Interpretation or explanation of results of p | No | * | | MCWRAP |
| 90899 | UNLISTED PSYCHIATRIC SERVICE OR | Not Covered | | | ALL |
| 90901 | BIOFEEDBACK TRAINING BY ANY MOD | Yes | | | ALL (Except MCWRAP) |
| 90901 | BIOFEEDBACK TRAINING BY ANY MOD | No | | | MCWRAP |
| 90912 | Biofeedback training, perineal muscles, ar | No | | | ALL |
| 90913 | Biofeedback training, perineal muscles, ar | No | | | ALL |
| 90935 | Hemodialysis procedure with single physic | No | | | ALL |
| 90937 | Hemodialysis procedure requiring repeate | No | | | ALL |
| 90940 | Hemodialysis access flow study to determ | No | | | ALL |
| 90945 | Dialysis procedure other than hemodialysi | No | | | ALL |
| 90947 | Dialysis procedure other than hemodialysi | No | | | ALL |
| 90951 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90952 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90953 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90954 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90955 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90956 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90957 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90958 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90959 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90960 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90961 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90962 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90963 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90964 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90965 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90966 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90967 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90966 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90967 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90968 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90969 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90970 | End-stage renal disease (ESRD) related s | No | | | ALL |
| 90989 | Dialysis training, patient, including helper | No | | | ALL |
| 90993 | Dialysis training, patient, including helper | No | | | ALL |
| 90997 | Hemoperfusion (eg, with activated charco | No | | | ALL |
| 90999 | UNLISTED DIALYSIS PROCEDURE, INP | No | | | ALL |
| 91010 | Esophageal motility (manometric study of | No | | | ALL |
| 91013 | Esophageal motility (manometric study of | No | | | ALL |
| 91020 | Gastric motility (manometric) studies | No | | | ALL |
| 91022 | Duodenal motility study | No | | | ALL |
| 91030 | Esophagus, acid perfusion (Bernstein) tes | No | | | ALL |
| 91034 | Esophagus, gastroesophageal reflux test; | No | | | ALL |
| 91035 | ESPOPHAGUS, GASTROESOPHAGEAL | No | | | ALL |
| 91037 | Esophageal function test, gastroesophage | No | | | ALL |
| 91038 | Esophageal function test, gastroesophage | No | | | ALL |
| 91040 | Esophageal balloon distension provocatio | No | | | ALL |
| 91065 | Breath hydrogen test (eg, for detection of | No | | | ALL |
| 91110 | GASTROINTESTINAL TRACT IMAGING, | No | | | ALL |
| 91111 | GASTROINTESTINAL TRACT IMAGING, | No | | | ALL |
| 91112 | Gastrointestinal transit and pressure meas | Yes | | | ALL (Exceot MCWRAP) |
| 91112 | Gastrointestinal transit and pressure meas | No | | | MCWRAP |
| 91113 | Gastrointestinal tract imaging, intralumina | Not Covered | | | ALL (Except MA) |
| 91113 | Gastrointestinal tract imaging, intralumina | No | | | MA |
| 91117 | Colon motility (manometric) study, minimu | No | | | ALL |
| 91124 | Rectal sensation, tone, and compliance st | No | | | ALL |
| 91125 | Anorectal manometry, with rectal sensatio | No | | | ALL |
| 91132 | Electrogastrography, diagnostic, transcuta | No | | | ALL |
| 91133 | Electrogastrography, diagnostic, transcuta | No | | | ALL |
| 91200 | Liver elastography, mechanically induced | No | | | ALL |
| 91299 | UNLISTED DIAGNOSTIC GASTROENTE | Yes | | | ALL (Exceot MCWRAP) |
| 91299 | UNLISTED DIAGNOSTIC GASTROENTE | No | | | MCWRAP |
| 91304 | Severe acute respiratory syndrome corona | No | | | ALL |
| 91318 | Severe acute respiratory syndrome corona | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 91319 | Severe acute respiratory syndrome corona | No | | | ALL |
| 91320 | Severe acute respiratory syndrome corona | No | | | ALL |
| 91321 | Severe acute respiratory syndrome corona | No | | | ALL |
| 91322 | Severe acute respiratory syndrome corona | No | | | ALL |
| 91323 | Severe acute respiratory syndrome corona | No | | | ALL |
| 92002 | Ophthalmological services: medical exam | No | | | ALL |
| 92004 | Ophthalmological services: medical exam | No | | | ALL |
| 92012 | Ophthalmological services: medical exam | No | | | ALL |
| 92014 | Ophthalmological services: medical exam | No | | | ALL |
| 92015 | Determination of refractive state | No | | | ALL |
| 92018 | Ophthalmological examination and evalua | No | | | ALL |
| 92019 | Ophthalmological examination and evalua | No | | | ALL |
| 92020 | Gonioscopy (separate procedure) | No | | | ALL |
| 92025 | COMPUTERIZED CORNEAL TOPOGRAF | No | | | ALL |
| 92060 | Sensorimotor examination with multiple m | No | | | ALL |
| 92065 | ORTHOPTIC AND/OR PLEOPTIC TRAINI | Not Covered | | | ALL (Except MA) |
| 92065 | ORTHOPTIC AND/OR PLEOPTIC TRAINI | Yes | | | MA |
| 92066 | Orthoptic training; under supervision of a p | Not Covered | | | ALL (Except MA) |
| 92066 | Orthoptic training; under supervision of a p | Yes | | | MA |
| 92071 | Fitting of contact lens for treatment of ocu | No | * | | ALL |
| 92072 | Fitting of contact lens for management of | No | * | | ALL |
| 92081 | Visual field examination, unilateral or bilat | No | | | ALL |
| 92082 | Visual field examination, unilateral or bilat | No | | | ALL |
| 92083 | Visual field examination, unilateral or bilat | No | | | ALL |
| 92100 | Serial tonometry (separate procedure) with | No | | | ALL |
| 92132 | Scanning computerized ophthalmic diagno | Not Covered | | | ALL (Except MA) |
| 92132 | Scanning computerized ophthalmic diagno | No | | | MA |
| 92133 | Scanning computerized ophthalmic diagno | No | | | ALL |
| 92134 | Scanning computerized ophthalmic diagno | No | | | ALL |
| 92136 | Ophthalmic biometry by partial coherence | No | | | ALL |
| 92137 | Computerized ophthalmic diagnostic imag | No | | | ALL |
| 92145 | Corneal hysteresis determination, by air in | Not Covered | | | ALL |
| 92201 | Ophthalmoscopy, extended; with retinal dr | No | | | ALL |
| 92202 | Ophthalmoscopy, extended; with drawing | No | | | ALL |
| 92227 | Remote imaging for detection of retinal dis | No | | | ALL |
| 92228 | Remote imaging for monitoring and mana | No | | | ALL |
| 92229 | Imaging of retina for detection or monitorir | No | | | ALL |
| 92230 | Fluorescein angioscopy with interpretation | No | | | ALL |
| 92235 | Fluorescein angiography (includes multifra | No | | | ALL |
| 92240 | Indocyanine-green angiography (includes | No | | | ALL |
| 92242 | Fluorescein angiography and indocyanine | No | | | ALL |
| 92250 | Fundus photography with interpretation ar | No | | | ALL |
| 92260 | Ophthalmodynamometry | No | | | ALL |
| 92265 | Needle oculoelectromyography, one or mo | No | | | ALL |
| 92270 | Electro-oculography with interpretation an | No | | | ALL |
| 92273 | Electroretinography (ERG), with interpretat | No | | | ALL |
| 92274 | Electroretinography (ERG), with interpretat | No | | | ALL |
| 92283 | Color vision examination, extended, eg, ar | No | | | ALL |
| 92284 | Dark adaptation examination with interpre | No | | | ALL |
| 92285 | External ocular photography with interpret | No | | | ALL |
| 92286 | SPECIAL ANTERIOR SEGMENT PHOTO | No | | | ALL |
| 92287 | SPECIAL ANTERIOR SEGMENT PHOTO | No | | | ALL |
| 92288 | Screening dark adaptation measurement | No | | | ALL |
| 92310 | Prescription of optical and physical charac | No | * | | ALL |
| 92311 | Prescription of optical and physical charac | No | * | | ALL |
| 92312 | Prescription of optical and physical charac | No | * | | ALL |
| 92313 | Prescription of optical and physical charac | No | * | | ALL |
| 92314 | Prescription of optical and physical charac | No | * | | ALL |
| 92315 | Prescription of optical and physical charac | No | * | | ALL |
| 92316 | Prescription of optical and physical charac | No | * | | ALL |
| 92317 | Prescription of optical and physical charac | No | * | | ALL |
| 92325 | MODIFICATION OF CONTACT LENS (SE | No | | V | ALL |
| 92326 | REPLACEMENT OF CONTACT LENS | No | | V | ALL |
| 92340 | Fitting of spectacles, except for aphakia; r | No | * | | ALL |
| 92341 | Fitting of spectacles, except for aphakia; b | No | * | | ALL |
| 92342 | Fitting of spectacles, except for aphakia; r | Not Covered | | | ALL |
| 92352 | Fitting of spectacle prosthesis for aphakia | Not Covered | | | ALL |
| 92353 | Fitting of spectacle prosthesis for aphakia | Not Covered | | | ALL |
| 92354 | FITTING OF SPECTACLE MOUNTED LO | Not Covered | | | ALL |
| 92355 | FITTING OF SPECTACLE MOUNTED LO | Not Covered | | | ALL |
| 92358 | PROSTHESIS SERVICE FOR APHAKIA, | No | | V | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92370 | REPAIR AND REFITTING SPECTACLES; | Not Covered | | | ALL |
| 92371 | REPAIR AND REFITTING SPECTACLES; | Not Covered | | V | ALL |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERV | Yes | | | ALL (Except MCWRAP) |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERV | No | | | MCWRAP |
| 92502 | Otolaryngologic examination under genera | No | | | ALL |
| 92504 | Binocular microscopy (separate diagnostic | No | | | ALL |
| 92507 | TREATMENT OF SPEECH, LANGUAGE, | Yes | * | | ALL (Except MCWRAP) |
| 92507 | TREATMENT OF SPEECH, LANGUAGE, | No | | | MCWRAP |
| 92508 | TREATMENT OF SPEECH, LANGUAGE, | Yes | | | ALL (Except MCWRAP) |
| 92508 | TREATMENT OF SPEECH, LANGUAGE, | No | | | MCWRAP |
| 92511 | Nasopharyngoscopy with endoscope (sep | No | | | ALL |
| 92512 | Nasal function studies (eg, rhinomanomet | Not Covered | | | ALL |
| 92516 | Facial nerve function studies (eg, electron | No | | | ALL |
| 92517 | Vestibular evoked myogenic potential (VE | No | | | ALL |
| 92518 | Vestibular evoked myogenic potential (VE | No | | | ALL |
| 92519 | Vestibular evoked myogenic potential (VE | No | | | ALL |
| 92520 | Laryngeal function studies | No | | | ALL |
| 92521 | Evaluation of speech fluency (eg, stutterin | No | | | ALL |
| 92522 | Evaluation of speech sound production (e | No | | | ALL |
| 92523 | Evaluation of speech sound production (e | No | | | ALL |
| 92524 | Behavioral and qualitative analysis of voic | No | | | ALL |
| 92526 | Treatment of swallowing dysfunction and/ | No | | | ALL |
| 92531 | Spontaneous nystagmus, including gaze | No | | | ALL |
| 92532 | Positional nystagmus test | No | | | ALL |
| 92533 | Caloric vestibular test, each irrigation (bin | No | | | ALL |
| 92534 | Optokinetic nystagmus test | No | | | ALL |
| 92537 | Caloric vestibular test with recording, bilateral; b | No | | | ALL |
| 92538 | Caloric vestibular test with recording, bilateral; r | No | | | ALL |
| 92540 | BASIC VESTIBULAR EVAL, INCL SPONT | No | | | ALL |
| 92541 | SPONTANEOUS NYSTAGMUS TEST, IN | No | | | ALL |
| 92542 | POSITIONAL NYSTAGMUS TEST, MINIM | No | | | ALL |
| 92544 | OPTOKINETIC NYSTAGMUS TEST, BIDI | No | | | ALL |
| 92545 | OSCILLATING TRACKING TEST, WITH F | No | | | ALL |
| 92546 | SINUSOIDAL VERTICAL AXIS ROTATION | No | | | ALL |
| 92547 | USE OF VERTICAL ELECTRODES (LIST | No | | | ALL |
| 92548 | MPUTERIZED DYNAMIC POSTUROGRAF | Not Covered | | | ALL (Except MA) |
| 92548 | MPUTERIZED DYNAMIC POSTUROGRAF | No | | | MA |
| 92549 | sway, platform sway, eyes closed platform | Not Covered | | | ALL (Except MA) |
| 92549 | sway, platform sway, eyes closed platform | No | | | MA |
| 92550 | TYMPANOMETRY AND REFLEX THRES | No | | | ALL |
| 92551 | Screening test, pure tone, air only | No | | | ALL |
| 92552 | Pure tone audiometry (threshold); air only | No | | | ALL |
| 92553 | Pure tone audiometry (threshold); air and | No | | | ALL |
| 92555 | Speech audiometry threshold; | No | | | ALL |
| 92556 | Speech audiometry threshold; with speech | No | | | ALL |
| 92557 | Comprehensive audiometry threshold eva | No | | | ALL |
| 92558 | Evoked otoacoustic emissions, screening | No | | | ALL |
| 92562 | Loudness balance test, alternate binaural | No | | | ALL |
| 92563 | Tone decay test | No | | | ALL |
| 92565 | Stenger test, pure tone | No | | | ALL |
| 92567 | Tympanometry (impedance testing) | No | | | ALL |
| 92568 | Acoustic reflex testing | No | | | ALL |
| 92570 | ACOUSTIC IMMITTANCE TESTING, INCL | No | | | ALL |
| 92571 | Filtered speech test | No | | | ALL |
| 92572 | Staggered spondaic word test | No | | | ALL |
| 92575 | Sensorineural acuity level test | No | | | ALL |
| 92576 | Synthetic sentence identification test | No | | | ALL |
| 92577 | Stenger test, speech | No | | | ALL |
| 92579 | Visual reinforcement audiometry (VRA) | No | | | ALL |
| 92582 | Conditioning play audiometry | No | | | ALL |
| 92583 | Select picture audiometry | No | | | ALL |
| 92584 | Electrocochleography | No | | | ALL |
| 92585 | AUDITORY EVOKED POTENTIALS FOR | No | | | ALL |
| 92586 | AUDITOR EVOKE POTENT, LIMIT | No | | | ALL |
| 92587 | Evoked otoacoustic emissions; limited (sir | No | | | ALL |
| 92588 | Evoked otoacoustic emissions; comprehe | No | | | ALL |
| 92596 | Ear protector attenuation measurements | No | | H | ALL |
| 92597 | Evaluation for use and/or fitting of voice pr | No | | | ALL |
| 92601 | DIAGNOSTIC ANALYSIS OF COCHLEAR | No | | | ALL |
| 92602 | SUBSEQUENT REPROGRAMMING | No | | | ALL |
| 92603 | DIAGNOSTIC ANALYSIS OF COCHLEAR | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92604 | DIAGNOSTIC ANALYSIS OF COCHLEAR | No | | | ALL |
| 92605 | EVALUATION FOR PRESCRIPTION OF N | Not Covered | | | ALL |
| 92606 | THERAPEUTIC SERVICE(S) FOR THE U | Not Covered | | | ALL |
| 92607 | EVALUATION FOR PRESCRIPTION FOR | No | | | ALL |
| 92608 | EACH ADDITIONAL 30 MINUTES (LIST S | No | | | ALL |
| 92609 | THERAPEUTIC SERVICES FOR THE US | No | | | ALL |
| 92610 | EVALUATION OF ORAL AND PHARYNG | No | | | ALL |
| 92611 | Motion fluoroscopic evaluation of swallowi | No | | | ALL |
| 92612 | Flexible fiberoptic endoscopic evaluation c | No | | | ALL |
| 92613 | Flexible fiberoptic endoscopic evaluation c | No | | | ALL |
| 92614 | Flexible fiberoptic endoscopic evaluation, | No | | | ALL |
| 92615 | Flexible fiberoptic endoscopic evaluation, | No | | | ALL |
| 92616 | Flexible fiberoptic endoscopic evaluation c | No | | | ALL |
| 92617 | Flexible fiberoptic endoscopic evaluation c | No | | | ALL |
| 92618 | Evaluation for prescription of non-speech- | No | | | ALL |
| 92620 | Evaluation of central auditory function, wit | No | | | ALL |
| 92621 | Evaluation of central auditory function, wit | No | | | ALL |
| 92622 | Diagnostic analysis, programming, and ve | No | | | ALL |
| 92623 | Diagnostic analysis, programming, and ve | No | | | ALL |
| 92625 | Assessment of tinnitus (includes pitch, lou | No | | | ALL |
| 92626 | EVALUATION OF AUDITORY REHABILIT | No | | | ALL |
| 92627 | EVALUATION OF AUDITORY REHABILIT | No | | | ALL |
| 92628 | Evaluation for hearing aid candidacy, unila | No | NationsHearing | H | ALL |
| 92629 | Evaluation for hearing aid candidacy, unila | No | NationsHearing | H | ALL |
| 92631 | Hearing aid selection services, unilateral c | No | NationsHearing | H | ALL |
| 92632 | Hearing aid selection services, unilateral c | No | NationsHearing | H | ALL |
| 92634 | Hearing aid fitting services, unilateral or bi | No | NationsHearing | H | ALL |
| 92635 | Hearing aid fitting services, unilateral or bi | No | NationsHearing | H | ALL |
| 92636 | Hearing aid post-fitting follow-up services, | No | NationsHearing | H | ALL |
| 92637 | Hearing aid post-fitting follow-up services, | No | NationsHearing | H | ALL |
| 92638 | Behavioral verification of amplification incl | No | NationsHearing | H | ALL |
| 92639 | Hearing-aid measurement, verification wit | No | NationsHearing | H | ALL |
| 92641 | Hearing device verification, electroacousti | No | NationsHearing | H | ALL |
| 92642 | Hearing assistive device, supplemental te | No | NationsHearing | H | ALL |
| 92630 | AUDITORY REHABILITATION; PRE-LING | No | * | | ALL |
| 92633 | AUDITORY REHABILITATION; POST-LIN | No | * | | ALL |
| 92640 | DIAGNOSTIC ANALYSIS WITH PROGRA | No | | | ALL |
| 92650 | Auditory evoked potentials; screening of a | No | | | ALL |
| 92651 | Auditory evoked potentials; for hearing sta | No | | | ALL |
| 92652 | Auditory evoked potentials; for threshold e | No | | | ALL |
| 92653 | Auditory evoked potentials; neurodiagnost | No | | | ALL |
| 92700 | UNLISTED OTORHINOLARYNGOLOGIC/ | Yes | | | ALL |
| 92700 | UNLISTED OTORHINOLARYNGOLOGIC/ | No | | | MEDICARE COMP/MCWRAP |
| 92920 | Percutaneous transluminal coronary angio | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 92920 | Percutaneous transluminal coronary angio | No | | | MCWRAP |
| 92924 | Percutaneous transluminal coronary ather | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 92924 | Percutaneous transluminal coronary ather | No | | | MCWRAP |
| 92928 | Percutaneous transcatheter placement of | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 92928 | Percutaneous transcatheter placement of | No | | | MCWRAP |
| 92930 | Percutaneous transcatheter placement of | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 92930 | Percutaneous transcatheter placement of | No | | | MCWRAP |
| 92933 | Percutaneous transluminal coronary ather | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 92933 | Percutaneous transluminal coronary ather | No | | | MCWRAP |
| 92937 | Percutaneous transluminal revascularizati | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 92937 | Percutaneous transluminal revascularizati | No | | | MCWRAP |
| 92941 | Percutaneous transluminal revascularizati | No | | | ALL |
| 92943 | Percutaneous transluminal revascularizati | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 92943 | Percutaneous transluminal revascularizati | No | | | MCWRAP |
| 92945 | Percutaneous transluminal revascularizati | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 92945 | Percutaneous transluminal revascularizati | No | | | MCWRAP |
| 92950 | Cardiopulmonary resuscitation (eg, in carc | No | | | ALL |
| 92953 | Temporary transcutaneous pacing | No | | | ALL |
| 92960 | Cardioversion, elective, electrical convers | No | | | ALL |
| 92961 | Cardioversion, elective, electrical convers | No | | | ALL |
| 92970 | Cardioassist-method of circulatory assist; | No | | | ALL |
| 92971 | CARDIOASSIST-METHOD OF CIRCULAT | No | | | ALL |
| 92972 | Percutaneous transluminal coronary lithot | No | | | ALL |
| 92973 | Percutaneous transluminal coronary throm | No | | | ALL |
| 92974 | PLACEMENT OF RADIATION DELIVERY | No | | | ALL |
| 92978 | Intravascular ultrasound (coronary vessel | No | | | ALL |
| 92979 | Intravascular ultrasound (coronary vessel | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92986 | Percutaneous balloon valvuloplasty; aortic | No | | | ALL |
| 92987 | Percutaneous balloon valvuloplasty; mitra | No | | | ALL |
| 92990 | Percutaneous balloon valvuloplasty; pulm | No | | | ALL |
| 92992 | Atrial septectomy or septostomy; transven | No | | | ALL |
| 92993 | Atrial septectomy or septostomy; blade m | No | | | ALL |
| 92997 | Percutaneous transluminal pulmonary arte | No | | | ALL |
| 92998 | Percutaneous transluminal pulmonary arte | No | | | ALL |
| 93000 | Electrocardiogram, routine ECG with at le | No | | | ALL |
| 93005 | Electrocardiogram, routine ECG with at le | No | | | ALL |
| 93010 | Electrocardiogram, routine ECG with at le | No | | | ALL |
| 93015 | CARDIOVASCULAR STRESS TEST USIN | No | | | ALL |
| 93016 | Cardiovascular stress test using maximal | No | | | ALL |
| 93017 | Cardiovascular stress test using maximal | No | | | ALL |
| 93018 | Cardiovascular stress test using maximal | No | | | ALL |
| 93024 | Ergonovine provocation test | No | | | ALL |
| 93025 | MICROVOLT T-WAVE ASSESSMENT | No | | | ALL |
| 93040 | Rhythm ECG, one to three leads; with inte | No | | | ALL |
| 93041 | Rhythm ECG, one to three leads; tracing o | No | | | ALL |
| 93042 | Rhythm ECG, one to three leads; interpret | No | | | ALL |
| 93050 | Arterial pressure waveform analysis for as | No | | | ALL |
| 93145 | Interrogation device evaluation (in person | Not Covered | | | ALL |
| 93146 | Interrogation device evaluation (in person | Not Covered | | | ALL |
| 93150 | Therapy activation of implanted phrenic ne | Yes | | | ALL (Except Mcwrap) |
| 93150 | Therapy activation of implanted phrenic ne | No | | | MCWRAP |
| 93151 | Interrogation and programming (minimum | Yes | | | ALL (Except Mcwrap) |
| 93151 | Interrogation and programming (minimum | No | | | MCWRAP |
| 93152 | Interrogation and programming of implante | Yes | | | ALL (Except Mcwrap) |
| 93152 | Interrogation and programming of implante | No | | | MCWRAP |
| 93153 | Interrogation without programming of impl | Yes | | | ALL (Except Mcwrap) |
| 93153 | Interrogation without programming of impl | No | | | MCWRAP |
| 93224 | External electrocardiographic recording up | No | | | ALL |
| 93225 | External electrocardiographic recording up | No | | | ALL |
| 93226 | External electrocardiographic recording up | No | | | ALL |
| 93227 | External electrocardiographic recording up | No | | | ALL |
| 93228 | External mobile cardiovascular telemetry w | No | | | ALL |
| 93229 | External mobile cardiovascular telemetry w | No | | | ALL |
| 93241 | External electrocardiographic recording fo | No | | | ALL |
| 93242 | External electrocardiographic recording fo | No | | | ALL |
| 93243 | External electrocardiographic recording fo | No | | | ALL |
| 93244 | External electrocardiographic recording fo | No | | | ALL |
| 93245 | External electrocardiographic recording fo | No | | | ALL |
| 93246 | External electrocardiographic recording fo | No | | | ALL |
| 93247 | External electrocardiographic recording fo | No | | | ALL |
| 93248 | External electrocardiographic recording fo | No | | | ALL |
| 93260 | Programming device evaluation (in person | No | | | ALL |
| 93261 | Interrogation device evaluation (in person | No | | | ALL |
| 93264 | Remote monitoring of a wireless pulmona | No | | | ALL |
| 93268 | External patient and, when performed, aut | No | | | ALL |
| 93270 | External patient and, when performed, aut | No | | | ALL |
| 93271 | External patient and, when performed, aut | No | | | ALL |
| 93272 | External patient and, when performed, aut | No | | | ALL |
| 93278 | Signal-averaged electrocardiography (SAE | Not Covered | | | ALL (Except MA) |
| 93278 | Signal-averaged electrocardiography (SAE | No | | | MA |
| 93279 | Programming device evaluation with iterat | No | | | ALL |
| 93280 | Programming device evaluation with iterat | No | | | ALL |
| 93281 | Programming device evaluation with iterat | No | | | ALL |
| 93282 | Programming device evaluation with iterat | No | | | ALL |
| 93283 | Programming device evaluation with iterat | No | | | ALL |
| 93284 | Programming device evaluation with iterat | No | | | ALL |
| 93285 | Programming device evaluation with iterat | No | | | ALL |
| 93286 | Peri-procedural device evaluation and pro | No | | | ALL |
| 93287 | Peri-procedural device evaluation and pro | No | | | ALL |
| 93288 | Interrogation device evaluation (in person | No | | | ALL |
| 93289 | Interrogation device evaluation (in person | No | | | ALL |
| 93290 | Interrogation device evaluation (in person | No | | | ALL |
| 93291 | Interrogation device evaluation (in person | No | | | ALL |
| 93292 | Interrogation device evaluation (in person | No | | | ALL |
| 93293 | Transtelephonic rhythm strip pacemaker e | No | | | ALL |
| 93294 | Interrogation device evaluation(s) (remote | No | | | ALL |
| 93295 | Interrogation device evaluation(s) (remote | No | | | ALL |
| 93296 | Interrogation device evaluation(s) (remote | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93297 | Interrogation device evaluation(s), (remote | No | | | ALL |
| 93298 | Interrogation device evaluation(s), (remote | No | | | ALL |
| 93303 | Transthoracic echocardiography for conge | No | | | ALL |
| 93304 | Transthoracic echocardiography for conge | No | | | ALL |
| 93306 | Echocardiography, transthoracic, real-time | No | | | ALL |
| 93307 | Echocardiography, transthoracic, real-time | No | | | ALL |
| 93308 | Echocardiography, transthoracic, real-time | No | | | ALL |
| 93312 | Echocardiography, transesophageal, real | No | | | ALL |
| 93313 | Echocardiography, transesophageal, real | No | | | ALL |
| 93314 | Echocardiography, transesophageal, real | No | | | ALL |
| 93315 | Transesophageal echocardiography for co | No | | | ALL |
| 93316 | Transesophageal echocardiography for co | No | | | ALL |
| 93317 | Transesophageal echocardiography for co | No | | | ALL |
| 93318 | Echocardiography, transesophageal (TEE | No | | | ALL |
| 93319 | 3D echocardiographic imaging and postpr | No | | | ALL |
| 93320 | Doppler echocardiography, pulsed wave a | No | | | ALL |
| 93321 | Doppler echocardiography, pulsed wave a | No | | | ALL |
| 93325 | Doppler echocardiography color flow veloc | No | | | ALL |
| 93350 | Echocardiography, transthoracic, real-time | No | | | ALL |
| 93351 | Echocardiography, transthoracic, real-time | No | | | ALL |
| 93352 | Use of echocardiographic contrast agent d | No | | | ALL |
| 93355 | Echocardiography, transesophageal (TEE | No | | | ALL |
| 93356 | Myocardial strain imaging using speckle tr | No | | | ALL |
| 93451 | Right heart catheterization including meas | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93451 | Right heart catheterization including meas | No | | | MCWRAP |
| 93452 | Left heart catheterization including intrapr | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93452 | Left heart catheterization including intrapr | No | | | MCWRAP |
| 93453 | Combined right and left heart catheterizati | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93453 | Combined right and left heart catheterizati | No | | | MCWRAP |
| 93454 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93454 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| 93455 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93455 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| 93456 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93456 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| 93457 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93457 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| 93457 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93457 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| 93458 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93458 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| 93459 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93459 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| 93460 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93460 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| 93461 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93461 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| 93462 | Left heart catheterization by transseptal pu | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93462 | Left heart catheterization by transseptal pu | No | | | MCWRAP |
| 93463 | Pharmacologic agent administration (eg, i | No | | | ALL |
| 93464 | Physiologic exercise study (eg, bicycle or | No | | | ALL |
| 93503 | INSERTION AND PLACEMENT OF FLOW | No | | | ALL |
| 93505 | ENDOMYOCARDIAL BIOPSY | No | | | ALL |
| 93530 | RIGHT HEART CATHETERIZATION, FOR | No | | | ALL |
| 93531 | Combined right heart catheterization and | No | | | ALL |
| 93532 | COMBINED RIGHT HEART CATHETERIZ | No | | | ALL |
| 93533 | Combined right heart catheterization and f | No | | | ALL |
| 93563 | Injection procedure during cardiac cathete | No | | | ALL |
| 93564 | Injection procedure during cardiac cathete | No | | | ALL |
| 93565 | Injection procedure during cardiac cathete | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93565 | Injection procedure during cardiac cathete | No | | | MCWRAP |
| 93566 | Injection procedure during cardiac cathete | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93566 | Injection procedure during cardiac cathete | No | | | MCWRAP |
| 93567 | Injection procedure during cardiac cathete | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93567 | Injection procedure during cardiac cathete | No | | | MCWRAP |
| 93568 | Injection procedure during cardiac cathete | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93568 | Injection procedure during cardiac cathete | No | | | MCWRAP |
| 93569 | Injection procedure during cardiac cathete | No | | | ALL |
| 93571 | Intravascular Doppler velocity and/or pres | No | | | ALL |
| 93572 | Intravascular Doppler velocity and/or pres | No | | | ALL |
| 93573 | Injection procedure during cardiac cathete | No | | | ALL |
| 93574 | Injection procedure during cardiac cathete | No | | | ALL |
| 93575 | Injection procedure during cardiac cathete | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93580 | PERCUTANEOUS TRANSCATHETER CL | No | | | ALL |
| 93581 | PERCUTANEOUS TRANSCATHETER CL | No | | | ALL |
| 93582 | Percutaneous transcatheter closure of pat | No | | | ALL |
| 93583 | Percutaneous transcatheter septal reducti | No | | | ALL |
| 93584 | Venography for congenital heart defect(s), | No | | | ALL |
| 93585 | Venography for congenital heart defect(s), | No | | | ALL |
| 93586 | Venography for congenital heart defect(s), | No | | | ALL |
| 93587 | Venography for congenital heart defect(s), | No | | | ALL |
| 93588 | Venography for congenital heart defect(s), | No | | | ALL |
| 93590 | Percutaneous transcatheter closure of par | No | | | ALL |
| 93591 | Percutaneous transcatheter closure of par | No | | | ALL |
| 93592 | Percutaneous transcatheter closure of par | No | | | ALL |
| 93593 | Right heart catheterization for congenital h | No | | | ALL |
| 93594 | Right heart catheterization for congenital h | No | | | ALL |
| 93595 | Left heart catheterization for congenital he | No | | | ALL |
| 93596 | Right and left heart catheterization for con | No | | | ALL |
| 93597 | Right and left heart catheterization for con | No | | | ALL |
| 93598 | Cardiac output measurement(s), thermodi | No | | | ALL |
| 93600 | Bundle of His recording | No | | | ALL |
| 93602 | Intra-atrial recording | No | | | ALL |
| 93603 | Right ventricular recording | No | | | ALL |
| 93609 | Intraventricular and/or intra-atrial mapping | No | | | ALL |
| 93610 | Intra-atrial pacing | No | | | ALL |
| 93612 | Intraventricular pacing | No | | | ALL |
| 93613 | Intracardiac electrophysiologic 3-dimensio | No | | | ALL |
| 93615 | Esophageal recording of atrial electrogram | No | | | ALL |
| 93616 | Esophageal recording of atrial electrogram | No | | | ALL |
| 93618 | Induction of arrhythmia by electrical pacing | No | | | ALL |
| 93619 | Comprehensive electrophysiologic evalua | No | | | ALL |
| 93620 | Comprehensive electrophysiologic evalua | No | | | ALL |
| 93621 | Comprehensive electrophysiologic evalua | No | | | ALL |
| 93622 | Comprehensive electrophysiologic evalua | No | | | ALL |
| 93623 | Programmed stimulation and pacing after | No | | | ALL |
| 93624 | Electrophysiologic follow-up study with pa | No | | | ALL |
| 93631 | Intra-operative epicardial and endocardial | No | | | ALL |
| 93640 | Electrophysiologic evaluation of single or | No | | | ALL |
| 93641 | Electrophysiologic evaluation of single or | No | | | ALL |
| 93642 | Electrophysiologic evaluation of single or | No | | | ALL |
| 93644 | Electrophysiologic evaluation of subcutane | No | | | ALL |
| 93650 | Intracardiac catheter ablation of atrioventr | No | | | ALL |
| 93653 | Comprehensive electrophysiologic evalua | No | | | ALL |
| 93654 | Comprehensive electrophysiologic evalua | No | | | ALL |
| 93655 | Intracardiac catheter ablation of a discrete | No | | | ALL |
| 93656 | Comprehensive electrophysiologic evalua | No | | | ALL |
| 93657 | Additional linear or focal intracardiac cathe | No | | | ALL |
| 93660 | EVALUATION OF CARDIOVASCULAR FU | No | | | ALL |
| 93662 | Intracardiac echocardiography during ther | No | | | ALL |
| 93668 | Peripheral arterial disease (PAD) rehabilita | No | | | ALL |
| 93701 | Bioimpedance, thoracic, electrical | No | | | ALL |
| 93702 | Bioimpedance spectroscopy (BIS), extrace | No | | | ALL |
| 93724 | Electronic analysis of antitachycardia pace | No | | | ALL |
| 93740 | Temperature gradient studies | Not Covered | | | ALL |
| 93745 | INITIAL SET-UP/PROGRAMMING BY DR | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 93745 | INITIAL SET-UP/PROGRAMMING BY DR | No | | | MCWRAP |
| 93750 | INTERROGATION OF VENTRICULAR AS | No | | | ALL |
| 93770 | Determination of venous pressure | No | | | ALL |
| 93784 | AMBULATORY BLOOD PRESSURE MON | No | | | ALL |
| 93786 | AMBULATORY BLOOD PRESSURE MON | No | | | ALL |
| 93788 | AMBULATORY BLOOD PRESSURE MON | No | | | ALL |
| 93790 | AMBULATORY BLOOD PRESSURE MON | No | | | ALL |
| 93792 | Patient/caregiver training for initiation of h | No | | | ALL |
| 93793 | Anticoagulant management for a patient ta | No | | | ALL |
| 93797 | CARDIAC REHABILITATION | No | | | ALL |
| 93798 | PHYSICIAN SERVICES FOR OUTPATIEN | No | | | ALL |
| 93799 | UNLISTED CARDIOVASCULAR SERVICE | Yes | | | ALL (Except MCWRAP) |
| 93799 | UNLISTED CARDIOVASCULAR SERVICE | No | | | MCWRAP |
| 93880 | Duplex scan of extracranial arteries; comp | No | | | ALL |
| 93882 | Duplex scan of extracranial arteries; unilat | No | | | ALL |
| 93886 | Transcranial Doppler study of the intracran | No | | | ALL |
| 93888 | Transcranial Doppler study of the intracran | No | | | ALL |
| 93892 | Transcranial Doppler study of the intracran | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93893 | Transcranial Doppler study of the intracran | No | | | ALL |
| 93895 | Quantitative carotid intima media thicknes | Not Covered | | | ALL |
| 93896 | Vasoreactivity study performed with transc | No | | | ALL |
| 93897 | Emboli detection without intravenous micr | No | | | ALL |
| 93898 | Venous-arterial shunt detection with intrav | No | | | ALL |
| 93922 | Limited bilateral noninvasive physiologic s | No | | | ALL |
| 93923 | Complete bilateral noninvasive physiologi | No | | | ALL |
| 93924 | Noninvasive physiologic studies of lower e | No | | | ALL |
| 93925 | Duplex scan of lower extremity arteries or | No | | | ALL |
| 93926 | Duplex scan of lower extremity arteries or | No | | | ALL |
| 93930 | Duplex scan of upper extremity arteries or | No | | | ALL |
| 93931 | Duplex scan of upper extremity arteries or | No | | | ALL |
| 93970 | Duplex scan of extremity veins including r | No | | | ALL |
| 93971 | Duplex scan of extremity veins including r | No | | | ALL |
| 93975 | Duplex scan of arterial inflow and venous | No | | | ALL |
| 93976 | Duplex scan of arterial inflow and venous | No | | | ALL |
| 93978 | Duplex scan of aorta, inferior vena cava, i | No | | | ALL |
| 93979 | Duplex scan of aorta, inferior vena cava, i | No | | | ALL |
| 93980 | Duplex scan of arterial inflow and venous | No | | | ALL |
| 93981 | Duplex scan of arterial inflow and venous | No | | | ALL |
| 93985 | Duplex scan of arterial inflow and venous | No | | | ALL |
| 93986 | Duplex scan of arterial inflow and venous | No | | | ALL |
| 93990 | Duplex scan of hemodialysis access (inclu | No | | | ALL |
| 93998 | Unlisted noninvasive vascular diagnostic s | Yes | | | ALL (Except MCWRAP) |
| 93998 | Unlisted noninvasive vascular diagnostic s | No | | | MCWRAP |
| 94002 | VENTILATION ASSIST & MGMT, INITIAT | No | | | ALL |
| 94003 | VENTILATION ASSIST & MGMT, INITIAL | No | | | ALL |
| 94004 | VENTILATION ASSIST & MGMT, INITIAT | No | | | ALL |
| 94005 | HOME VENTILATOR MGMT CARE PLAN | No | | | ALL |
| 94010 | Spirometry, including graphic record, total | No | | | ALL |
| 94011 | MEASUREMENT OF SPIROMETRIC FOR | No | | | ALL |
| 94012 | MEASUREMENT OF SPIROMETRIC FOR | No | | | ALL |
| 94013 | MEASUREMENT OF LUNG VOLUMES (I | No | | | ALL |
| 94014 | Patient-initiated spirometric recording per 30-da | Not Covered | | | ALL |
| 94015 | Patient-initiated spirometric recording per 30-da | Not Covered | | | ALL |
| 94016 | Patient-initiated spirometric recording per 30-da | Not Covered | | | ALL |
| 94060 | Bronchodilation responsiveness, spiromet | No | | | ALL |
| 94070 | Bronchospasm provocation evaluation, m | No | | | ALL |
| 94150 | Vital capacity, total (separate procedure) | No | | | ALL |
| 94200 | Maximum breathing capacity, maximal vol | No | | | ALL |
| 94250 | Expired gas collection, quantitative, single | No | | | ALL |
| 94375 | Respiratory flow volume loop | No | | | ALL |
| 94400 | Breathing response to CO2 (CO2 respons | No | | | ALL |
| 94450 | Breathing response to hypoxia (hypoxia re | No | | | ALL |
| 94452 | HIGH ALTITUDE SIMULATION TEST (HA | No | | | ALL |
| 94453 | HIGH ALTITUDE SIMULATION TEST (HA | No | | | ALL |
| 94610 | INTRAPULMONARY SUFACTANT ADMIN | No | | | ALL |
| 94617 | Exercise test for bronchospasm, including | No | | | ALL |
| 94618 | Pulmonary stress testing (eg, 6-minute wa | No | | | ALL |
| 94619 | Exercise test for bronchospasm, including | No | | | ALL |
| 94621 | Pulmonary stress testing; complex (includ | No | | | ALL |
| 94625 | Physician or other qualified health care pr | No | | | ALL |
| 94626 | Physician or other qualified health care pr | No | | | ALL |
| 94640 | Pressurized or nonpressurized inhalation t | No | | | ALL |
| 94642 | Aerosol inhalation of pentamidine for pneu | No | | | ALL |
| 94644 | CONTINUOUS INHALATION TREATMEN | No | | | ALL |
| 94645 | CONTINUOUS INHALATION TREATMEN | No | | | ALL |
| 94660 | Continuous positive airway pressure venti | No | | | ALL |
| 94664 | DEMONSTRATION &/OR EVAL OF PATI | No | | | ALL |
| 94667 | MANIPULATION CHEST WALL, INITIAL D | No | | | ALL |
| 94668 | MANIPULATION CHEST WALL, SUBSEC | No | | | ALL |
| 94669 | Mechanical chest wall oscillation to facilita | No | | | ALL |
| 94680 | Oxygen uptake, expired gas analysis; rest | No | | | ALL |
| 94681 | Oxygen uptake, expired gas analysis; inclu | No | | | ALL |
| 94690 | Oxygen uptake, expired gas analysis; rest | No | | | ALL |
| 94726 | Plethysmography for determination of lung | No | | | ALL |
| 94727 | Gas dilution or washout for determination | No | | | ALL |
| 94728 | Airway resistance by impulse oscillometry | No | | | ALL |
| 94729 | Diffusing capacity (eg, carbon monoxide, r | No | | | ALL |
| 94750 | Pulmonary compliance study (eg, plethysr | No | | | ALL |
| 94760 | Noninvasive ear or pulse oximetry for oxyg | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 94761 | Noninvasive ear or pulse oximetry for oxyg | No | | | ALL |
| 94762 | Noninvasive ear or pulse oximetry for oxyg | No | | | ALL |
| 94770 | Carbon dioxide, expired gas determinatior | No | | | ALL |
| 94772 | Circadian respiratory pattern recording (pe | No | | | ALL |
| 94774 | PEDIATRIC HOME APNEA MONITORING | No | | | ALL |
| 94775 | PEDIATRIC HOME APNEA MONITORING | No | | | ALL |
| 94776 | PEDIATRIC HOME APNEA MONITORING | No | | | ALL |
| 94777 | PEDIATRIC HOME APNEA MONITORING | No | | | ALL |
| 94780 | Car seat/bed testing for airway integrity, n | No | | | ALL |
| 94781 | Car seat/bed testing for airway integrity, n | No | | | ALL |
| 94799 | UNLISTED PULMONARY SERVICE OR P | Yes | | | ALL |
| 94799 | UNLISTED PULMONARY SERVICE OR P | No | | | MEDICARE COMP/MCWRAP |
| 95004 | Percutaneous tests (scratch, puncture, pri | No | | | ALL |
| 95012 | NITRIC OXIDE EXPIRED GAS DETERMIN | No | | | ALL |
| 95017 | Allergy testing, any combination of percuta | No | | | ALL |
| 95018 | Allergy testing, any combination of percuta | No | | | ALL |
| 95024 | Intracutaneous (intradermal) tests with alle | No | | | ALL |
| 95027 | Intracutaneous (intradermal) tests, sequer | No | | | ALL |
| 95028 | INTRACUTANEOUS (INTRADERMAL) TE | No | | | ALL |
| 95044 | Patch or application test(s) (specify numbe | No | | | ALL |
| 95052 | Photo patch test(s) (specify number of tes | No | | | ALL |
| 95056 | Photo tests | No | | | ALL |
| 95060 | OPHTHALMIC MUCOUS MEMBRANE TE | Not Covered | | | ALL (Except Caid, MMP, MA, PRICHO) |
| 95060 | OPHTHALMIC MUCOUS MEMBRANE TE | No | | | Caid, MMP, MA, PRICHO |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE T | Not Covered | | | ALL (Except Caid, MMP, MA, PRICHO) |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE T | No | | | Caid, MMP, MA, PRICHO |
| 95070 | Inhalation bronchial challenge testing (not | No | | | ALL |
| 95071 | Inhalation bronchial challenge testing (not | No | | | ALL |
| 95076 | Ingestion challenge test (sequential and ir | No | | | ALL |
| 95079 | Ingestion challenge test (sequential and ir | No | | | ALL |
| 95115 | Professional services for allergen immunc | No | | | ALL |
| 95117 | Professional services for allergen immunc | No | | | ALL |
| 95120 | Professional services for allergen immunc | No | | | ALL |
| 95125 | Professional services for allergen immunc | No | | | ALL |
| 95130 | Professional services for allergen immunc | No | | | ALL |
| 95131 | Professional services for allergen immunc | No | | | ALL |
| 95132 | Professional services for allergen immunc | No | | | ALL |
| 95131 | Professional services for allergen immunc | No | | | ALL |
| 95132 | Professional services for allergen immunc | No | | | ALL |
| 95133 | Professional services for allergen immunc | No | | | ALL |
| 95134 | Professional services for allergen immunc | No | | | ALL |
| 95144 | Professional services for the supervision c | No | | | ALL |
| 95145 | Professional services for the supervision c | No | | | ALL |
| 95146 | Professional services for the supervision c | No | | | ALL |
| 95147 | Professional services for the supervision c | No | | | ALL |
| 95148 | Professional services for the supervision c | No | | | ALL |
| 95149 | Professional services for the supervision c | No | | | ALL |
| 95165 | Professional services for the supervision c | No | | | ALL |
| 95170 | Professional services for the supervision c | No | | | ALL |
| 95180 | RAPID DESENSITIZATION PROCEDURE | No | | | ALL |
| 95199 | UNLISTED ALLERGY/CLINICAL IMMUNC | Yes | | | ALL |
| 95199 | UNLISTED ALLERGY/CLINICAL IMMUNC | No | | | MEDICARE COMP/MCWRAP |
| 95249 | Ambulatory continuous glucose monitoring | No | | | ALL |
| 95250 | AMBULATORY CONTINUOUS GLUCOSE | No | | | ALL |
| 95251 | AMBULATORY CONTINUOUS GLUCOSE | No | | | ALL |
| 95700 | Electroencephalogram (EEG) continuous | No | | | ALL |
| 95705 | Electroencephalogram (EEG), without vide | No | | | ALL |
| 95706 | Electroencephalogram (EEG), without vide | No | | | ALL |
| 95707 | Electroencephalogram (EEG), without vide | No | | | ALL |
| 95708 | Electroencephalogram (EEG), without vide | No | | | ALL |
| 95709 | Electroencephalogram (EEG), without vide | No | | | ALL |
| 95710 | Electroencephalogram (EEG), without vide | No | | | ALL |
| 95711 | Electroencephalogram with video (VEEG) | No | | | ALL |
| 95712 | Electroencephalogram with video (VEEG) | No | | | ALL |
| 95713 | Electroencephalogram with video (VEEG) | No | | | ALL |
| 95714 | Electroencephalogram with video (VEEG) | No | | | ALL |
| 95715 | Electroencephalogram with video (VEEG) | No | | | ALL |
| 95716 | Electroencephalogram with video (VEEG) | No | | | ALL |
| 95717 | Electroencephalogram (EEG), continuous | No | | | ALL |
| 95718 | Electroencephalogram (EEG), continuous | No | | | ALL |
| 95719 | Electroencephalogram (EEG), continuous | No | | | ALL |
| 95720 | Electroencephalogram (EEG), continuous | No | | | ALL |
| 95721 | Electroencephalogram (EEG), continuous | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95722 | Electroencephalogram (EEG), continuous | No | | | ALL |
| 95723 | Electroencephalogram (EEG), continuous | No | | | ALL |
| 95724 | Electroencephalogram (EEG), continuous | No | | | ALL |
| 95725 | Electroencephalogram (EEG), continuous | No | | | ALL |
| 95726 | Electroencephalogram (EEG), continuous | No | | | ALL |
| 95782 | Polysomnography; younger than 6 years, | Yes | MSI | | ALL (Except MCWRAP) |
| 95782 | Polysomnography; younger than 6 years, | No | | | MCWRAP |
| 95783 | Polysomnography; younger than 6 years, | Yes | MSI | | ALL (Except MCWRAP) |
| 95783 | Polysomnography; younger than 6 years, | No | | | MCWRAP |
| 95800 | Sleep study, unattended, simultaneous re | Yes | MSI | | ALL (Except MCWRAP) |
| 95800 | Sleep study, unattended, simultaneous re | No | | | MCWRAP |
| 95801 | Sleep study, unattended, simultaneous re | Yes | MSI | | ALL (Except MCWRAP) |
| 95801 | Sleep study, unattended, simultaneous re | No | | | MCWRAP |
| 95803 | Actigraphy testing, recording, analysis, int | Not Covered | | | ALL |
| 95805 | MULTIPLE SLEEP LATENCY OR MAINTE | Yes | MSI | | ALL (Except MCWRAP) |
| 95805 | MULTIPLE SLEEP LATENCY OR MAINTE | No | | | MCWRAP |
| 95806 | SLEEP STUDY, SIMULTANEOUS RECOI | Yes | MSI | | ALL (Except MCWRAP) |
| 95806 | SLEEP STUDY, SIMULTANEOUS RECOI | No | | | MCWRAP |
| 95807 | SLEEP STUDY, SIMULTANEOUS RECOI | Yes | MSI | | ALL (Except MCWRAP) |
| 95807 | SLEEP STUDY, SIMULTANEOUS RECOI | No | | | MCWRAP |
| 95808 | POLYSOMNOGRAPHY; SLEEP STAGIN( | Yes | MSI | | ALL (Except MCWRAP) |
| 95808 | POLYSOMNOGRAPHY; SLEEP STAGIN( | No | | | MCWRAP |
| 95810 | POLYSOMNOGRAPHY; SLEEP STAGIN( | Yes | MSI | | ALL (Except MCWRAP) |
| 95810 | POLYSOMNOGRAPHY; SLEEP STAGIN( | No | | | MCWRAP |
| 95811 | POLYSOMNOGRAPHY; SLEEP STAGIN( | Yes | MSI | | ALL (Except MCWRAP) |
| 95811 | POLYSOMNOGRAPHY; SLEEP STAGIN( | No | | | MCWRAP |
| 95812 | Electroencephalogram (EEG) extended m | No | | | ALL |
| 95813 | Electroencephalogram (EEG) extended m | No | | | ALL |
| 95816 | Electroencephalogram (EEG); including re | No | | | ALL |
| 95819 | Electroencephalogram (EEG); including re | No | | | ALL |
| 95822 | Electroencephalogram (EEG); recording i | No | | | ALL |
| 95824 | Electroencephalogram (EEG); cerebral de | No | | | ALL |
| 95829 | Electrocorticogram at surgery (separate p | No | | | ALL |
| 95830 | INSERTION BY PHYSICIAN OF SPHENO | No | | | ALL |
| 95836 | Electrocorticogram from an implanted bra | No | | | ALL |
| 95851 | Range of motion measurements and repo | No | | | ALL |
| 95852 | Range of motion measurements and repo | No | | | ALL |
| 95857 | Cholinesterase inhibitor challenge test for | No | | | ALL |
| 95860 | Needle electromyography; one extremity v | No | | | ALL |
| 95861 | Needle electromyography; two extremities | No | | | ALL |
| 95863 | Needle electromyography; three extremitie | No | | | ALL |
| 95864 | Needle electromyography; four extremities | No | | | ALL |
| 95865 | Muscle test, larynx | No | | | ALL |
| 95866 | Muscle test, hemidiaphragm | No | | | ALL |
| 95867 | Needle electromyography; cranial nerve s | No | | | ALL |
| 95868 | NEEDLE ELECTROMYOGRAPHY, CRAN | No | * | | ALL |
| 95869 | Needle electromyography; thoracic parasp | No | | | ALL |
| 95870 | Needle electromyography; limited study of | No | | | ALL |
| 95872 | Needle electromyography using single fibe | No | | | ALL |
| 95873 | ELECTRICAL STIMULATION FOR GUIDA | No | | | ALL |
| 95874 | NEEDLE ELECTROMYOGRAPHY FOR G | No | | | ALL |
| 95875 | Ischemic limb exercise test with serial spe | No | | | ALL |
| 95885 | Needle electromyography, each extremity | No | | | ALL |
| 95886 | Needle electromyography, each extremity | No | | | ALL |
| 95887 | Needle electromyography, non-extremity ( | No | | | ALL |
| 95905 | MOTOR &/OR SENSORY NERVE CONDU | No | | | ALL |
| 95907 | Nerve conduction studies; 1-2 studies | No | | | ALL |
| 95908 | Nerve conduction studies; 3-4 studies | No | | | ALL |
| 95909 | Nerve conduction studies; 5-6 studies | No | | | ALL |
| 95910 | Nerve conduction studies; 7-8 studies | No | | | ALL |
| 95911 | Nerve conduction studies; 9-10 studies | No | | | ALL |
| 95912 | Nerve conduction studies; 11-12 studies | No | | | ALL |
| 95913 | Nerve conduction studies; 13 or more stud | No | | | ALL |
| 95919 | Quantitative pupillometry with physician or | Not Covered | | | ALL |
| 95921 | Testing of autonomic nervous system func | No | | | ALL |
| 95922 | Testing of autonomic nervous system func | No | | | ALL |
| 95923 | Testing of autonomic nervous system func | No | | | ALL |
| 95924 | Testing of autonomic nervous system func | No | | | ALL |
| 95925 | Short-latency somatosensory evoked pote | No | | | ALL |
| 95926 | Short-latency somatosensory evoked pote | No | | | ALL |
| 95927 | SHORT-LATENCY SOMATOSENSORY E | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95928 | Central motor evoked potential study (tran | No | | | ALL |
| 95929 | Central motor evoked potential study (tran | No | | | ALL |
| 95930 | VISUAL EVOKED POTENTIAL (VEP) TES | No | | | ALL |
| 95933 | Orbicularis oculi (blink) reflex, by electrodi | No | | | ALL |
| 95936 | H-reflex, amplitude and latency study; rec | No | | | ALL |
| 95937 | Neuromuscular junction testing (repetitive | No | | | ALL |
| 95938 | Short-latency somatosensory evoked pote | No | | | ALL |
| 95939 | Central motor evoked potential study (tran | No | | | ALL |
| 95940 | Continuous intraoperative neurophysiolog | No | | | ALL |
| 95941 | Continuous intraoperative neurophysiolog | No | | | ALL |
| 95954 | Pharmacological or physical activation rec | No | | | ALL |
| 95955 | Electroencephalogram (EEG) during nonir | No | | | ALL |
| 95957 | Digital analysis of electroencephalogram ( | No | | | ALL |
| 95958 | WADA ACTIVATION TEST FOR HEMISP | No | | | ALL |
| 95961 | FUNCTIONAL CORTICAL OR SUBCORT | No | | | ALL |
| 95962 | FUNCTIONAL CORTICAL MAPPING BY S | No | | | ALL |
| 95965 | MAGNETOENCEPHALOGRAPHY | No | | | ALL |
| 95966 | MAGNETOENCEPHALOGRAPHY | No | | | ALL |
| 95967 | MAGNETOENCEPHALOGRAPHY | No | * | | ALL |
| 95970 | ELECTRONIC ANALYSIS OF IMPLANTEI | No | | | ALL |
| 95971 | SIMPLE BRIAN, SPINAL CORD, OR PER | No | | | ALL |
| 95972 | COMPLEX SPINAL CORD, OR PERPHEF | No | | | ALL |
| 95976 | Electronic analysis of implanted neurostim | No | | | ALL |
| 95977 | Electronic analysis of implanted neurostim | No | | | ALL |
| 95980 | ELECTRONIC ANALYSIS OF IMPLANTEI | No | | | ALL |
| 95981 | ELECTRONIC ANALYSIS OF IMPLANTEI | No | | | ALL |
| 95982 | ELECTRONIC ANALYSIS OF IMPLANTEI | No | | | ALL |
| 95983 | Electronic analysis of implanted neurostim | No | | | ALL |
| 95984 | Electronic analysis of implanted neurostim | No | | | ALL |
| 95990 | REFILLING AND MAINTENANCE OF IMP | No | | | ALL |
| 95991 | REFILLING & MAINTANCE OF IMPLANTA | No | | | ALL |
| 95992 | Canalith repositioning procedure(s) (eg, E | No | | | ALL |
| 95999 | UNLISTED NEUROLOGICAL OR NEURO | Yes | * | | ALL |
| 95999 | UNLISTED NEUROLOGICAL OR NEURO | No | * | | MEDICARE COMP/MCWRAP |
| 96000 | MOTION ANALYSIS | No | | | ALL |
| 96001 | MOTION ANALYSIS | No | | | ALL |
| 96002 | MOTION ANALYSIS | No | | | ALL |
| 96001 | MOTION ANALYSIS | No | | | ALL |
| 96002 | MOTION ANALYSIS | No | | | ALL |
| 96004 | MOTION ANALYSIS | No | | | ALL |
| 96020 | NEUROFUNCTIONAL TESTING SELECT | No | | | ALL |
| 96041 | Medical genetics and genetic counseling s | No | | | ALL |
| 96105 | ASSESSMENT OF APHASIA (INCLUDES | No | | | ALL |
| 96110 | DEVELOPMENTAL TESTING; LIMITED (I | No | | | ALL |
| 96112 | Developmental test administration (includi | No | | | ALL |
| 96113 | Developmental test administration (includi | No | | | ALL |
| 96116 | NEUROBEHAVIORAL STATUS EXAM (C | No | CBHM | | ALL |
| 96125 | STANDARDIZED COGNITIVE PERFORM | No | | | ALL |
| 96127 | Brief emotional/behavioral assessment (e | No | | | ALL |
| 96156 | Health behavior assessment, or re-assess | No | | | ALL |
| 96158 | Health behavior intervention, individual, fa | No | | | ALL |
| 96159 | Health behavior intervention, individual, fa | No | | | ALL |
| 96160 | Administration of patient-focused health ri | No | | | ALL |
| 96161 | Administration of caregiver-focused health | No | | | ALL |
| 96164 | Health behavior intervention, group (2 or r | No | | | ALL |
| 96165 | Health behavior intervention, group (2 or r | No | | | ALL |
| 96167 | Health behavior intervention, family (with t | No | | | ALL |
| 96168 | Health behavior intervention, family (with t | No | | | ALL |
| 96170 | Health behavior intervention, family (witho | No | | | ALL |
| 96171 | Health behavior intervention, family (witho | No | | | ALL |
| 96202 | Multiple-family group behavior manageme | No | | | ALL |
| 96203 | Multiple-family group behavior manageme | No | | | ALL |
| 96360 | Intravenous infusion, hydration; initial, 31 | No | | | ALL |
| 96361 | Intravenous infusion, hydration; each addi | No | | | ALL |
| 96365 | Intravenous infusion, for therapy, prophyla | No | | | ALL |
| 96366 | Intravenous infusion, for therapy, prophyla | No | | | ALL |
| 96367 | Intravenous infusion, for therapy, prophyla | No | | | ALL |
| 96368 | Intravenous infusion, hydration; concurren | No | | | ALL |
| 96369 | Subcutaneous infusion for therapy or prop | No | | | ALL |
| 96370 | Subcutaneous infusion for therapy or prop | No | | | ALL |
| 96371 | Subcutaneous infusion for therapy or prop | No | | | ALL |
| 96372 | Therapeutic, prophylactic, or diagnostic in | No | | | ALL |
| 96373 | Therapeutic, prophylactic, or diagnostic in | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 96374 | Therapeutic, prophylactic, or diagnostic in | No | | | ALL |
| 96375 | Therapeutic, prophylactic, or diagnostic in | No | | | ALL |
| 96376 | Therapeutic, prophylactic, or diagnostic in | No | | | ALL |
| 96377 | Application of on-body injector (includes c | No | | | ALL |
| 96379 | Unlisted therapeutic, prophylactic, or diagr | Yes | | | ALL |
| 96379 | Unlisted therapeutic, prophylactic, or diagr | No | | | MEDICARE COMP/MCWRAP |
| 96380 | Administration of respiratory syncytial virus | No | | | ALL |
| 96381 | Administration of respiratory syncytial virus | No | | | ALL |
| 96401 | Chemo, anti-neopl, sq/im | No | | | ALL |
| 96402 | Chemo hormon antineopl sq/im | No | | | ALL |
| 96405 | Chemotherapy administration, intralesiona | No | | | ALL |
| 96406 | Chemotherapy administration, intralesiona | No | | | ALL |
| 96409 | Chemo, iv push, sngl drug | No | NTM POLICY | | ALL |
| 96411 | Chemo, iv push, addl drug | No | NTM POLICY | | ALL |
| 96413 | Chemo, iv infusion, 1 hr | No | | | ALL |
| 96415 | Chemo, iv infusion, addl hr | No | | | ALL |
| 96416 | Chemo prolong infuse w/pump | No | | | ALL |
| 96417 | Chemo iv infus each addl seq | No | | | ALL |
| 96420 | Chemotherapy administration, intra-arteria | No | | | ALL |
| 96422 | Chemotherapy administration, intra-arteria | No | | | ALL |
| 96423 | Chemotherapy administration, intra-arteria | No | | | ALL |
| 96425 | Chemotherapy administration, intra-arteria | No | | | ALL |
| 96440 | Chemotherapy administration into pleural | No | | | ALL |
| 96446 | Chemotherapy administration into the peri | No | | | ALL |
| 96450 | Chemotherapy administration, into CNS (e | No | | | ALL |
| 96521 | Refill/maint, portable pump | No | | | ALL |
| 96522 | Refill/maint pump/resvr syst | No | | | ALL |
| 96523 | Irrig drug delivery device | No | | | ALL |
| 96542 | Chemotherapy injection, subarachnoid or | No | | | ALL |
| 96547 | Intraoperative hyperthermic intraperitonea | No | | | ALL |
| 96548 | Intraoperative hyperthermic intraperitonea | No | | | ALL |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDU | Yes | | | ALL |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDU | No | | | MEDICARE COMP/MCWRAP |
| 96567 | PHOTODYNAMIC THERAPY OF SKIN | No | | | ALL (Except MMP) |
| 96570 | Photodynamic therapy by endoscopic app | No | | | ALL |
| 96571 | Photodynamic therapy by endoscopic app | No | | | ALL |
| 96573 | Photodynamic therapy by external applica | No | | | ALL |
| 96571 | Photodynamic therapy by endoscopic app | No | | | ALL |
| 96573 | Photodynamic therapy by external applica | No | | | ALL |
| 96574 | Debridement of premalignant hyperkerato | No | | | ALL |
| 96900 | ACTINOTHERAPY (ULTRAVIOLET LIGHT | No | | | ALL |
| 96902 | Microscopic examination of hairs plucked | No | | | ALL |
| 96904 | WHOLE BODY INTEGUMENTARY PHOT | No | | | ALL |
| 96910 | PHOTOCHEMOTHERAPY; TAR AND ULT | No | | | ALL |
| 96912 | PHOTOCHEMOTHERAPY; PSORALENS | No | | | ALL |
| 96913 | PHOTOCHEMOTHERAPY (GOECKERMA | No | | | ALL |
| 96920 | LASER TREATMENT FOR INFLAMMATO | No | | | ALL |
| 96921 | LASER TREATMENT FOR INFLAMMATO | No | | | ALL |
| 96922 | LASER TREATMENT FOR INFLAMMATO | No | | | ALL |
| 96931 | Reflectance confocal microscopy (RCM) fo | Not Covered | | | ALL |
| 96932 | Reflectance confocal microscopy (RCM) fo | Not Covered | | | ALL |
| 96933 | Reflectance confocal microscopy (RCM) fo | Not Covered | | | ALL |
| 96934 | Reflectance confocal microscopy (RCM) fo | Not Covered | | | ALL |
| 96935 | Reflectance confocal microscopy (RCM) fo | Not Covered | | | ALL |
| 96936 | Reflectance confocal microscopy (RCM) fo | Not Covered | | | ALL |
| 96999 | UNLISTED SPECIAL DERMATOLOGICAL | Yes | | | ALL (Except MCWRAP) |
| 96999 | UNLISTED SPECIAL DERMATOLOGICAL | No | | | McWRAP |
| 97007 | Mechanical scalp cooling, including indivic | No | | | ALL |
| 97008 | Mechanical scalp cooling; including hair p | No | | | ALL |
| 97009 | Mechanical scalp cooling; provided after c | No | | | ALL |
| 97010 | APPLICATION OF A MODALITY TO ONE | Not Covered | | | ALL |
| 97012 | APPLICATION OF A MODALITY TO ONE | No | * | | ALL |
| 97014 | APPLICATION OF A MODALITY TO ONE | No | * | | ALL |
| 97016 | APPLICATION OF A MODALITY TO ONE | No | | | ALL |
| 97018 | APPLICATION OF A MODALITY TO ONE | No | | | ALL |
| 97022 | APPLICATION OF A MODALITY TO ONE | No | | | ALL |
| 97024 | APPLICATION OF A MODALITY TO ONE | No | | | ALL |
| 97026 | APPLICATION OF A MODALITY TO ONE | No | * | | ALL |
| 97028 | APPLICATION OF A MODALITY TO ONE | No | * | | ALL |
| 97032 | APPLICATION OF A MODALITY TO ONE | No | * | | ALL |
| 97033 | APPLICATION OF A MODALITY TO ONE | No | | | ALL |
| 97034 | APPLICATION OF A MODALITY TO ONE | No | | | ALL |
| 97035 | APPLICATION OF A MODALITY TO ONE | No | * | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 97036 | APPLICATION OF A MODALITY TO ONE | No | | | ALL |
| 97037 | Application of a modality to 1 or more area | Not Covered | | | ALL |
| 97039 | UNLISTED MODALITY (SPECIFY TYPE A | Yes | | | ALL (Except MCWRAP) |
| 97039 | UNLISTED MODALITY (SPECIFY TYPE A | No | | | McWRAP |
| 97110 | THERAPEUTIC PROCEDURE, ONE OR M | No | * | | ALL |
| 97112 | THERAPEUTIC PROCEDURE, ONE OR M | No | | | ALL |
| 97113 | THERAPEUTIC PROCEDURE, ONE OR M | No | | | ALL |
| 97116 | THERAPEUTIC PROCEDURE, ONE OR M | No | | | ALL |
| 97124 | THERAPEUTIC PROCEDURE, ONE OR M | No | | | ALL |
| 97129 | Therapeutic interventions that focus on co | Yes | * | | ALL (Except MA) |
| 97129 | Therapeutic interventions that focus on co | No | | | MA |
| 97130 | Therapeutic interventions that focus on co | Yes | * | | ALL (Except MA) |
| 97130 | Therapeutic interventions that focus on co | No | | | MA |
| 97139 | THERAPEUTIC PROCEDURE, ONE OR M | Yes | | | ALL (Except MCWRAP) |
| 97139 | THERAPEUTIC PROCEDURE, ONE OR M | No | | | McWRAP |
| 97140 | MANUAL THERAPY TECHNIQUES (EG, | No | * | | ALL |
| 97150 | THERAPEUTIC PROCEDURE(S), GROU | No | | | ALL |
| 97161 | Physical therapy evaluation: low complexi | No | | | ALL |
| 97162 | Physical therapy evaluation: moderate cor | No | | | ALL |
| 97163 | Physical therapy evaluation: high complex | No | | | ALL |
| 97164 | Re-evaluation of physical therapy establis | No | | | ALL |
| 97165 | Occupational therapy evaluation, low com | No | | | ALL |
| 97166 | Occupational therapy evaluation, moderat | No | | | ALL |
| 97167 | Occupational therapy evaluation, high con | No | | | ALL |
| 97168 | Re-evaluation of occupational therapy est | No | | | ALL |
| 97169 | Athletic training evaluation, low complexity | Not Covered | | | ALL |
| 97170 | Athletic training evaluation, moderate com | Not Covered | | | ALL |
| 97171 | Athletic training evaluation, high complexi | Not Covered | | | ALL |
| 97172 | Re-evaluation of athletic training establish | Not Covered | | | ALL |
| 97530 | THERAPEUTIC ACTIVITIES, DIRECT (ON | No | * | | ALL |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES | Not Covered | | | ALL (Except MA) |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES | No | | | MA |
| 97535 | SELF CARE/HOME MANAGEMENT TRA | No | | | ALL |
| 97537 | COMMUNITY/WORK REINTEGRATION T | Not Covered | | | ALL (Except MA) |
| 97537 | COMMUNITY/WORK REINTEGRATION T | No | | | MA |
| 97542 | WHEELCHAIR MANAGEMENT (EG. ASS | No | | | ALL |
| 97545 | WORK HARDENING/CONDITIONING; INI | Not Covered | | | ALL |
| 97546 | WORK HARDENING/CONDITIONING; EA | Not Covered | | | ALL |
| 97550 | Caregiver training in strategies and techni | Not Covered | | | ALL (Except MA) |
| 97550 | Caregiver training in strategies and techni | No | | | MA |
| 97551 | Caregiver training in strategies and techni | Not Covered | | | ALL (Except MA) |
| 97551 | Caregiver training in strategies and techni | No | | | MA |
| 97552 | Group caregiver training in strategies and | Not Covered | | | ALL (Except MA) |
| 97552 | Group caregiver training in strategies and | No | | | MA |
| 97597 | Debridement (eg, high pressure waterjet w | No | | | ALL |
| 97598 | Debridement (eg, high pressure waterjet w | No | | | ALL |
| 97602 | Removal of devitalized tissue from wound | No | | | ALL |
| 97605 | NEGATIVE PRESSURE WOUND THERA | No | | | ALL |
| 97606 | NEGATIVE PRESSURE WOUND THERA | No | | | ALL |
| 97607 | Negative pressure wound therapy, (eg, va | No | | | ALL |
| 97608 | Negative pressure wound therapy, (eg, va | No | | | ALL |
| 97610 | Low frequency, non-contact, non-thermal | No | | | ALL |
| 97750 | PHYSICAL PERFORMANCE TEST OR M | No | | | ALL |
| 97755 | ASSISTIVE TECHNOLOGY ASSESSMEN | No | | | ALL |
| 97760 | ORTHOTIC(S) MGMT & TRAINING (INCL | No | | | ALL |
| 97761 | PROSTHETIC TRAINING, UPPER AND/O | No | | | ALL |
| 97763 | Orthotic(s)/prosthetic(s) management and | No | | | ALL |
| 97799 | UNLISTED PHYSICAL MEDICINE/REHAB | Yes | | | ALL (Except McWRAP) |
| 97799 | UNLISTED PHYSICAL MEDICINE/REHAB | No | | | McWRAP |
| 97802 | Medical nutrition therapy; initial assessme | No | | | ALL |
| 97803 | MEDICAL NUTRITION THERAPY, RE-AS | No | | | ALL |
| 97804 | MEDICAL NUTRITION THERAPY, GROU | No | | | ALL |
| 97810 | ACUPUNCTURE, ONE OR MORE NEEDL | Yes | * | ACU | ALL (Except MA, PRICHO, MMP, CAID) |
| 97810 | ACUPUNCTURE, ONE OR MORE NEEDL | No | * | | MA, PRICHO, MMP, CAID |
| 97811 | ACUPUNCTURE, 1OR MORE NEEDLES, | Yes | * | ACU | ALL (Except MA, PRICHO, MMP, CAID) |
| 97811 | ACUPUNCTURE, 1OR MORE NEEDLES, | No | * | | MA, PRICHO, MMP, CAID |
| 97813 | ACUPUNCTURE, ONE OR MORE NEEDL | Yes | * | ACU | ALL (Except MA, PRICHO, MMP, CAID) |
| 97813 | ACUPUNCTURE, ONE OR MORE NEEDL | No | * | | MA, PRICHO, MMP, CAID |
| 97814 | ACUPUNCTURE, 1OR MORE NEEDLES, | Yes | * | ACU | ALL (Except MA, PRICHO, MMP, CAID) |
| 97814 | ACUPUNCTURE, 1OR MORE NEEDLES, | No | * | | MA, PRICHO, MMP, CAID |
| 98000 | Synchronous audio-video visit for the eval | Not covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 98001 | Synchronous audio-video visit for the eval | Not covered | | | ALL |
| 98002 | Synchronous audio-video visit for the eval | Not covered | | | ALL |
| 98003 | Synchronous audio-video visit for the eval | Not covered | | | ALL |
| 98004 | Synchronous audio-video visit for the eval | Not covered | | | ALL |
| 98005 | Synchronous audio-video visit for the eval | Not covered | | | ALL |
| 98006 | Synchronous audio-video visit for the eval | Not covered | | | ALL |
| 98007 | Synchronous audio-video visit for the eval | Not covered | | | ALL |
| 98008 | Synchronous audio-only visit for the evalu | Not covered | | | ALL |
| 98009 | Synchronous audio-only visit for the evalu | Not covered | | | ALL |
| 98010 | Synchronous audio-only visit for the evalu | Not covered | | | ALL |
| 98011 | Synchronous audio-only visit for the evalu | Not covered | | | ALL |
| 98012 | Synchronous audio-only visit for the evalu | Not covered | | | ALL |
| 98013 | Synchronous audio-only visit for the evalu | Not covered | | | ALL |
| 98014 | Synchronous audio-only visit for the evalu | Not covered | | | ALL |
| 98015 | Synchronous audio-only visit for the evalu | Not covered | | | ALL |
| 98016 | Brief communication technology-based se | No | | | ALL |
| 98978 | Remote therapeutic monitoring (eg, therap | No | | | ALL |
| 98925 | Osteopathic manipulative treatment (OMT | No | | | ALL |
| 98926 | Osteopathic manipulative treatment (OMT | No | | | ALL |
| 98927 | Osteopathic manipulative treatment (OMT | No | | | ALL |
| 98928 | Osteopathic manipulative treatment (OMT | No | | | ALL |
| 98929 | Osteopathic manipulative treatment (OMT | No | | | ALL |
| 98940 | CHIROPRACTIC MANIPULATIVE TREAT | No | * | C | ALL (Except FED) |
| 98940 | CHIROPRACTIC MANIPULATIVE TREAT | Not Covered | | | FED |
| 98941 | CHIROPRACTIC MANIPULATIVE TREAT | No | * | C | ALL (Except FED) |
| 98941 | CHIROPRACTIC MANIPULATIVE TREAT | Not Covered | | | FED |
| 98942 | CHIROPRACTIC MANIPULATIVE TREAT | No | * | C | ALL (Except FED) |
| 98942 | CHIROPRACTIC MANIPULATIVE TREAT | Not Covered | | | FED |
| 98943 | CHIROPRACTIC MANIPULATIVE TREAT | No | * | | ALL (except MA) |
| 98943 | CHIROPRACTIC MANIPULATIVE TREAT | No | | Expand Chiro | MA (covered only with Rider) |
| 98960 | EDUCATION AND TRAINING FOR PATIE | No | | | ALL |
| 98961 | EDUCATION AND TRAINING FOR PATIE | No | | | ALL |
| 98962 | EDUCATION AND TRAINING FOR PATIE | No | | | ALL |
| 98966 | TELEPHONE ASSESSMENT AND MANA | No | | | ALL |
| 98967 | TELEPHONE ASSESSMENT AND MANA | No | | | ALL |
| 98968 | TELEPHONE ASSESSMENT AND MANA | No | | | ALL |
| 98970 | Qualified nonphysician health care profess | No | | | ALL |
| 98971 | Qualified nonphysician health care profess | No | | | ALL |
| 98972 | Qualified nonphysician health care profess | No | | | ALL |
| 98975 | Remote therapeutic monitoring (eg, respir | Not Covered | | | ALL (Except MA) |
| 98975 | Remote therapeutic monitoring (eg, respir | No | | | MA |
| 98976 | Remote therapeutic monitoring (eg, respir | Not Covered | | | ALL (Except MA) |
| 98976 | Remote therapeutic monitoring (eg, respir | No | | | MA |
| 98977 | Remote therapeutic monitoring (eg, respir | Not Covered | | | ALL (Except MA) |
| 98977 | Remote therapeutic monitoring (eg, respir | No | | | MA |
| 98979 | Remote therapeutic monitoring treatment | Not Covered | | | ALL (Except MA) |
| 98979 | Remote therapeutic monitoring treatment | No | | | MA |
| 98980 | Remote therapeutic monitoring treatment | Not Covered | | | ALL (Except MA) |
| 98980 | Remote therapeutic monitoring treatment | No | | | MA |
| 98981 | Remote therapeutic monitoring treatment | Not Covered | | | ALL (Except MA) |
| 98981 | Remote therapeutic monitoring treatment | No | | | MA |
| 98984 | Remote therapeutic monitoring (eg, therap | Not Covered | | | ALL (Except MA) |
| 98984 | Remote therapeutic monitoring (eg, therap | No | | | MA |
| 98985 | Remote therapeutic monitoring (eg, therap | Not Covered | | | ALL (Except MA) |
| 98985 | Remote therapeutic monitoring (eg, therap | No | | | MA |
| 98986 | Remote therapeutic monitoring (eg, therap | Not Covered | | | ALL (Except MA) |
| 98986 | Remote therapeutic monitoring (eg, therap | No | | | MA |
| 99000 | HANDLING AND/OR CONVEYANCE OF S | Not Covered | | | ALL |
| 99001 | HANDLING AND/OR CONVEYANCE OF S | Not Covered | | | ALL |
| 99002 | HANDLING, CONVEYANCE, AND/OR AN | Not Covered | | | ALL |
| 99024 | Postoperative follow-up visit, normally incl | No | | | ALL |
| 99026 | HOSPITAL MANDATED ON CALL SERVI | Not Covered | | | ALL |
| 99027 | OUT-OF-HOSPITAL, EACH HOUR | Not Covered | | | ALL |
| 99050 | Services requested after posted office hou | Not Covered | | | ALL |
| 99051 | Med serv, eve/wkend/holiday | No | | | ALL |
| 99053 | SERVICES(S) PROVIDED BETWEEN 10: | Not Covered | | | ALL |
| 99056 | SERVICES PROVIDED AT REQUEST OF | Not Covered | | | ALL |
| 99058 | Office services provided on an emergency | No | | | ALL |
| 99060 | Out of office emerg med serv | No | | | ALL |
| 99070 | SUPPLIES AND MATERIALS (EXCEPT S | Not Covered | | | ALL |
| 99071 | EDUCATIONAL SUPPLIES, SUCH AS BO | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99072 | Additional supplies, materials, and clinical | Not Covered | INFO | | ALL |
| 99075 | MEDICAL TESTIMONY | Not Covered | | | ALL |
| 99078 | Physician educational services rendered t | No | | | ALL |
| 99080 | Special reports such as insurance forms, | Not Covered | | | ALL (Except MA, PRICHO) |
| 99080 | Special reports such as insurance forms, | No | | | MA. PRICHO |
| 99082 | UNUSUAL TRAVEL (EG, TRANSPORTA | Not Covered | | | ALL |
| 99091 | Collection and interpretation of physiologic | No | | | ALL |
| 99100 | Anesthesia for patient of extreme age, und | No | | | ALL |
| 99116 | Anesthesia complicated by utilization of to | No | | | ALL |
| 99135 | Anesthesia complicated by utilization of co | No | | | ALL |
| 99140 | Anesthesia complicated by emergency co | No | | | ALL |
| 99151 | Moderate sedation services provided by th | No | | | ALL |
| 99152 | Moderate sedation services provided by th | No | | | ALL |
| 99153 | Moderate sedation services provided by th | No | | | ALL |
| 99155 | Moderate sedation services provided by a | No | | | ALL |
| 99156 | Moderate sedation services provided by a | No | | | ALL |
| 99157 | Moderate sedation services provided by a | No | | | ALL |
| 99170 | Anogenital examination with colposcopic r | No | | | ALL |
| 99172 | Visual function screening, automated or s | No | | | ALL |
| 99173 | Screening test of visual acuity, quantitative | No | | | ALL |
| 99174 | OCULAR PHOTSCREENING WITH INTE | No | | | ALL |
| 99175 | Ipecac or similar administration for individ | No | | | ALL |
| 99177 | Instrument-based ocular screening (e.g., p | Not Covered | | | ALL |
| 99183 | PHYSICIAN ATTENDANCE AND SUPER | No | * | | ALL |
| 99184 | Initiation of selective head or total body hy | No | | | ALL |
| 99188 | Application of topical fluoride varnish by a | No | | | ALL |
| 99190 | Assembly and operation of pump with oxy | No | | | ALL |
| 99191 | Assembly and operation of pump with oxy | No | | | ALL |
| 99192 | Assembly and operation of pump with oxy | No | | | ALL |
| 99195 | Phlebotomy, therapeutic (separate proced | No | | | ALL |
| 99199 | UNLISTED SPECIAL SERVICE OR REPO | Yes | | | ALL (Except Reward your Health) |
| 99199 | UNLISTED SPECIAL SERVICE OR REPO | No | | | MEDICARE COMP/MCWRAP |
| 99199 | UNLISTED SPECIAL SERVICE OR REPO | No | | | Reward your Health |
| 99201 | Office or other outpatient visit for the evalu | No | | | ALL |
| 99202 | Office or other outpatient visit for the evalu | No | * | | ALL |
| 99203 | Office or other outpatient visit for the evalu | No | * | | ALL |
| 99204 | Office or other outpatient visit for the evalu | No | | | ALL |
| 99205 | Office or other outpatient visit for the evalu | No | | | ALL |
| 99211 | Office or other outpatient visit for the evalu | No | | | ALL |
| 99212 | Office or other outpatient visit for the evalu | No | * | | ALL |
| 99213 | Office or other outpatient visit for the evalu | No | * | | ALL |
| 99214 | Office or other outpatient visit for the evalu | No | * | | ALL |
| 99215 | Office or other outpatient visit for the evalu | No | | | ALL |
| 99221 | Initial hospital care, per day, for the evalua | No | | | ALL |
| 99222 | Initial hospital care, per day, for the evalua | No | | | ALL |
| 99223 | Initial hospital care, per day, for the evalua | No | | | ALL |
| 99231 | Subsequent hospital care, per day, for the | No | | | ALL |
| 99232 | Subsequent hospital care, per day, for the | No | | | ALL |
| 99233 | Subsequent hospital care, per day, for the | No | | | ALL |
| 99234 | Observation or inpatient hospital care, for | No | | | ALL |
| 99235 | Observation or inpatient hospital care, for | No | | | ALL |
| 99236 | Observation or inpatient hospital care, for | No | | | ALL |
| 99238 | Hospital discharge day management; 30 r | No | | | ALL |
| 99239 | Hospital discharge day management; mor | No | | | ALL |
| 99242 | Office consultation for a new or establishe | Not Covered | | | ALL |
| 99243 | Office consultation for a new or establishe | Not Covered | | | ALL |
| 99244 | Office consultation for a new or establishe | Not Covered | | | ALL |
| 99245 | Office consultation for a new or establishe | Not Covered | | | ALL |
| 99252 | Initial inpatient consultation for a new or e | Not Covered | | | ALL |
| 99253 | Initial inpatient consultation for a new or e | Not Covered | | | ALL |
| 99254 | Initial inpatient consultation for a new or e | Not Covered | | | ALL |
| 99255 | Initial inpatient consultation for a new or e | Not Covered | | | ALL |
| 99281 | Emergency department visit for the evalua | No | | | ALL |
| 99282 | Emergency department visit for the evalua | No | | | ALL |
| 99283 | Emergency department visit for the evalua | No | | | ALL |
| 99284 | Emergency department visit for the evalua | No | | | ALL |
| 99285 | Emergency department visit for the evalua | No | | | ALL |
| 99288 | Physician direction of emergency medical | No | | | ALL |
| 99291 | Critical care, evaluation and management | No | | | ALL |
| 99292 | Critical care, evaluation and management | No | | | ALL |
| 99304 | Nursing facility care, init | No | | SNF | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99305 | Nursing facility care, init | No | | SNF | ALL |
| 99306 | Nursing facility care, init | No | | SNF | ALL |
| 99307 | Nursing fac care, subseq | No | | SNF | ALL |
| 99308 | Nursing fac care, subseq | No | | SNF | ALL |
| 99309 | Nursing fac care, subseq | No | | SNF | ALL |
| 99310 | Nursing fac care, subseq | No | | SNF | ALL |
| 99315 | Nursing facility discharge day managemer | No | | | ALL |
| 99316 | Nursing facility discharge day managemer | No | | | ALL |
| 99341 | HOME VISIT FOR THE EVALUATION AN | No | | | ALL |
| 99342 | HOME VISIT FOR THE EVALUATION AN | No | | | ALL |
| 99344 | HOME VISIT FOR THE EVALUATION AN | No | | | ALL |
| 99345 | HOME VISIT FOR THE EVALUATION AN | No | | | ALL |
| 99347 | HOME VISIT FOR THE EVALUATION AN | No | | | ALL |
| 99348 | HOME VISIT FOR THE EVALUATION AN | No | | | ALL |
| 99349 | HOME VISIT FOR THE EVALUATION AN | No | | | ALL |
| 99350 | HOME VISIT FOR THE EVALUATION AN | No | | | ALL |
| 99358 | Prolonged evaluation and management se | No | | | ALL |
| 99359 | Prolonged evaluation and management se | No | | | ALL |
| 99360 | Physician standby service, requiring prolo | No | | | ALL |
| 99366 | MEDICAL TEAM CONFERENCE WITH IN | No | | | ALL |
| 99367 | MEDICAL TEAM CONFERENCE WITH IN | No | | | ALL |
| 99368 | MEDICAL TEAM CONFERENCE WITH IN | No | | | ALL |
| 99374 | Physician supervision of a patient under c | No | | | ALL |
| 99375 | Physician supervision of a patient under c | No | | | ALL |
| 99377 | Physician supervision of a hospice patient | No | | | ALL |
| 99378 | Physician supervision of a hospice patient | No | | | ALL |
| 99379 | Physician supervision of a nursing facility | No | | | ALL |
| 99380 | Physician supervision of a nursing facility | No | | | ALL |
| **99381** | Initial comprehensive preventive medicine | No | | | ALL |
| 99382 | Initial comprehensive preventive medicine | No | | | ALL |
| 99383 | Initial comprehensive preventive medicine | No | | | ALL |
| 99384 | Initial comprehensive preventive medicine | No | | | ALL |
| 99385 | Initial comprehensive preventive medicine | No | | | ALL |
| 99386 | Initial comprehensive preventive medicine | No | | | ALL |
| 99387 | Initial comprehensive preventive medicine | No | | | ALL |
| 99391 | Periodic comprehensive preventive medic | No | | | ALL |
| 99392 | Periodic comprehensive preventive medic | No | | | ALL |
| 99393 | Periodic comprehensive preventive medic | No | | | ALL |
| 99394 | Periodic comprehensive preventive medic | No | | | ALL |
| 99395 | Periodic comprehensive preventive medic | No | | | ALL |
| 99396 | Periodic comprehensive preventive medic | No | | | ALL |
| 99397 | Periodic comprehensive preventive medic | No | | | ALL |
| 99401 | Preventive medicine counseling and/or ris | No | | | ALL (Except MA) |
| 99401 | Preventive medicine counseling and/or ris | Not Covered | | | MA |
| 99402 | Preventive medicine counseling and/or ris | No | | | ALL (Except MA) |
| 99402 | Preventive medicine counseling and/or ris | Not Covered | | | MA |
| 99403 | Preventive medicine counseling and/or ris | No | | | ALL (Except MA) |
| 99403 | Preventive medicine counseling and/or ris | Not Covered | | | MA |
| 99404 | Preventive medicine counseling and/or ris | No | | | ALL (Except MA) |
| 99404 | Preventive medicine counseling and/or ris | Not Covered | | | MA |
| 99406 | SMOKING AND TOBACCO USE CESSAT | No | | | ALL |
| 99407 | SMOKING AND TOBACCO USE CESSAT | No | | | ALL |
| 99408 | ALCOHOL AND/OR SUBSTANCE (OTHE | No | | | ALL |
| 99409 | ALCOHOL AND/OR SUBSTANCE (OTHE | No | | | ALL |
| 99411 | Preventive medicine counseling and/or ris | No | | | ALL (Except MA) |
| 99411 | Preventive medicine counseling and/or ris | Not Covered | | | MA |
| 99412 | Preventive medicine counseling and/or ris | No | | | ALL (Except MA) |
| 99412 | Preventive medicine counseling and/or ris | Not Covered | | | MA |
| 99415 | Prolonged clinical staff service (the service beyo | No | | | ALL |
| 99416 | Prolonged clinical staff service (the service beyo | No | | | ALL |
| 99417 | Prolonged office or other outpatient evalua | No | | | ALL |
| 99418 | Prolonged inpatient or observation evalua | No | | | ALL |
| 99421 | Online digital evaluation and managemen | No | | | ALL |
| 99422 | Online digital evaluation and managemen | No | | | ALL |
| 99423 | Online digital evaluation and managemen | No | | | ALL |
| 99424 | Principal care management services, for a | No | | | ALL |
| 99425 | Principal care management services, for a | No | | | ALL |
| 99426 | Principal care management services, for a | No | | | ALL |
| 99427 | Principal care management services, for a | No | | | ALL |
| 99429 | UNLISTED PREVENTIVE MEDICINE SEF | Yes | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99429 | UNLISTED PREVENTIVE MEDICINE SER | No | | | MEDICARE COMP/MCWRAP |
| 99437 | Chronic care management services with t | No | | | ALL |
| 99439 | Chronic care management services with t | No | | | ALL |
| 99445 | Remote monitoring of physiologic parame | No | | | ALL |
| 99446 | Interprofessional telephone/Internet asses | No | | | ALL |
| 99447 | Interprofessional telephone/Internet asses | No | | | ALL |
| 99448 | Interprofessional telephone/Internet asses | No | | | ALL |
| 99449 | Interprofessional telephone/Internet asses | No | | | ALL |
| 99450 | Basic life and/or disability examination tha | No | | | ALL |
| 99451 | Interprofessional telephone/Internet/electr | No | | | ALL |
| 99452 | Interprofessional telephone/Internet/electr | No | | | ALL |
| 99453 | Remote monitoring of physiologic parame | No | | | ALL |
| 99454 | Remote monitoring of physiologic parame | No | | | ALL |
| 99455 | Work related or medical disability examina | No | | | ALL |
| 99456 | Work related or medical disability examina | No | | | ALL |
| 99457 | Remote physiologic monitoring treatment | No | | | ALL |
| 99458 | Remote physiologic monitoring treatment | No | | | ALL |
| 99459 | Pelvic examination (List separately in add | No | | | ALL |
| 99460 | Initial hospital or birthing center care, per | No | | | ALL |
| 99461 | Initial care, per day, for evaluation and ma | No | | | ALL |
| 99462 | Subsequent hospital care, per day, for eva | No | | | ALL |
| 99463 | Initial hospital or birthing center care, per | No | | | ALL |
| 99464 | Attendance at delivery (when requested b | No | | | ALL |
| 99465 | Delivery/birthing room resuscitation, provis | No | | | ALL |
| 99466 | Critical care services delivered by a physic | No | | | ALL |
| 99467 | Critical care services delivered by a physic | No | | | ALL |
| 99468 | Initial inpatient neonatal critical care, per c | No | | | ALL |
| 99469 | Subsequent inpatient neonatal critical care | No | | | ALL |
| 99470 | Remote physiologic monitoring treatment | No | | | ALL |
| 99471 | Initial inpatient pediatric critical care, per c | No | | | ALL |
| 99472 | Subsequent inpatient pediatric critical care | No | | | ALL |
| 99473 | Self-measured blood pressure using a dev | No | | | ALL |
| 99474 | Self-measured blood pressure using a dev | No | | | ALL |
| 99475 | Initial inpatient pediatric critical care, per c | No | | | ALL |
| 99476 | Subsequent inpatient pediatric critical care | No | | | ALL |
| 99477 | INITIAL HOSPITAL CARE, PER DAY, FOI | No | | | ALL |
| 99478 | Subsequent intensive care, per day, for th | No | | | ALL |
| 99479 | Subsequent intensive care, per day, for th | No | | | ALL |
| 99480 | Subsequent intensive care, per day, for th | No | | | ALL |
| 99483 | Assessment of and care planning for a pa | No | | | ALL |
| 99484 | Care management services for behavioral | No | | | ALL |
| 99485 | Supervision by a control physician of inter | No | | | ALL |
| 99486 | Supervision by a control physician of inter | No | | | ALL |
| 99487 | Complex chronic care coordination service | No | | | ALL |
| 99489 | Complex chronic care coordination service | No | | | ALL |
| 99490 | Chronic care management services, at lea | No | | | ALL |
| 99491 | Chronic care management services, provi | No | | | ALL |
| 99492 | Initial psychiatric collaborative care manag | No | | | ALL |
| 99493 | Subsequent psychiatric collaborative care | No | | | ALL |
| 99494 | Initial or subsequent psychiatric collaborat | No | | | ALL |
| 99495 | Transitional Care Management Services w | No | | | ALL |
| 99496 | Transitional Care Management Services w | No | | | ALL |
| 99497 | Advance care planning including the expla | No | | | ALL |
| 99498 | Advance care planning including the expla | No | | | ALL |
| 99499 | UNLISTED EVALUATION AND MANAGEI | Yes | | | ALL |
| 99499 | UNLISTED EVALUATION AND MANAGEI | No | | | MEDICARE COMP/MCWRAP |
| 99500 | HOME VISIT FOR PRENATAL ASSESSM | Not Covered | | | ALL |
| 99501 | Home visit for postnatal assessment and f | No | | | ALL |
| 99502 | Home visit for newborn care and assessm | No | | | ALL |
| 99503 | Home visit for respiratory therapy care (eg | No | | | ALL |
| 99504 | Home visit for mechanical ventilation care | No | | | ALL |
| 99505 | HOME VISIT FOR STOMA CARE | No | | | ALL |
| 99506 | Home visit for intramuscular injections | No | | | ALL |
| 99507 | Home visit for care and maintenance of ca | No | | | ALL |
| 99509 | HOME VISIT FOR ASSISTANCE WITH AI | Not Covered | | | ALL |
| 99510 | HOME VISIT FOR INDIVIDUAL, FAMILY ( | Not Covered | | | ALL |
| 99511 | HOME VISIT FOR FECAL IMPACTION | No | | | ALL |
| 99512 | Home visit for hemodialysis | No | | | ALL |
| 99600 | UNLISTED HOME VISIT SERVICE OR PF | Yes | | | ALL |
| 99600 | UNLISTED HOME VISIT SERVICE OR PF | No | | | MEDICARE COMP/MCWRAP |
| 99601 | HOME INFUSION/SPECIALTY DRUG AD | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99602 | HOME INFUSION/SPECIALTY DRUG AD | No | | | ALL |
| 99605 | MEDICATION THERAPY MANAGEMENT | No | | | ALL |
| 99606 | MEDICATION THERAPY MANAGEMENT | No | | | ALL |
| 99607 | MEDICATION THERAPY MANAGEMENT | No | | | ALL |
| 0001F | HEART FAILURE ASSESSED: (INCL ASS | Not Covered | INFO | | ALL |
| 0001M | Infectious disease, HCV, 6 biochemical as | No | | | ALL |
| 0001U | Red blood cell antigen typing, DNA, huma | Yes | | | ALL (Except McWrap, PRICHO, PRIQHO) |
| 0001U | Red blood cell antigen typing, DNA, huma | No | | | MEDICARE COMP/MCWRAP |
| 0002M | Liver disease, 10 biochemical assays, pro | Yes | | | ALL (Except MCWRAP, MMP, PRICHO) |
| 0002M | Liver disease, 10 biochemical assays, pro | No | | | MCWRAP, MMP, PRICHO |
| 0002U | oncology (colorectal), quantitative assessr | Not Covered | | | ALL |
| 0003M | Liver disease, 10 biochemical assays, pro | Yes | | | ALL (Except MCWRAP, MMP, PRICHO) |
| 0003M | Liver disease, 10 biochemical assays, pro | No | | | MCWRAP, MMP, PRICHO |
| 0003U | oncology (ovarian) biochemical assays of | Yes | | | ALL (Except MCWRAP, MMP, PRICHO) |
| 0003U | oncology (ovarian) biochemical assays of | No | | | MCWRAP, MMP, PRICHO |
| 0004M | Scoliosis, DNG analysis of 53 single nucle | Yes | | | ALL (Except MCWRAP) |
| 0004M | Scoliosis, DNG analysis of 53 single nucle | No | | | MCWRAP |
| 0005F | OSTEOARTHRITIS ASSESSED-INCLS C | Not Covered | INFO | | ALL |
| 0005U | Oncology (prostate) gene expression profi | Yes | | | ALL (Except MCWRAP) |
| 0005U | Oncology (prostate) gene expression profi | No | | | MCWRAP |
| 0006M | Oncology (hepatic), mRNA expression lev | Yes | | | ALL (Except MCWRAP) |
| 0006M | Oncology (hepatic), mRNA expression lev | No | | | MCWRAP |
| 0007M | Oncology (gastrointestional neuroendocrir | Yes | | | ALL (Except MCWRAP) |
| 0007M | Oncology (gastrointestional neuroendocrir | No | | | MCWRAP |
| 0007U | Drug test(s), presumptive, withdefinitive c | Not Covered | | | ALL |
| 0008M | Oncology (breast), mRNA analysis of 58 g | Yes | | | ALL |
| 0008M | Oncology (breast), mRNA analysis of 58 g | No | | | MEDICARE COMP/MCWRAP |
| 0008U | Helicobacter pylori detection andantibiotic | Not Covered | | | ALL |
| 0009U | Oncology (breast cancer), ERBB2(HER2) | Not Covered | | | ALL |
| 0010M | Oncology (High-Grade Prostate Cancer), I | Not Covered | | | ALL |
| 0010U | Infectious disease (bacterial), straintyping | Not Covered | | | ALL |
| 0011M | Oncology, prostate cancer, mRNA expres | Yes | | | ALL (Except MCWRAP) |
| 0011M | Oncology, prostate cancer, mRNA expres | No | | | MCWRAP |
| 0011U | Prescription drug monitoring,evaluation of | Not Covered | | | ALL |
| 0012F | COMMUNITY-ACQUIRED BACTERIAL PI | Not Covered | INFO | | ALL |
| 0012M | Oncology (urothelial), mRNA, gene expres | Yes | | | ALL (Except MCWRAP) |
| 0012M | Oncology (urothelial), mRNA, gene expres | No | | | MCWRAP |
| 0012M | Oncology (urothelial), mRNA, gene expres | Yes | | | ALL (Except MCWRAP) |
| 0012M | Oncology (urothelial), mRNA, gene expres | No | | | MCWRAP |
| 0013M | Oncology (urothelial), mRNA, gene expres | Yes | | | ALL (Except MCWRAP) |
| 0013M | Oncology (urothelial), mRNA, gene expres | No | | | MCWRAP |
| 0014F | Comprehensive preoperative assessment | Not Covered | INFO | | ALL |
| 0014M | Liver disease, analysis of 3 biomarkers (h | Yes | | | ALL (Except MCWRAP) |
| 0014M | Liver disease, analysis of 3 biomarkers (h | No | | | MCWRAP |
| 0015M | Adrenal cortical tumor, biochemical assay | No | | | ALL |
| 0016M | Oncology (bladder), mRNA, microarray ge | Yes | | | ALL (Except MCWRAP) |
| 0016M | Oncology (bladder), mRNA, microarray ge | No | | | MCWRAP |
| 0017M | Oncology (diffuse large B-cell lymphoma [ | Yes | | | ALL (Except MCWRAP) |
| 0017M | Oncology (diffuse large B-cell lymphoma [ | No | | | MCWRAP |
| 0018M | Transplantation medicine (allograft rejecti | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0018M | Transplantation medicine (allograft rejecti | No | | | MCWRAP, PRICHO |
| 0019M | Cardiovascular disease, plasma, analysis | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0019M | Cardiovascular disease, plasma, analysis | No | | | MCWRAP, PRICHO |
| 0015F | Melanoma follow up completed (includes a | Not Covered | INFO | | ALL |
| 0016U | Oncology (hematolymphoidneoplasia), RN | Not Covered | | | ALL |
| 0017U | Oncology (hematolymphoidneoplasia), JA | Not Covered | | | ALL |
| 0018U | Oncology (thyroid), microRNA profiling by | Yes | | | ALL (Except MCWRAP) |
| 0018U | Oncology (thyroid), microRNA profiling by | No | | | MCWRAP |
| 0019U | Oncology, RNA, gene expression by whol | Yes | | | ALL (Except MCWRAP) |
| 0019U | Oncology, RNA, gene expression by whol | No | | | MCWRAP |
| 0021U | Oncology (prostate), detection of 8 autoar | Yes | | | ALL (Except MCWRAP) |
| 0021U | Oncology (prostate), detection of 8 autoar | No | | | MCWRAP |
| 0022U | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 0022U | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 0023U | Oncology (acute myelogenous leukemia), | Yes | | | ALL (Except MCWRAP) |
| 0023U | Oncology (acute myelogenous leukemia), | No | | | MCWRAP |
| 0024U | Glycosylated acute phase proteins (GlycA | Not Covered | | | ALL |
| 0025U | Tenofovir, by liquid chromatography with t | Yes | | | ALL (Except Medicare Comp) |
| 0025U | Tenofovir, by liquid chromatography with t | Not Covered | | | MCWRAP |
| 0026U | Oncology (thyroid), DNA and mRNA of 11 | Yes | | | ALL (Except MCWRAP) |
| 0026U | Oncology (thyroid), DNA and mRNA of 11 | No | | | MCWRAP |
| 0027U | JAK2 (Janus kinase 2) (eg, myeloprolifera | Yes | | | ALL (Except MCWRAP) |
| 0027U | JAK2 (Janus kinase 2) (eg, myeloprolifera | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0028U | CYP2D6 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |
| 0028U | CYP2D6 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 0029U | Drug metabolism (adverse drug reactions | Yes | | | ALL (Except MCWRAP) |
| 0029U | Drug metabolism (adverse drug reactions | No | | | MCWRAP |
| 0030U | Drug metabolism (warfarin drug response | Yes | | | ALL (Except MCWRAP) |
| 0030U | Drug metabolism (warfarin drug response | No | | | MCWRAP |
| 0031U | CYP1A2 (cytochrome P450 family 1, subfa | Yes | | | ALL (Except MCWRAP) |
| 0031U | CYP1A2 (cytochrome P450 family 1, subfa | No | | | MCWRAP |
| 0032U | COMT (catechol-O-methyltransferase)(dru | Yes | | | ALL (Except MCWRAP) |
| 0032U | COMT (catechol-O-methyltransferase)(dru | No | | | MCWRAP |
| 0034U | TPMT (thiopurine S-methyltransferase), N | Yes | | | ALL (Except MCWRAP) |
| 0034U | TPMT (thiopurine S-methyltransferase), N | No | | | MCWRAP |
| 0035U | Neurology (prion disease), cerebrospinal f | No | | | ALL |
| 0036U | Exome (ie, somatic mutations), paired forr | Yes | | | ALL (Except MCWRAP) |
| 0036U | Exome (ie, somatic mutations), paired forr | No | | | MCWRAP |
| 0037U | Targeted genomic sequence analysis, sol | Yes | | | ALL (Except MCWRAP) |
| 0037U | Targeted genomic sequence analysis, sol | No | | | MCWRAP |
| 0038U | Vitamin D, 25 hydroxy D2 and D3, by LCM | No | | | ALL |
| 0039U | Deoxyribonucleic acid (DNA) antibody, do | No | | | ALL |
| 0040U | BCR/ABL1 (t(9;22)) (eg, chronic myeloger | Yes | | | ALL (Except MCWRAP) |
| 0040U | BCR/ABL1 (t(9;22)) (eg, chronic myeloger | No | | | MCWRAP |
| 0041U | Borrelia burgdorferi, antibody detection of | No | | | ALL |
| 0042U | Borrelia burgdorferi, antibody detection of | No | | | ALL |
| 0043U | Tick-borne relapsing fever Borrelia group, | No | | | ALL |
| 0044U | Tick-borne relapsing fever Borrelia group, | No | | | ALL |
| 0045U | Oncology (breast ductal carcinoma in situ | Yes | | | ALL (Except MCWRAP) |
| 0045U | Oncology (breast ductal carcinoma in situ | No | | | MCWRAP |
| 0046U | FLT3 (fms-related tyrosine kinase 3) (eg, a | Yes | | | ALL (Except MCWRAP) |
| 0046U | FLT3 (fms-related tyrosine kinase 3) (eg, a | No | | | MCWRAP |
| 0047U | Oncology (prostate), mRNA, gene expres | Yes | | | ALL (Except MCWRAP) |
| 0047U | Oncology (prostate), mRNA, gene expres | No | | | MCWRAP |
| 0048T | IMPLANTATION OF VENTRICULAR ASS | Yes | | | ALL |
| 0048T | IMPLANTATION OF VENTRICULAR ASS | No | | | MEDICARE COMP/MCWRAP |
| 0048U | Oncology (solid organ neoplasia), DNA, ta | Yes | | | ALL (Except MCWRAP) |
| 0048U | Oncology (solid organ neoplasia), DNA, ta | No | | | MCWRAP |
| 0049U | NPM1 (nucleophosmin) (eg, acute myeloi | Yes | | | ALL (Except MCWRAP) |
| 0049U | NPM1 (nucleophosmin) (eg, acute myeloi | No | | | MCWRAP |
| 0050U | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 0050U | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 0051U | Prescription drug monitoring, evaluation o | No | | | ALL (Except MED, MMP, PRICHO |
| 0051U | Prescription drug monitoring, evaluation o | Not Covered | | | MED, MMP, PRICHO |
| 0052U | Lipoprotein, blood, high resolution fraction | No | | | ALL |
| 0054T | Computer-assisted musculoskeletal surgi | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0054T | Computer-assisted musculoskeletal surgi | No | | | MCWRAP |
| 0054U | Prescription drug monitoring, 14 or more c | No | | | ALL |
| 0055T | Computer-assisted musculoskeletal surgi | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0055T | Computer-assisted musculoskeletal surgi | No | | | MCWRAP |
| 0055U | Cardiology (heart transplant), cell-free DN | Yes | | | ALL (Except MCWRAP) |
| 0055U | Cardiology (heart transplant), cell-free DN | No | | | MCWRAP |
| 0058T | Cryopreservation; Reproductive Tissue, O | Not Covered | | | ALL |
| 0058U | Oncology (Merkel cell carcinoma), detecti | No | | | ALL |
| 0059U | Oncology (Merkel cell carcinoma), detecti | No | | | ALL |
| 0060U | Twin zygosity, genomic targeted sequence | Yes | | | ALL (Except MCWRAP) |
| 0060U | Twin zygosity, genomic targeted sequence | No | | | MCWRAP |
| 0061U | Transcutaneous measurement of five bior | Yes | | | ALL |
| 0061U | Transcutaneous measurement of five bior | No | | | MEDICARE COMP/MCWRAP |
| 0062U | Autoimmune (systemic lupus erythematos | Yes | | | ALL |
| 0062U | Autoimmune (systemic lupus erythematos | No | | | MEDICARE COMP/MCWRAP |
| 0063U | Neurology (autism), 32 amines by LCMS/M | Yes | | | ALL |
| 0063U | Neurology (autism), 32 amines by LCMS/M | No | | | MEDICARE COMP/MCWRAP |
| 0064U | Antibody, Treponema pallidum, total and r | No | | | ALL |
| 0065U | Syphilis test, non-treponemal antibody, im | No | | | ALL |
| 0066U | Placental alpha-micro globulin-1 (PAM | Yes | | | ALL |
| 0066U | Placental alpha-micro globulin-1 (PAM | No | | | MEDICARE COMP/MCWRAP |
| 0067U | Oncology (breast), immunohistochemistry | Yes | | | ALL |
| 0067U | Oncology (breast), immunohistochemistry | No | | | MEDICARE COMP/MCWRAP |
| 0068U | Candida species panel (C. albicans, C. gla | No | | | ALL |
| 0069U | Oncology (colorectal), microRNA, RT-PCR | Yes | | | ALL (Except MCWRAP) |
| 0069U | Oncology (colorectal), microRNA, RT-PCR | No | | | MCWRAP |
| 0070U | CYP2D6 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0070U | CYP2D6 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 0071T | FOCUSED ULTRASOUND ABLATION OF | Not Covered | | | ALL |
| 0071U | CYP2D6 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |
| 0071U | CYP2D6 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 0072T | FOCUSED ULTRASOUND ABLATION OF | Not Covered | | | ALL |
| 0072U | CYP2D6 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |
| 0072U | CYP2D6 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 0073U | CYP2D6 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |
| 0073U | CYP2D6 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 0074U | CYP2D6 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |
| 0074U | CYP2D6 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 0075T | TRANSCATHETER PLACMNT OF EXTRA | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0075T | TRANSCATHETER PLACMNT OF EXTRA | No | | | MCWRAP |
| 0075U | CYP2D6 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |
| 0075U | CYP2D6 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 0076T | TRANSCATHETER PLACMNT OF EXTRA | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0076T | TRANSCATHETER PLACMNT OF EXTRA | No | | | MCWRAP |
| 0076U | CYP2D6 (cytochrome P450, family 2, subf | Yes | | | ALL (Except MCWRAP) |
| 0076U | CYP2D6 (cytochrome P450, family 2, subf | No | | | MCWRAP |
| 0077U | Immunoglobulin paraprotein (M-protein), c | Yes | | | ALL |
| 0077U | Immunoglobulin paraprotein (M-protein), c | No | | | MEDICARE COMP/MCWRAP |
| 0079U | Comparative DNA analysis using multiple | Yes | | | ALL (Except MCWRAP) |
| 0079U | Comparative DNA analysis using multiple | No | | | MCWRAP |
| 0080U | Oncology (lung), mass spectrometric anal | Yes | | | ALL (Except MA, McWrap,) |
| 0080U | Oncology (lung), mass spectrometric anal | No | | | MA/MCWRAP |
| 0081U | Oncology (uveal melanoma), mRNA, gene | Yes | | | ALL (Except MCWRAP) |
| 0081U | Oncology (uveal melanoma), mRNA, gene | No | | | MCWRAP |
| 0082U | Drug test(s), definitive, 90 or more drugs c | Not Covered | | | ALL |
| 0083U | Oncology, response to chemotherapy drug | Not Covered | | | ALL |
| 0084U | Red blood cell antigen typing, DNA, genot | Yes | | | ALL (Except McWRAP/PRICHO) |
| 0084U | Red blood cell antigen typing, DNA, genot | No | | | McWRAP, PRICHO |
| 0085T | BREATH TEST FOR HEART TRANSPLAI | Not Covered | | | ALL |
| 0086U | Infectious disease (bacterial and fungal),o | No | | | ALL |
| 0087U | Cardiology (heart transplant), mRNA gene | Yes | | | ALL (Except MCWRAP) |
| 0087U | Cardiology (heart transplant), mRNA gene | No | | | MCWRAP |
| 0088U | Transplantation medicine (kidney allograft | Yes | | | ALL (Except MCWRAP) |
| 0088U | Transplantation medicine (kidney allograft | No | | | MCWRAP |
| 0088U | Transplantation medicine (kidney allograft | Yes | | | ALL (Except MCWRAP) |
| 0088U | Transplantation medicine (kidney allograft | No | | | MCWRAP |
| 0089U | Oncology (melanoma), gene expression p | Yes | | | ALL (Except MCWRAP) |
| 0089U | Oncology (melanoma), gene expression p | No | | | MCWRAP |
| 0090U | Oncology (cutaneous melanoma), mRNA | Yes | | | ALL (Except MCWRAP) |
| 0090U | Oncology (cutaneous melanoma), mRNA | No | | | MCWRAP |
| 0091U | Oncology (colorectal) screening, cell enun | Yes | | | ALL (Except MCWRAP) |
| 0091U | Oncology (colorectal) screening, cell enun | No | | | MCWRAP |
| 0092U | Oncology (lung), three protein biomarkers | Not Covered | | | ALL |
| 0093U | Prescription drug monitoring, evaluation o | Not Covered | | | ALL |
| 0094U | Genome (eg, unexplained constitutional o | Yes | | | ALL (Except MCWRAP) |
| 0094U | Genome (eg, unexplained constitutional o | No | | | MCWRAP |
| 0095T | REMOVAL OF TOTAL DISK ARTHROPLA | No | | | ALL |
| 0095U | Inflammation (eosinophilic esophagitis), E | No | | | ALL |
| 0096U | Human papillomavirus (HPV), high-risk typ | No | | | ALL |
| 0098T | REVISION OF TOTAL DISC ARTHROPLA | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0098T | REVISION OF TOTAL DISC ARTHROPLA | No | | | MCWRAP |
| 0100T | PLACE A SUBCONJUNCTIVAL RETINAL | Not Covered | | | ALL |
| 0101T | EXTRACORPOREAL SHOCK WAVE INV | Not Covered | | | ALL |
| 0101U | Hereditary colon cancer disorders (eg, Lyn | Yes | | | ALL (Except MCWRAP) |
| 0101U | Hereditary colon cancer disorders (eg, Lyn | No | | | MCWRAP |
| 0102T | EXTRACORPOREAL SHOCK WAVE, HIC | Not Covered | | | ALL |
| 0102U | Hereditary breast cancer-related disorders | Yes | | | ALL (Except MCWRAP) |
| 0102U | Hereditary breast cancer-related disorders | No | | | MCWRAP |
| 0103U | Hereditary ovarian cancer (eg, hereditary | Yes | | | ALL (Except McWrap/PRICHO/CAID/AHL) |
| 0103U | Hereditary ovarian cancer (eg, hereditary | No | | | McWRAP, PRICHO |
| 0103U | Hereditary ovarian cancer (eg, hereditary | Not Covered | | | CAID, AHL |
| 0104U | Hereditary pan cancer (eg, hereditary brea | Yes | | | ALL (Except McWrap/PRICHO/CAID/AHL) |
| 0104U | Hereditary pan cancer (eg, hereditary brea | No | | | McWRAP, PRICHO |
| 0104U | Hereditary pan cancer (eg, hereditary brea | Not Covered | | | CAID, AHL |
| 0105U | Nephrology (chronic kidney disease), mult | Yes | | | ALL (Except MCWRAP) |
| 0105U | Nephrology (chronic kidney disease), mult | No | | | MCWRAP |
| 0106T | QUANTITATIVE SENSORY TESTING (QS | Not Covered | | | ALL |
| 0106U | Gastric emptying, serial collection of 7 tim | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0106U | Gastric emptying, serial collection of 7 tim | No | | | McWRAP, PRICHO |
| 0107T | QUANTITATIVE SENSORY TESTING (QS | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0107U | Clostridium difficile toxin(s) antigen detect | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0107U | Clostridium difficile toxin(s) antigen detect | No | | | McWRAP, PRICHO |
| 0108T | QUANTITATIVE SENSORY TESTING (QS | Not Covered | | | ALL |
| 0108U | Gastroenterology (Barrett?s esophagus), v | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0108U | Gastroenterology (Barrett?s esophagus), v | No | | | McWRAP, PRICHO |
| 0109T | QUANTITATIVE SENSORY TESTING (QS | Not Covered | | | ALL |
| 0109U | Infectious disease (Aspergillus species), r | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0109U | Infectious disease (Aspergillus species), r | No | | | McWRAP, PRICHO |
| 0110T | QUANTITATIVE SENSORY TESTING (QS | Not Covered | | | ALL |
| 0110U | Prescription drug monitoring, one or more | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0110U | Prescription drug monitoring, one or more | No | | | McWRAP, PRICHO |
| 0111T | LONG-CHAIN (C20-22) OMEGA-3 FATTY | No | | | ALL |
| 0111U | Oncology (colon cancer), targeted KRAS ( | Yes | | | ALL (Except MCWRAP) |
| 0111U | Oncology (colon cancer), targeted KRAS ( | No | | | MCWRAP |
| 0112U | Infectious agent detection and identificatio | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0112U | Infectious agent detection and identificatio | No | | | McWRAP, PRICHO |
| 0113U | Oncology (prostate), measurement of PCA | Yes | | | ALL (Except MCWRAP) |
| 0113U | Oncology (prostate), measurement of PCA | No | | | MCWRAP |
| 0114U | Gastroenterology (Barrett?s esophagus), Y | Yes | | | ALL (Except MCWRAP) |
| 0114U | Gastroenterology (Barrett?s esophagus), Y | No | | | MCWRAP |
| 0115U | Respiratory infectious agent detection by r | No | | | ALL |
| 0116U | Prescription drug monitoring, enzyme imm | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0116U | Prescription drug monitoring, enzyme imm | No | | | McWRAP, PRICHO |
| 0117U | Pain management, analysis of 11 endoge | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0117U | Pain management, analysis of 11 endoge | No | | | McWRAP, PRICHO |
| 0118U | Transplantation medicine, quantification o | Yes | | | ALL (Except MCWRAP) |
| 0118U | Transplantation medicine, quantification o | No | | | MCWRAP |
| 0119U | Cardiology, ceramides by liquid chromatog | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0119U | Cardiology, ceramides by liquid chromatog | No | | | McWRAP, PRICHO |
| 0120U | Oncology (B-cell lymphoma classification) | Yes | | | ALL (Except MCWRAP) |
| 0120U | Oncology (B-cell lymphoma classification) | No | | | MCWRAP |
| 0121U | Sickle cell disease, microfluidic flow adhes | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0121U | Sickle cell disease, microfluidic flow adhes | No | | | McWRAP, PRICHO |
| 0122U | Sickle cell disease, microfluidic flow adhes | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0122U | Sickle cell disease, microfluidic flow adhes | No | | | McWRAP, PRICHO |
| 0123U | Mechanical fragility, RBC, shear stress an | Yes | | | ALL (Except McWRAP, PRICHO, CAID) |
| 0123U | Mechanical fragility, RBC, shear stress an | No | | | McWRAP, PRICHO |
| 0126T | COMMON CAROTID INTIMA-MEDIA THI | Not Covered | | | ALL |
| 0129U | Hereditary breast cancer?related disorders | Yes | | | ALL (Except MCWRAP) |
| 0129U | Hereditary breast cancer?related disorders | No | | | MCWRAP |
| 0130U | Hereditary colon cancer disorders (eg, Lyn | Yes | | | ALL (Except MCWRAP) |
| 0130U | Hereditary colon cancer disorders (eg, Lyn | No | | | MCWRAP |
| 0133U | Hereditary prostate cancer?related disord | Yes | | | ALL (Except MCWRAP) |
| 0133U | Hereditary prostate cancer?related disord | No | | | MCWRAP |
| 0134U | Hereditary pan cancer (eg, hereditary brea | Yes | | | ALL (Except MCWRAP) |
| 0134U | Hereditary pan cancer (eg, hereditary brea | No | | | MCWRAP |
| 0136U | ATM (ataxia telangiectasia mutated) (eg, a | Yes | | | ALL (Except MCWRAP) |
| 0136U | ATM (ataxia telangiectasia mutated) (eg, a | No | | | MCWRAP |
| 0137U | PALB2 (partner and localizer of BRCA2) ( | Yes | | | ALL (Except MCWRAP) |
| 0137U | PALB2 (partner and localizer of BRCA2) ( | No | | | MCWRAP |
| 0138U | BRCA1 (BRCA1, DNA repair associated), | Yes | | | ALL (Except MCWRAP) |
| 0138U | BRCA1 (BRCA1, DNA repair associated), | No | | | MCWRAP |
| 0139U | Neurology (autism spectrum disorder [ASI | Not Covered | | | ALL |
| 0140T | EXHALED BREATH CONDENSATE PH | No | | | ALL |
| 0140U | Infectious disease (fungi), fungal pathoger | No | | | ALL |
| 0141T | PANCREATIC ISLET CELL TRANSPLANT | Not Covered | | | ALL |
| 0141U | Infectious disease (bacteria and fungi), gra | No | | | ALL |
| 0142T | PANCREATIC ISLET CELL TRANSPLANT | Not Covered | | | ALL |
| 0142U | Infectious disease (bacteria and fungi), gra | No | | | ALL |
| 0152U | Infectious disease (bacteria, fungi, parasit | Not Covered | | | ALL |
| 0153U | Oncology (breast), mRNA, gene expressio | Yes | | | ALL (Except MCWRAP) |
| 0153U | Oncology (breast), mRNA, gene expressio | No | | | MCWRAP |
| 0154U | FGFR3 (fibroblast growth factor receptor 3 | Yes | | | ALL (Except MCWRAP) |
| 0154U | FGFR3 (fibroblast growth factor receptor 3 | No | | | MCWRAP |
| 0155U | PIK3CA (phosphatidylinositol-4,5- bisphos | Yes | | | ALL (Except MCWRAP) |
| 0155U | PIK3CA (phosphatidylinositol-4,5- bisphos | No | | | MCWRAP |
| 0156U | Copy number (eg, intellectual disability, dy | Yes | | | ALL (Except MCWRAP) |
| 0156U | Copy number (eg, intellectual disability, dy | No | | | MCWRAP |
| 0157U | APC (APC regulator of WNT signaling pat | Yes | | | ALL (Except MCWRAP) |
| 0157U | APC (APC regulator of WNT signaling pat | No | | | MCWRAP |
| 0158U | MLH1 (mutL homolog 1) (eg, hereditary no | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0158U | MLH1 (mutL homolog 1) (eg, hereditary nc | No | | | MCWRAP |
| 0159U | MSH2 (mutS homolog 2) (eg, hereditary c | Yes | | | ALL (Except MCWRAP) |
| 0159U | MSH2 (mutS homolog 2) (eg, hereditary c | No | | | MCWRAP |
| 0160U | MSH6 (mutS homolog 6) (eg, hereditary c | Yes | | | ALL (Except MCWRAP) |
| 0160U | MSH6 (mutS homolog 6) (eg, hereditary c | No | | | MCWRAP |
| 0161U | PMS2 (PMS1 homolog 2, mismatch repai | Yes | | | ALL (Except MCWRAP) |
| 0161U | PMS2 (PMS1 homolog 2, mismatch repai | No | | | MCWRAP |
| 0162U | Hereditary colon cancer (Lynch syndrome | Yes | | | ALL (Except MCWRAP) |
| 0162U | Hereditary colon cancer (Lynch syndrome | No | | | MCWRAP |
| 0163U | Oncology (colorectal) screening, biochem | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0163U | Oncology (colorectal) screening, biochem | No | | | MCWRAP, PRICHO |
| 0164U | Gastroenterology (irritable bowel syndrom | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0164U | Gastroenterology (irritable bowel syndrom | No | | | MCWRAP, PRICHO |
| 0165U | Peanut allergen-specific IgE and quantitat | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0165U | Peanut allergen-specific IgE and quantitat | No | | | MCWRAP, PRICHO |
| 0166U | Liver disease, 10 biochemical assays (?2- | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0166U | Liver disease, 10 biochemical assays (?2- | No | | | MCWRAP, PRICHO |
| 0169U | NUDT15 (nudix hydrolase 15) and TPMT ( | Yes | | | ALL (Except MCWRAP) |
| 0169U | NUDT15 (nudix hydrolase 15) and TPMT ( | No | | | MCWRAP |
| 0170U | Neurology (autism spectrum disorder [ASI | Yes | | | ALL (Except MCWRAP) |
| 0170U | Neurology (autism spectrum disorder [ASI | No | | | MCWRAP |
| 0171U | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 0171U | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 0172U | Oncology (solid tumor as indicated by the | Yes | | | ALL (Except MCWRAP) |
| 0172U | Oncology (solid tumor as indicated by the | No | | | MCWRAP |
| 0173U | Psychiatry (ie, depression, anxiety), genor | Yes | | | ALL (Except MCWRAP) |
| 0173U | Psychiatry (ie, depression, anxiety), genor | No | | | MCWRAP |
| 0174U | Oncology (solid tumor), mass spectrometr | Not Covered | | | ALL |
| 0175U | Psychiatry (eg, depression, anxiety), geno | Yes | | | ALL (Except MCWRAP) |
| 0175U | Psychiatry (eg, depression, anxiety), geno | No | | | MCWRAP |
| 0176U | Cytolethal distending toxin B (CdtB) and v | Not Covered | | | ALL |
| 0177U | Cytolethal distending toxin B (CdtB) and v | Yes | | | ALL (Except MCWRAP) |
| 0177U | Cytolethal distending toxin B (CdtB) and v | No | | | MCWRAP |
| 0178U | Peanut allergen-specific quantitative asse | Not Covered | | | ALL |
| 0179U | Oncology (non-small cell lung cancer), cel | Yes | | | ALL (Except MCWRAP) |
| 0179U | Oncology (non-small cell lung cancer), cel | No | | | MCWRAP |
| 0180U | Red cell antigen (ABO blood group) genot | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0180U | Red cell antigen (ABO blood group) genot | No | | | MCWRAP |
| 0181U | Red cell antigen (Colton blood group) gen | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0181U | Red cell antigen (Colton blood group) gen | No | | | MCWRAP |
| 0182U | Red cell antigen (Cromer blood group) ge | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0182U | Red cell antigen (Cromer blood group) ge | No | | | MCWRAP |
| 0183U | Red cell antigen (Diego blood group) geno | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0183U | Red cell antigen (Diego blood group) geno | No | | | MCWRAP |
| 0184U | Red cell antigen (Dombrock blood group) | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0184U | Red cell antigen (Dombrock blood group) | No | | | MCWRAP |
| 0185U | Red cell antigen (H blood group) genotypi | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0185U | Red cell antigen (H blood group) genotypi | No | | | MCWRAP |
| 0186U | Red cell antigen (H blood group) genotypi | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0186U | Red cell antigen (H blood group) genotypi | No | | | MCWRAP |
| 0187U | Red cell antigen (Duffy blood group) geno | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0187U | Red cell antigen (Duffy blood group) geno | No | | | MCWRAP |
| 0188U | Red cell antigen (Gerbich blood group) ge | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0188U | Red cell antigen (Gerbich blood group) ge | No | | | MCWRAP |
| 0189U | Red cell antigen (MNS blood group) genot | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0189U | Red cell antigen (MNS blood group) genot | No | | | MCWRAP |
| 0190U | Red cell antigen (MNS blood group) genot | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0190U | Red cell antigen (MNS blood group) genot | No | | | MCWRAP |
| 0191U | Red cell antigen (JR blood group) genotyp | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0191U | Red cell antigen (JR blood group) genotyp | No | | | MCWRAP |
| 0192U | Red cell antigen (Kidd blood group) genot | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0192U | Red cell antigen (Kidd blood group) genot | No | | | MCWRAP |
| 0193U | Red cell antigen (JR blood group) genotyp | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0193U | Red cell antigen (JR blood group) genotyp | No | | | MCWRAP |
| 0194U | Red cell antigen (Kell blood group) genoty | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0194U | Red cell antigen (Kell blood group) genoty | No | | | MCWRAP |
| 0195U | KLF1 (Kruppel-like factor 1), targeted seq | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0195U | KLF1 (Kruppel-like factor 1), targeted seq | No | | | MCWRAP |
| 0196U | Red cell antigen (Lutheran blood group) g | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0196U | Red cell antigen (Lutheran blood group) g | No | | | MCWRAP |
| 0197U | Red cell antigen (Landsteiner-Wiener bloc | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0197U | Red cell antigen (Landsteiner-Wiener bloc | No | | | MCWRAP |
| 0198U | Red cell antigen (RH blood group) genoty | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0198U | Red cell antigen (RH blood group) genoty | No | | | MCWRAP |
| 0199U | Red cell antigen (Scianna blood group) ge | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0199U | Red cell antigen (Scianna blood group) ge | No | | | MCWRAP |
| 0200U | Red cell antigen (Kx blood group) genotyp | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0200U | Red cell antigen (Kx blood group) genotyp | No | | | MCWRAP |
| 0201U | Red cell antigen (Yt blood group) genotyp | Yes | | | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0201U | Red cell antigen (Yt blood group) genotyp | No | | | MCWRAP |
| 0202U | Infectious disease (bacterial or viral respir | No | | | ALL |
| 0203U | Autoimmune (inflammatory bowel disease | Yes | | | ALL (Except MCWRAP) |
| 0203U | Autoimmune (inflammatory bowel disease | No | | | MCWRAP |
| 0205U | Ophthalmology (age-related macular dege | Yes | | | ALL (Except MCWRAP) |
| 0205U | Ophthalmology (age-related macular dege | No | | | MCWRAP |
| 0206U | Neurology (Alzheimer disease); cell aggre | Yes | | | ALL (Except McWRAP. PRICHO, PRIQHP) |
| 0206U | Neurology (Alzheimer disease); cell aggre | No | | | MCWRAP |
| 0207U | 'Neurology (Alzheimer disease); quantitati | Yes | | | ALL (Except MCWRAP) |
| 0207U | 'Neurology (Alzheimer disease); quantitati | No | | | MCWRAP |
| 0209U | 'Cytogenomic constitutional (genome-wide | Yes | | | ALL (Except MCWRAP) |
| 0209U | 'Cytogenomic constitutional (genome-wide | No | | | MCWRAP |
| 0210U | Syphilis test, non-treponemal antibody, im | No | | | ALL |
| 0211U | 'Oncology (pan-tumor), DNA and RNA by | Yes | | | ALL (Except MCWRAP) |
| 0211U | 'Oncology (pan-tumor), DNA and RNA by | No | | | MCWRAP |
| 0212U | Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0212U | Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0213U | Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0213U | Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0214U | Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0214U | Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0215U | 'Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0215U | 'Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0216U | Neurology (inherited ataxias), genomic DN | Yes | | | ALL (Except MCWRAP) |
| 0216U | Neurology (inherited ataxias), genomic DN | No | | | MCWRAP |
| 0217U | Neurology (inherited ataxias), genomic DN | Yes | | | ALL (Except MCWRAP) |
| 0217U | Neurology (inherited ataxias), genomic DN | No | | | MCWRAP |
| 0218U | 'Neurology (muscular dystrophy), DMD ge | Yes | | | ALL (Except MCWRAP) |
| 0218U | 'Neurology (muscular dystrophy), DMD ge | No | | | MCWRAP |
| 0218U | 'Neurology (muscular dystrophy), DMD ge | Yes | | | ALL (Except MCWRAP) |
| 0218U | 'Neurology (muscular dystrophy), DMD ge | No | | | MCWRAP |
| 0219U | Cytogenomic constitutional (genome-wide | Yes | | | ALL (Except McWRAP. PRICHO, PRIQHP) |
| 0219U | Cytogenomic constitutional (genome-wide | No | | | MCWRAP |
| 0220U | Oncology (breast cancer), image analysis | Yes | | | ALL (Except McWRAP. PRICHO, PRIQHP) |
| 0220U | Oncology (breast cancer), image analysis | No | | | MCWRAP |
| 0221U | 'Red cell antigen (ABO blood group) geno | Yes | | | ALL (Except MCWRAP) |
| 0221U | 'Red cell antigen (ABO blood group) geno | No | | | MCWRAP |
| 0222U | Red cell antigen (RH blood group) genoty | Yes | | | ALL (Except MCWRAP) |
| 0222U | Red cell antigen (RH blood group) genoty | No | | | MCWRAP |
| 0223U | Infectious disease (bacterial or viral respir | No | | | ALL |
| 0224U | Antibody, severe acute respiratory syndro | No | | | ALL |
| 0225U | Infectious disease (bacterial or viral respir | No | | | ALL |
| 0226U | Surrogate viral neutralization test (sVNT), | No | | | ALL |
| 0227U | Drug assay, presumptive, 30 or more drug | Not Covered | | | ALL |
| 0228U | Oncology (prostate), multianalyte molecul | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0228U | Oncology (prostate), multianalyte molecul | No | | | MCWRAP, PRICHO |
| 0229U | BCAT1 (Branched chain amino acid trans | Yes | | | ALL (Except MCWRAP) |
| 0229U | BCAT1 (Branched chain amino acid trans | No | | | MCWRAP |
| 0230U | AR (androgen receptor) (eg, spinal and bu | Yes | | | ALL (Except MCWRAP) |
| 0230U | AR (androgen receptor) (eg, spinal and bu | No | | | MCWRAP |
| 0231U | CACNA1A (calcium voltage-gated channe | Yes | | | ALL (Except MCWRAP) |
| 0231U | CACNA1A (calcium voltage-gated channe | No | | | MCWRAP |
| 0232U | CSTB (cystatin B) (eg, progressive myoclo | Yes | | | ALL (Except MCWRAP) |
| 0232U | CSTB (cystatin B) (eg, progressive myoclo | No | | | MCWRAP |
| 0233U | FXN (frataxin) (eg, Friedreich ataxia), gen | Yes | | | ALL (Except MCWRAP) |
| 0233U | FXN (frataxin) (eg, Friedreich ataxia), gen | No | | | MCWRAP |
| 0234U | MECP2 (methyl CpG binding protein 2) (e | Yes | | | ALL (Except MCWRAP) |
| 0234U | MECP2 (methyl CpG binding protein 2) (e | No | | | MCWRAP |
| 0235U | PTEN (phosphatase and tensin homolog) | Yes | | | ALL (Except MCWRAP) |
| 0235U | PTEN (phosphatase and tensin homolog) | No | | | MCWRAP |
| 0236U | SMN1 (survival of motor neuron 1, telome | Yes | | | ALL (Except MCWRAP) |
| 0236U | SMN1 (survival of motor neuron 1, telome | No | | | MCWRAP |
| 0237U | Cardiac ion channelopathies (eg, Brugada | Yes | | | ALL (Except MCWRAP) |
| 0237U | Cardiac ion channelopathies (eg, Brugada | No | | | MCWRAP |
| 0238U | Oncology (Lynch syndrome), genomic DN | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0238U | Oncology (Lynch syndrome), genomic DN | No | | | MCWRAP |
| 0239U | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 0239U | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 0242U | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 0242U | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 0243U | Obstetrics (preeclampsia), biochemical as | Yes | | | ALL (Except MCWRAP/PRICHO) |
| 0243U | Obstetrics (preeclampsia), biochemical as | No | | | MCWRAP/PRICHO |
| 0244U | Oncology (solid organ), DNA, comprehens | Yes | | | ALL (Except MCWRAP) |
| 0244U | Oncology (solid organ), DNA, comprehens | No | | | MCWRAP |
| 0245U | Oncology (thyroid), mutation analysis of 1( | Yes | | | ALL (Except MCWRAP) |
| 0245U | Oncology (thyroid), mutation analysis of 1( | No | | | MCWRAP |
| 0246U | Red blood cell antigen typing, DNA, genot | Yes | | | ALL (Except MCWRAP/PRICHO) |
| 0246U | Red blood cell antigen typing, DNA, genot | No | | | MCWRAP/PRICHO |
| 0247U | Obstetrics (preterm birth), insulin-like grov | Yes | | | ALL (Except MCWRAP/PRICHO) |
| 0247U | Obstetrics (preterm birth), insulin-like grov | No | | | MCWRAP/PRICHO |
| 0248U | Oncology (brain), spheroid cell culture in a | Yes | | | ALL (except MCWRAP, PRICHO) |
| 0248U | Oncology (brain), spheroid cell culture in a | No | | | MWRAP, PRICHO |
| 0249U | Oncology (breast), semiquantitative analys | Yes | | | ALL (except MCWRAP, PRICHO) |
| 0249U | Oncology (breast), semiquantitative analys | No | | | MWRAP, PRICHO |
| 0250U | Oncology (solid organ neoplasm), targetec | Yes | | | ALL (Except MCWRAP) |
| 0250U | Oncology (solid organ neoplasm), targetec | No | | | MCWRAP |
| 0251U | Hepcidin-25, enzyme-linked immunosorbe | Yes | | | ALL (except MCWRAP, PRICHO) |
| 0251U | Hepcidin-25, enzyme-linked immunosorbe | No | | | MWRAP, PRICHO |
| 0252U | Fetal aneuploidy short tandem–repeat cor | Yes | | | ALL (Except MCWRAP) |
| 0252U | Fetal aneuploidy short tandem–repeat cor | No | | | MCWRAP |
| 0253U | Reproductive medicine (endometrial recep | Yes | | | ALL (Except MCWRAP) |
| 0253U | Reproductive medicine (endometrial recep | No | | | MCWRAP |
| 0254U | Reproductive medicine (preimplantation g | Yes | | | ALL (Except MCWRAP) |
| 0254U | Reproductive medicine (preimplantation g | No | | | MCWRAP |
| 0255U | Andrology (infertility), sperm-capacitation a | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0255U | Andrology (infertility), sperm-capacitation a | No | | | MCWRAP, PRICHO |
| 0256U | Trimethylamine/trimethylamine N-oxide (T | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0256U | Trimethylamine/trimethylamine N-oxide (T | No | | | MCWRAP, PRICHO |
| 0257U | Very long chain acyl-coenzyme A (CoA) d | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0257U | Very long chain acyl-coenzyme A (CoA) d | No | | | MCWRAP, PRICHO |
| 0258U | Autoimmune (psoriasis), mRNA, nextgene | Yes | | | ALL (Except MCWRAP) |
| 0258U | Autoimmune (psoriasis), mRNA, nextgene | No | | | MCWRAP |
| 0259U | Nephrology (chronic kidney disease), nucl | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0259U | Nephrology (chronic kidney disease), nucl | No | | | MCWRAP, PRICHO |
| 0260U | Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0260U | Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0261U | Oncology (colorectal cancer), image analy | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0261U | Oncology (colorectal cancer), image analy | No | | | MCWRAP, PRICHO |
| 0262U | Oncology (solid tumor), gene expression p | Yes | | | ALL (Except MCWRAP) |
| 0262U | Oncology (solid tumor), gene expression p | No | | | MCWRAP |
| 0263U | Neurology (autism spectrum disorder [ASI | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0263U | Neurology (autism spectrum disorder [ASI | No | | | MCWRAP, PRICHO |
| 0264U | Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0264U | Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0265U | Rare constitutional and other heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0265U | Rare constitutional and other heritable dis | No | | | MCWRAP |
| 0266U | Unexplained constitutional or other heritab | Yes | | | ALL (Except MCWRAP) |
| 0266U | Unexplained constitutional or other heritab | No | | | MCWRAP |
| 0267U | Rare constitutional and other heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0267U | Rare constitutional and other heritable dis | No | | | MCWRAP |
| 0268U | Hematology (atypical hemolytic uremic syr | Yes | | | ALL (Except MCWRAP) |
| 0268U | Hematology (atypical hemolytic uremic syr | No | | | MCWRAP |
| 0269U | Hematology (autosomal dominant congen | Yes | | | ALL (Except MCWRAP) |
| 0269U | Hematology (autosomal dominant congen | No | | | MCWRAP |
| 0270U | Hematology (congenital coagulation disor | Yes | | | ALL (Except MCWRAP) |
| 0270U | Hematology (congenital coagulation disor | No | | | MCWRAP |
| 0271U | Hematology (congenital neutropenia), gen | Yes | | | ALL (Except MCWRAP) |
| 0271U | Hematology (congenital neutropenia), gen | No | | | MCWRAP |
| 0272U | Hematology (genetic bleeding disorders), | Yes | | | ALL (Except MCWRAP) |
| 0272U | Hematology (genetic bleeding disorders), | No | | | MCWRAP |
| 0273U | Hematology (genetic hyperfibrinolysis, del | Yes | | | ALL (Except MCWRAP) |
| 0273U | Hematology (genetic hyperfibrinolysis, del | No | | | MCWRAP |
| 0274U | Hematology (genetic platelet disorders), g | Yes | | | ALL (Except MCWRAP) |
| 0274U | Hematology (genetic platelet disorders), g | No | | | MCWRAP |
| 0275U | Hematology (heparin-induced thrombo | Yes | | | ALL (Except MCWRAP) |
| 0275U | Hematology (heparin-induced thrombo | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0276U | Hematology (inherited thrombocytoper | Yes | | | ALL (Except MCWRAP) |
| 0276U | Hematology (inherited thrombocytoper | No | | | MCWRAP |
| 0277U | Hematology (genetic platelet function | Yes | | | ALL (Except MCWRAP) |
| 0277U | Hematology (genetic platelet function | No | | | MCWRAP |
| 0278U | Hematology (genetic thrombosis), gen | Yes | | | ALL (Except MCWRAP) |
| 0278U | Hematology (genetic thrombosis), gen | No | | | MCWRAP |
| 0279U | Hematology (von Willebrand disease [ | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0279U | Hematology (von Willebrand disease [ | No | | | MCWRAP, PRICHO |
| 0280U | Hematology (von Willebrand disease [ | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0280U | Hematology (von Willebrand disease [ | No | | | MCWRAP, PRICHO |
| 0281U | Hematology (von Willebrand disease [ | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0281U | Hematology (von Willebrand disease [ | No | | | MCWRAP, PRICHO |
| 0282U | Red blood cell antigen typing, DNA, ge | Yes | | | ALL (Except PRICHO, MCWRAP, AHL) |
| 0282U | Red blood cell antigen typing, DNA, ge | Yes | | | ALL (Except MCWRAP) |
| 0282U | Red blood cell antigen typing, DNA, ge | No | | | MCWRAP/PRICHO |
| 0283U | von Willebrand factor (VWF), type 2B, | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0283U | von Willebrand factor (VWF), type 2B, | No | | | MCWRAP, PRICHO |
| 0284U | von Willebrand factor (VWF), type 2N, | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0284U | von Willebrand factor (VWF), type 2N, | No | | | MCWRAP, PRICHO |
| 0285U | Oncology, response to radiation, cell-free | Yes | | | ALL (Except MCWRAP) |
| 0285U | Oncology, response to radiation, cell-free | No | | | MCWRAP |
| 0286U | CEP72 (centrosomal protein, 72-KDa), NU | Yes | | | ALL (Except MCWRAP) |
| 0286U | CEP72 (centrosomal protein, 72-KDa), NU | No | | | MCWRAP |
| 0287U | Oncology (thyroid), DNA and mRNA, next | Yes | | | ALL (Except MCWRAP) |
| 0287U | Oncology (thyroid), DNA and mRNA, next | No | | | MCWRAP |
| 0288U | Oncology (lung), mRNA, quantitative PCR | Yes | | | ALL (Except MCWRAP) |
| 0288U | Oncology (lung), mRNA, quantitative PCR | No | | | MCWRAP |
| 0289U | Neurology (Alzheimer disease), mRNA, ge | Yes | | | ALL (Except MCWRAP) |
| 0289U | Neurology (Alzheimer disease), mRNA, ge | No | | | MCWRAP |
| 0290U | Pain management, mRNA, gene expressi | Yes | | | ALL (Except MCWRAP) |
| 0290U | Pain management, mRNA, gene expressi | No | | | MCWRAP |
| 0291U | Psychiatry (mood disorders), mRNA, gene | Yes | | | ALL (Except MCWRAP) |
| 0291U | Psychiatry (mood disorders), mRNA, gene | No | | | MCWRAP |
| 0292U | Psychiatry (stress disorders), mRNA, gene | Yes | | | ALL (Except MCWRAP) |
| 0292U | Psychiatry (stress disorders), mRNA, gene | No | | | MCWRAP |
| 0293U | Psychiatry (suicidal ideation), mRNA, gen | Yes | | | ALL (Except MCWRAP) |
| 0293U | Psychiatry (suicidal ideation), mRNA, gen | No | | | MCWRAP |
| 0294U | Longevity and mortality risk, mRNA, gene | Yes | | | ALL (Except MCWRAP) |
| 0294U | Longevity and mortality risk, mRNA, gene | No | | | MCWRAP |
| 0295U | Oncology (breast ductal carcinoma in situ | Yes | | | ALL (Except MCWRAP) |
| 0295U | Oncology (breast ductal carcinoma in situ | No | | | MCWRAP |
| 0296U | Oncology (oral and/or oropharyngeal canc | Yes | | | ALL (Except MCWRAP) |
| 0296U | Oncology (oral and/or oropharyngeal canc | No | | | MCWRAP |
| 0297U | Oncology (pan tumor), whole genome seq | Yes | | | ALL (Except MCWRAP) |
| 0297U | Oncology (pan tumor), whole genome seq | No | | | MCWRAP |
| 0298U | Oncology (pan tumor), whole transcriptom | Yes | | | ALL (Except MCWRAP) |
| 0298U | Oncology (pan tumor), whole transcriptom | No | | | MCWRAP |
| 0299U | Oncology (pan tumor), whole genome opti | Yes | | | ALL (Except MCWRAP) |
| 0299U | Oncology (pan tumor), whole genome opti | No | | | MCWRAP |
| 0300U | Oncology (pan tumor), whole genome seq | Yes | | | ALL (Except MCWRAP) |
| 0300U | Oncology (pan tumor), whole genome seq | No | | | MCWRAP |
| 0301U | Infectious agent detection by nucleic acid | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0301U | Infectious agent detection by nucleic acid | No | | | MCWRAP/PRICHO |
| 0302U | Infectious agent detection by nucleic acid | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0302U | Infectious agent detection by nucleic acid | No | | | MCWRAP/PRICHO |
| 0303U | Hematology, red blood cell (RBC) adhesio | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0303U | Hematology, red blood cell (RBC) adhesio | No | | | MCWRAP/PRICHO |
| 0304U | Hematology, red blood cell (RBC) adhesio | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0304U | Hematology, red blood cell (RBC) adhesio | No | | | MCWRAP/PRICHO |
| 0305U | Hematology, red blood cell (RBC)function | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0305U | Hematology, red blood cell (RBC)function | No | | | MCWRAP/PRICHO |
| 0306U | Oncology (minimal residual disease [MRD | Yes | | | ALL (Except MCWRAP) |
| 0306U | Oncology (minimal residual disease [MRD | No | | | MCWRAP |
| 0307U | Oncology (minimal residual disease [MRD | Yes | | | ALL (Except MCWRAP) |
| 0307U | Oncology (minimal residual disease [MRD | No | | | MCWRAP |
| 0308U | Cardiology (coronary artery disease [CAD] | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0308U | Cardiology (coronary artery disease [CAD] | No | | | MCWRAP/PRICHO |
| 0309U | Cardiology (cardiovascular disease), analy | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0309U | Cardiology (cardiovascular disease), analy | No | | | MCWRAP/PRICHO |
| 0310U | Pediatrics (vasculitis, Kawasaki disease [K | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0310U | Pediatrics (vasculitis, Kawasaki disease [K | No | | | MCWRAP/PRICHO |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0311U | Infectious disease (bacterial), quantitative | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0311U | Infectious disease (bacterial), quantitative | No | | | MCWRAP/PRICHO |
| 0312U | Autoimmune diseases (eg, systemic lupus | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0312U | Autoimmune diseases (eg, systemic lupus | No | | | MCWRAP/PRICHO |
| 0313U | Oncology (pancreas), DNA and mRNA ne | Yes | | | ALL (Except MCWRAP) |
| 0313U | Oncology (pancreas), DNA and mRNA ne | No | | | MCWRAP |
| 0314U | Oncology (cutaneous melanoma), mRNA | Yes | | | ALL (Except MCWRAP) |
| 0314U | Oncology (cutaneous melanoma), mRNA | No | | | MCWRAP |
| 0315U | Oncology (cutaneous squamous cell carci | Yes | | | ALL (Except MCWRAP) |
| 0315U | Oncology (cutaneous squamous cell carci | No | | | MCWRAP |
| 0316U | Borrelia burgdorferi (Lyme disease), OspA | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0316U | Borrelia burgdorferi (Lyme disease), OspA | No | | | MCWRAP/PRICHO |
| 0317U | Oncology (lung cancer), four-probe FISH ( | Yes | | | ALL (Except MCWRAP) |
| 0317U | Oncology (lung cancer), four-probe FISH ( | No | | | MCWRAP |
| 0318U | Pediatrics (congenital epigenetic disorders | Yes | | | ALL (Except MCWRAP) |
| 0318U | Pediatrics (congenital epigenetic disorders | No | | | MCWRAP |
| 0319U | Nephrology (renal transplant), RNA expres | Yes | | | ALL (Except MCWRAP) |
| 0319U | Nephrology (renal transplant), RNA expres | No | | | MCWRAP |
| 0320U | Nephrology (renal transplant), RNA expres | Yes | | | ALL (Except MCWRAP) |
| 0320U | Nephrology (renal transplant), RNA expres | No | | | MCWRAP |
| 0321U | Infectious agent detection by nucleic acid | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0321U | Infectious agent detection by nucleic acid | No | | | MCWRAP/PRICHO |
| 0322U | Neurology (autism spectrum disorder [ASI | Yes | | | ALL (Except PRICHO, MCWRAP) |
| 0322U | Neurology (autism spectrum disorder [ASI | No | | | MCWRAP/PRICHO |
| 0323U | Infectious agent detection by nucleic acid | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0323U | Infectious agent detection by nucleic acid | No | | | MCWRAP, PRICHO |
| 0324U | Oncology (ovarian), spheroid cell culture, | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0324U | Oncology (ovarian), spheroid cell culture, | No | | | MCWRAP, PRICHO |
| 0325U | Oncology (ovarian), spheroid cell culture, | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0325U | Oncology (ovarian), spheroid cell culture, | No | | | MCWRAP, PRICHO |
| 0326U | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 0326U | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 0327U | Fetal aneuploidy (trisomy 13, 18, and 21), | Yes | | | ALL (Except MCWRAP) |
| 0327U | Fetal aneuploidy (trisomy 13, 18, and 21), | No | | | MCWRAP |
| 0328U | Drug assay, definitive, 120 or more drugs | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0328U | Drug assay, definitive, 120 or more drugs | No | | | MCWRAP, PRICHO |
| 0329U | Oncology (neoplasia), exome and transcri | Yes | | | ALL (Except MCWRAP) |
| 0329U | Oncology (neoplasia), exome and transcri | No | | | MCWRAP |
| 0330U | Infectious agent detection by nucleic acid | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0330U | Infectious agent detection by nucleic acid | No | | | MCWRAP, PRICHO |
| 0331U | Oncology (hematolymphoid neoplasia), op | Yes | | | ALL (Except MCWRAP) |
| 0331U | Oncology (hematolymphoid neoplasia), op | No | | | MCWRAP |
| 0332U | Oncology (pan-tumor), genetic profiling of | Yes | | | ALL (Except MCWRAP) |
| 0332U | Oncology (pan-tumor), genetic profiling of | No | | | MCWRAP |
| 0333U | Oncology (liver), surveillance for hepatoce | Yes | | | ALL (Except MCWRAP) |
| 0333U | Oncology (liver), surveillance for hepatoce | No | | | MCWRAP |
| 0334U | Oncology (solid organ), targeted genomic | Yes | | | ALL (Except MCWRAP) |
| 0334U | Oncology (solid organ), targeted genomic | No | | | MCWRAP |
| 0335U | Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0335U | Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0336U | Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0336U | Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0337U | Oncology (plasma cell disorders and myel | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0337U | Oncology (plasma cell disorders and myel | No | | | MCWRAP, PRICHO |
| 0338U | Oncology (solid tumor), circulating tumor c | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0338U | Oncology (solid tumor), circulating tumor c | No | | | MCWRAP, PRICHO |
| 0339U | Oncology (prostate), mRNA expression pr | Yes | | | ALL (Except MCWRAP) |
| 0339U | Oncology (prostate), mRNA expression pr | No | | | MCWRAP |
| 0340U | Oncology (pan-cancer), analysis of minim | Yes | | | ALL (Except MCWRAP) |
| 0340U | Oncology (pan-cancer), analysis of minim | No | | | MCWRAP |
| 0341U | Fetal aneuploidy DNA sequencing compa | Yes | | | ALL (Except MCWRAP) |
| 0341U | Fetal aneuploidy DNA sequencing compa | No | | | MCWRAP |
| 0342U | Oncology (pancreatic cancer), multiplex in | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0342U | Oncology (pancreatic cancer), multiplex in | No | | | MCWRAP, PRICHO |
| 0343U | Oncology (prostate), exosome-based anal | Yes | | | ALL (Except MCWRAP) |
| 0343U | Oncology (prostate), exosome-based anal | No | | | MCWRAP |
| 0344U | Hepatology (nonalcoholic fatty liver diseas | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0344U | Hepatology (nonalcoholic fatty liver diseas | No | | | MCWRAP, PRICHO |
| 0345U | Psychiatry (eg, depression, anxiety, attent | Yes | | | ALL (Except MCWRAP) |
| 0345U | Psychiatry (eg, depression, anxiety, attent | No | | | MCWRAP |
| 0347U | Drug metabolism or processing (multiple c | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0347U | Drug metabolism or processing (multiple c | No | | | MCWRAP |
| 0348U | Drug metabolism or processing (multiple c | Yes | | | ALL (Except MCWRAP) |
| 0348U | Drug metabolism or processing (multiple c | No | | | MCWRAP |
| 0349U | Drug metabolism or processing (multiple c | Yes | | | ALL (Except MCWRAP) |
| 0349U | Drug metabolism or processing (multiple c | No | | | MCWRAP |
| 0350U | Drug metabolism or processing (multiple c | Yes | | | ALL (Except MCWRAP) |
| 0350U | Drug metabolism or processing (multiple c | No | | | MCWRAP |
| 0351U | Infectious disease (bacterial or viral), bioc | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0351U | Infectious disease (bacterial or viral), bioc | No | | | MCWRAP, PRICHO |
| 0355U | APOL1 (apolipoprotein L1) (eg, chronic ki | Yes | | | ALL (Except MCWRAP) |
| 0355U | APOL1 (apolipoprotein L1) (eg, chronic ki | No | | | MCWRAP |
| 0356U | Oncology (oropharyngeal), evaluation of 1 | Yes | | | ALL (Except MCWRAP) |
| 0356U | Oncology (oropharyngeal), evaluation of 1 | No | | | MCWRAP |
| 0358U | Neurology (mild cognitive impairment), an | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0358U | Neurology (mild cognitive impairment), an | No | | | MCWRAP, PRICHO |
| 0359U | Oncology (prostate cancer), analysis of all | Yes | | | ALL (Except MCWRAP) |
| 0359U | Oncology (prostate cancer), analysis of all | No | | | MCWRAP |
| 0360U | Oncology (lung), enzyme-linked immunos | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0360U | Oncology (lung), enzyme-linked immunos | No | | | MCWRAP, PRICHO |
| 0362U | Oncology (papillary thyroid cancer), gene- | Yes | | | ALL (Except MCWRAP) |
| 0362U | Oncology (papillary thyroid cancer), gene- | No | | | MCWRAP |
| 0363U | Oncology (urothelial), mRNA, gene expres | Yes | | | ALL (Except MCWRAP) |
| 0363U | Oncology (urothelial), mRNA, gene expres | No | | | MCWRAP |
| 0364U | Oncology (hematolymphoid neoplasm), ge | Yes | | | ALL (Except MCWRAP) |
| 0364U | Oncology (hematolymphoid neoplasm), ge | No | | | MCWRAP |
| 0365U | Oncology (bladder), analysis of 10 protein | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0365U | Oncology (bladder), analysis of 10 protein | No | | | MCWRAP, PRICHO |
| 0366U | Oncology (bladder), analysis of 10 protein | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0366U | Oncology (bladder), analysis of 10 protein | No | | | MCWRAP, PRICHO |
| 0367U | Oncology (bladder), analysis of 10 protein | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0367U | Oncology (bladder), analysis of 10 protein | No | | | MCWRAP, PRICHO |
| 0368U | Oncology (colorectal cancer), evaluation f | Yes | | | ALL (Except MCWRAP) |
| 0368U | Oncology (colorectal cancer), evaluation f | No | | | MCWRAP |
| 0371U | Infectious agent detection by nucleic acid | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0371U | Infectious agent detection by nucleic acid | No | | | MCWRAP, PRICHO |
| 0372U | Infectious disease (genitourinary pathoger | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0372U | Infectious disease (genitourinary pathoger | No | | | MCWRAP, PRICHO |
| 0375U | Oncology (ovarian), biochemical assays o | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0375U | Oncology (ovarian), biochemical assays o | No | | | MCWRAP, PRICHO |
| 0376U | Oncology (prostate cancer), image analys | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0376U | Oncology (prostate cancer), image analys | No | | | MCWRAP, PRICHO |
| 0377U | Cardiovascular disease, quantification of a | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0377U | Cardiovascular disease, quantification of a | No | | | MCWRAP, PRICHO |
| 0378U | RFC1 (replication factor C subunit 1), repe | Yes | | | ALL (Except MCWRAP) |
| 0378U | RFC1 (replication factor C subunit 1), repe | No | | | MCWRAP |
| 0379U | Targeted genomic sequence analysis pan | Yes | | | ALL (Except MCWRAP) |
| 0379U | Targeted genomic sequence analysis pan | No | | | MCWRAP |
| 0381U | Maple syrup urine disease monitoring by p | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0381U | Maple syrup urine disease monitoring by p | No | | | MCWRAP, PRICHO |
| 0382U | Hyperphenylalaninemia monitoring by pati | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0382U | Hyperphenylalaninemia monitoring by pati | No | | | MCWRAP, PRICHO |
| 0383U | Tyrosinemia type I monitoring by patient-c | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0383U | Tyrosinemia type I monitoring by patient-c | No | | | MCWRAP, PRICHO |
| 0384U | Nephrology (chronic kidney disease), carb | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0384U | Nephrology (chronic kidney disease), carb | No | | | MCWRAP, PRICHO |
| 0385U | Nephrology (chronic kidney disease), apol | Yes | | | ALL (Except AHL, McWrap, PRICHO) |
| 0385U | Nephrology (chronic kidney disease), apol | No | | | MCWRAP, PRICHO |
| 0387U | Oncology (melanoma), autophagy and be | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0387U | Oncology (melanoma), autophagy and be | No | | | MCWRAP, PRICHO |
| 0388U | Oncology (non-small cell lung cancer), ne | Yes | | | ALL (Except MCWRAP) |
| 0388U | Oncology (non-small cell lung cancer), ne | No | | | MCWRAP |
| 0389U | Pediatric febrile illness (Kawasaki disease | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0389U | Pediatric febrile illness (Kawasaki disease | No | | | MCWRAP, PRICHO |
| 0390U | Obstetrics (preeclampsia), kinase insert d | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0390U | Obstetrics (preeclampsia), kinase insert d | No | | | MCWRAP, PRICHO |
| 0391U | Oncology (solid tumor), DNA and RNA by | Yes | | | ALL (Except MCWRAP) |
| 0391U | Oncology (solid tumor), DNA and RNA by | No | | | MCWRAP |
| 0392U | Drug metabolism (depression, anxiety, att | Yes | | | ALL (Except MCWRAP) |
| 0392U | Drug metabolism (depression, anxiety, att | No | | | MCWRAP |
| 0393U | Neurology (eg, Parkinson disease, demen | Yes | | | ALL (Except MCWRAP) |
| 0393U | Neurology (eg, Parkinson disease, demen | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0394U | Perfluoroalkyl substances (PFAS) (eg, per | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0394U | Perfluoroalkyl substances (PFAS) (eg, per | No | | | MCWRAP, PRICHO |
| 0395U | Oncology (lung), multi-omics (microbial DI | Yes | | | ALL (Except MCWRAP) |
| 0395U | Oncology (lung), multi-omics (microbial DI | No | | | MCWRAP |
| 0398U | Gastroenterology (Barrett esophagus), P1 | Yes | | | ALL (Except MCWRAP) |
| 0398U | Gastroenterology (Barrett esophagus), P1 | No | | | MCWRAP |
| 0399U | Neurology (cerebral folate deficiency), ser | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0399U | Neurology (cerebral folate deficiency), ser | No | | | MCWRAP, PRICHO |
| 0400U | Obstetrics (expanded carrier screening), 1 | Yes | | | ALL (Except MCWRAP) |
| 0400U | Obstetrics (expanded carrier screening), 1 | No | | | MCWRAP |
| 0401U | Cardiology (coronary heart disease [CAD] | Yes | | | ALL (Except MCWRAP) |
| 0401U | Cardiology (coronary heart disease [CAD] | No | | | MCWRAP |
| 0402U | Infectious agent (sexually transmitted infe | No | | | ALL |
| 0403U | Oncology (prostate), mRNA, gene express | Yes | | | ALL (Except MCWRAP) |
| 0403U | Oncology (prostate), mRNA, gene express | No | | | MCWRAP |
| 0404U | Oncology (breast), semiquantitative meas | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0404U | Oncology (breast), semiquantitative meas | No | | | MCWRAP, PRICHO |
| 0405U | Oncology (pancreatic), 59 methylation hap | Yes | | | ALL (Except MCWRAP) |
| 0405U | Oncology (pancreatic), 59 methylation hap | No | | | MCWRAP |
| 0406U | Oncology (lung), flow cytometry, sputum, 5 | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0406U | Oncology (lung), flow cytometry, sputum, 5 | No | | | MCWRAP, PRICHO |
| 0407U | Nephrology (diabetic chronic kidney disea | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0407U | Nephrology (diabetic chronic kidney disea | No | | | MCWRAP, PRICHO |
| 0408U | Infectious agent antigen detection by bulk | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0408U | Infectious agent antigen detection by b | No | | | MCWRAP, PRICHO |
| 0409U | Oncology (solid tumor), DNA (80 gene | Yes | | | ALL (Except MCWRAP) |
| 0409U | Oncology (solid tumor), DNA (80 gene | No | | | MCWRAP |
| 0410U | Oncology (pancreatic), DNA, whole ge | Yes | | | ALL (Except MCWRAP) |
| 0410U | Oncology (pancreatic), DNA, whole ge | No | | | MCWRAP |
| 0411U | Psychiatry (eg, depression, anxiety, at | Yes | | | ALL (Except MCWRAP) |
| 0411U | Psychiatry (eg, depression, anxiety, at | No | | | MCWRAP |
| 0412U | Beta amyloid, Aβ42/40 ratio, immunop | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0412U | Beta amyloid, Aβ42/40 ratio, immunop | No | | | MCWRAP, PRICHO |
| 0413U | Oncology (hematolymphoid neoplasm | Yes | | | ALL (Except MCWRAP) |
| 0413U | Oncology (hematolymphoid neoplasm | No | | | MCWRAP |
| 0414U | Oncology (lung), augmentative algorith | Yes | | | ALL (Except MCWRAP) |
| 0414U | Oncology (lung), augmentative algorith | No | | | MCWRAP |
| 0415U | Cardiovascular disease (acute corona | Yes | | | ALL (Except MCWRAP) |
| 0415U | Cardiovascular disease (acute corona | No | | | MCWRAP |
| 0417U | Rare diseases (constitutional/heritable | Yes | | | ALL (Except MCWRAP) |
| 0417U | Rare diseases (constitutional/heritable | No | | | MCWRAP |
| 0418U | Oncology (breast), augmentative algor | Yes | | | ALL (Except MCWRAP) |
| 0418U | Oncology (breast), augmentative algorithn | No | | | MCWRAP |
| 0419U | Neuropsychiatry (eg, depression, anxiety), | Yes | | | ALL (Except MCWRAP) |
| 0419U | Neuropsychiatry (eg, depression, anxiety), | No | | | MCWRAP |
| 0420U | Oncology (urothelial), mRNA expression p | Yes | | | ALL (Except MCWRAP) |
| 0420U | Oncology (urothelial), mRNA expression p | No | | | MCWRAP |
| 0421U | Oncology (colorectal) screening, quantitat | Yes | | | ALL (Except MCWRAP) |
| 0421U | Oncology (colorectal) screening, quantitat | No | | | MCWRAP |
| 0422U | Oncology (pan-solid tumor), analysis of DI | Yes | | | ALL (Except MCWRAP) |
| 0422U | Oncology (pan-solid tumor), analysis of DI | No | | | MCWRAP |
| 0423U | Psychiatry (eg, depression,anxiety), genor | Yes | | | ALL (Except MCWRAP) |
| 0423U | Psychiatry (eg, depression,anxiety), genor | No | | | MCWRAP |
| 0424U | Oncology (prostate), exosomebased analy | Yes | | | ALL (Except MCWRAP) |
| 0424U | Oncology (prostate), exosomebased analy | No | | | MCWRAP |
| 0425U | Genome (eg, unexplainedconstitutional or | Yes | | | ALL (Except MCWRAP) |
| 0425U | Genome (eg, unexplainedconstitutional or | No | | | MCWRAP |
| 0426U | Genome (eg, unexplainedconstitutional or | Yes | | | ALL (Except MCWRAP) |
| 0426U | Genome (eg, unexplainedconstitutional or | No | | | MCWRAP |
| 0427U | Monocyte distribution width, whole blood ( | Yes | | | ALL (Except MCWRAP) |
| 0427U | Monocyte distribution width, whole blood ( | No | | | MCWRAP |
| 0429U | Human papillomavirus (HPV), oropharyng | Yes | | | ALL (Except MCWRAP) |
| 0429U | Human papillomavirus (HPV), oropharyng | No | | | MCWRAP |
| 0430U | Gastroenterology, malabsorption evaluatio | Yes | | | ALL (Except MCWRAP) |
| 0430U | Gastroenterology, malabsorption evaluatio | No | | | MCWRAP |
| 0431U | Glycine receptor alpha1 IgG, serum or cer | Yes | | | ALL (Except MCWRAP) |
| 0431U | Glycine receptor alpha1 IgG, serum or cer | No | | | MCWRAP |
| 0432U | Kelch-like protein 11 (KLHL11) antibody, s | Yes | | | ALL (Except MCWRAP) |
| 0432U | Kelch-like protein 11 (KLHL11) antibody, s | No | | | MCWRAP |
| 0433U | Oncology (prostate), 5 DNA regulatory ma | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0433U | Oncology (prostate), 5 DNA regulatory ma | No | | | MCWRAP |
| 0434U | Drug metabolism (adverse drug reactions | Yes | | | ALL (Except MCWRAP) |
| 0434U | Drug metabolism (adverse drug reactions | No | | | MCWRAP |
| 0435U | Oncology, chemotherapeutic drug cytotox | Yes | | | ALL (Except MCWRAP) |
| 0435U | Oncology, chemotherapeutic drug cytotox | No | | | MCWRAP |
| 0436U | Oncology (lung), plasma analysis of 388 p | Yes | | | ALL (Except MCWRAP) |
| 0436U | Oncology (lung), plasma analysis of 388 p | No | | | MCWRAP |
| 0437U | Psychiatry (anxiety disorders), mRNA, ger | Yes | | | ALL (Except MCWRAP) |
| 0437U | Psychiatry (anxiety disorders), mRNA, ger | No | | | MCWRAP |
| 0438U | Drug metabolism (adverse drug reactions | Yes | | | ALL (Except MCWRAP) |
| 0438U | Drug metabolism (adverse drug reactions | No | | | MCWRAP |
| 0439U | Cardiology (coronary heart disease [CHD] | Yes | | | ALL (Except MCWRAP) |
| 0439U | Cardiology (coronary heart disease [CHD] | No | | | MCWRAP |
| 0440U | Cardiology (coronary heart disease [CHD] | Yes | | | ALL (Except MCWRAP) |
| 0440U | Cardiology (coronary heart disease [CHD] | No | | | MCWRAP |
| 0441U | Infectious disease (bacterial, fungal, or vir | Yes | | | ALL (Except MCWRAP) |
| 0441U | Infectious disease (bacterial, fungal, or vir | No | | | MCWRAP |
| 0442U | Infectious disease (respiratory infection), M | Yes | | | ALL (Except MCWRAP) |
| 0442U | Infectious disease (respiratory infection), M | No | | | MCWRAP |
| 0443U | Neurofilament light chain (NfL), ultra-sens | Yes | | | ALL (Except MCWRAP) |
| 0443U | Neurofilament light chain (NfL), ultra-sens | No | | | MCWRAP |
| 0444U | Oncology (solid organ neoplasia), targeted | Yes | | | ALL (Except MCWRAP) |
| 0444U | Oncology (solid organ neoplasia), targeted | No | | | MCWRAP |
| 0445U | β-amyloid (Abeta42) and phospho tau (18 | Yes | | | ALL (Except MCWRAP) |
| 0445U | β-amyloid (Abeta42) and phospho tau (18 | No | | | MCWRAP |
| 0446U | Autoimmune diseases (systemic lupus ery | Yes | | | ALL (Except MCWRAP) |
| 0446U | Autoimmune diseases (systemic lupus ery | No | | | MCWRAP |
| 0447U | Autoimmune diseases (systemic lupus ery | Yes | | | ALL (Except MCWRAP) |
| 0447U | Autoimmune diseases (systemic lupus ery | No | | | MCWRAP |
| 0449U | Carrier screening for severe inherited con | Yes | | | ALL (Except MCWRAP) |
| 0449U | Carrier screening for severe inherited con | No | | | MCWRAP |
| 0452U | Oncology (bladder), methylated PENK DN | Yes | | | ALL (Except MCWRAP) |
| 0452U | Oncology (bladder), methylated PENK DN | No | | | MCWRAP |
| 0453U | Oncology (colorectal cancer), cell□free DN | Yes | | | ALL (Except MCWRAP) |
| 0453U | Oncology (colorectal cancer), cell□free DN | No | | | MCWRAP |
| 0454U | Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0454U | Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0455U | Infectious agents (sexually transmitted infe | Yes | | | ALL (Except MCWRAP) |
| 0455U | Infectious agents (sexually transmitted infe | No | | | MCWRAP |
| 0457U | Perfluoroalkyl substances (PFAS) (eg, per | Yes | | | ALL (Except MCWRAP) |
| 0457U | Perfluoroalkyl substances (PFAS) (eg, per | No | | | MCWRAP |
| 0458U | Oncology (breast cancer), S100A8 and S1 | Yes | | | ALL (Except MCWRAP) |
| 0458U | Oncology (breast cancer), S100A8 and S1 | No | | | MCWRAP |
| 0459U | β-amyloid (Abeta42) and total tau (tTau), e | Yes | | | ALL (Except MCWRAP) |
| 0459U | β-amyloid (Abeta42) and total tau (tTau), e | No | | | MCWRAP |
| 0460U | Oncology, whole blood or buccal, DNA sin | Yes | | | ALL (Except MCWRAP) |
| 0460U | Oncology, whole blood or buccal, DNA sin | No | | | MCWRAP |
| 0461U | Oncology, pharmacogenomic analysis of s | Yes | | | ALL (Except MCWRAP) |
| 0461U | Oncology, pharmacogenomic analysis of s | No | | | MCWRAP |
| 0462U | Melatonin levels test, sleep study, 7 or 9 s | Yes | | | ALL (Except MCWRAP) |
| 0462U | Melatonin levels test, sleep study, 7 or 9 s | No | | | MCWRAP |
| 0463U | Oncology (cervix), mRNA gene expression | Yes | | | ALL (Except MCWRAP) |
| 0463U | Oncology (cervix), mRNA gene expression | No | | | MCWRAP |
| 0464U | Oncology (colorectal) screening, quantitat | No | | | ALL |
| 0465U | Oncology (urothelial carcinoma), DNA, qu | Yes | | | ALL (Except MCWRAP) |
| 0465U | Oncology (urothelial carcinoma), DNA, qu | No | | | MCWRAP |
| 0466U | Cardiology (coronary artery disease [CAD] | Yes | | | ALL (Except MCWRAP) |
| 0466U | Cardiology (coronary artery disease [CAD] | No | | | MCWRAP |
| 0467U | Oncology (bladder), DNA, next□generation | Yes | | | ALL (Except MCWRAP) |
| 0467U | Oncology (bladder), DNA, next□generation | No | | | MCWRAP |
| 0468U | Hepatology (nonalcoholic steatohepatitis [ | Yes | | | ALL (Except MCWRAP) |
| 0468U | Hepatology (nonalcoholic steatohepatitis [ | No | | | MCWRAP |
| 0469U | Rare diseases (constitutional/heritable dis | Yes | | | ALL (Except MCWRAP) |
| 0469U | Rare diseases (constitutional/heritable dis | No | | | MCWRAP |
| 0470U | Oncology (oropharyngeal), detection of mi | Yes | | | ALL (Except MCWRAP) |
| 0470U | Oncology (oropharyngeal), detection of mi | No | | | MCWRAP |
| 0471U | Oncology (colorectal cancer), qualitative r | Yes | | | ALL (Except MCWRAP) |
| 0471U | Oncology (colorectal cancer), qualitative r | No | | | MCWRAP |
| 0472U | Carbonic anhydrase VI (CA VI), parotid sp | Yes | | | ALL (Except MCWRAP) |
| 0472U | Carbonic anhydrase VI (CA VI), parotid sp | No | | | MCWRAP |
| 0473U | Oncology (solid tumor), next□generation s | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0473U | Oncology (solid tumor), next□generation s | No | | | MCWRAP |
| 0474U | Hereditary pan-cancer (eg, hereditary sarc | Yes | | | ALL (Except MCWRAP) |
| 0474U | Hereditary pan-cancer (eg, hereditary sarc | No | | | MCWRAP |
| 0475U | Hereditary prostate cancer□related disorde | Yes | | | ALL (Except MCWRAP) |
| 0475U | Hereditary prostate cancer□related disorde | No | | | MCWRAP |
| 0476U | Drug metabolism, psychiatry (eg, major de | Yes | | | ALL (Except MCWRAP) |
| 0476U | Drug metabolism, psychiatry (eg, major de | No | | | MCWRAP |
| 0477U | Drug metabolism, psychiatry (eg, major de | Yes | | | ALL (Except MCWRAP) |
| 0477U | Drug metabolism, psychiatry (eg, major de | No | | | MCWRAP |
| 0478U | Oncology (non-small cell lung cancer), DN | Yes | | | ALL (Except MCWRAP) |
| 0478U | Oncology (non-small cell lung cancer), DN | No | | | MCWRAP |
| 0479U | Tau, phosphorylated, pTau217 | Yes | | | ALL (Except MCWRAP) |
| 0479U | Tau, phosphorylated, pTau217 | No | | | MCWRAP |
| 0480U | Infectious disease (bacteria, viruses, fung | Yes | | | ALL (Except MCWRAP) |
| 0480U | Infectious disease (bacteria, viruses, fung | No | | | MCWRAP |
| 0481U | IDH1 (isocitrate dehydrogenase 1 [NADP+ | Yes | | | ALL (Except MCWRAP) |
| 0481U | IDH1 (isocitrate dehydrogenase 1 [NADP+ | No | | | MCWRAP |
| 0482U | Obstetrics (preeclampsia), biochemical as | Yes | | | ALL (Except MCWRAP) |
| 0482U | Obstetrics (preeclampsia), biochemical as | No | | | MCWRAP |
| 0483U | Infectious disease (Neisseria gonorrhoeae | Yes | | | ALL (Except MCWRAP) |
| 0483U | Infectious disease (Neisseria gonorrhoeae | No | | | MCWRAP |
| 0484U | Infectious disease (Mycoplasma genitaliur | Yes | | | ALL (Except MCWRAP) |
| 0484U | Infectious disease (Mycoplasma genitaliur | No | | | MCWRAP |
| 0485U | Oncology (solid tumor), cell-free DNA and | Yes | | | ALL (Except MCWRAP) |
| 0485U | Oncology (solid tumor), cell-free DNA and | No | | | MCWRAP |
| 0486U | Oncology (pan-solid tumor), next□generati | Yes | | | ALL (Except MCWRAP) |
| 0486U | Oncology (pan-solid tumor), next□generati | No | | | MCWRAP |
| 0487U | Oncology (solid tumor), cell-free circulatin | Yes | | | ALL (Except MCWRAP) |
| 0487U | Oncology (solid tumor), cell-free circulatin | No | | | MCWRAP |
| 0488U | Obstetrics (fetal antigen noninvasive pren | Yes | | | ALL (Except MCWRAP) |
| 0488U | Obstetrics (fetal antigen noninvasive pren | No | | | MCWRAP |
| 0489U | Obstetrics (single-gene noninvasive prena | Yes | | | ALL (Except MCWRAP) |
| 0489U | Obstetrics (single-gene noninvasive prena | No | | | MCWRAP |
| 0490U | Oncology (cutaneous or uveal melanoma) | Yes | | | ALL (Except MCWRAP) |
| 0490U | Oncology (cutaneous or uveal melanoma) | No | | | MCWRAP |
| 0491U | Oncology (solid tumor), circulating tumor c | Yes | | | ALL (Except MCWRAP) |
| 0491U | Oncology (solid tumor), circulating tumor c | No | | | MCWRAP |
| 0492U | Oncology (solid tumor), circulating tumor c | Yes | | | ALL (Except MCWRAP) |
| 0492U | Oncology (solid tumor), circulating tumor c | No | | | MCWRAP |
| 0493U | Transplantation medicine, quantification o | Yes | | | ALL (Except MCWRAP) |
| 0493U | Transplantation medicine, quantification o | No | | | MCWRAP |
| 0494U | Red blood cell antigen (fetal RhD gene an | Yes | | | ALL (Except MCWRAP) |
| 0494U | Red blood cell antigen (fetal RhD gene an | No | | | MCWRAP |
| 0495U | Oncology (prostate), analysis of circulating | Yes | | | ALL (Except MCWRAP) |
| 0495U | Oncology (prostate), analysis of circulating | No | | | MCWRAP |
| 0496U | Oncology (colorectal), cell-free DNA, 8 ge | Yes | | | ALL (Except MCWRAP) |
| 0496U | Oncology (colorectal), cell-free DNA, 8 ge | No | | | MCWRAP |
| 0497U | Oncology (prostate), mRNA gene□express | Yes | | | ALL (Except MCWRAP) |
| 0497U | Oncology (prostate), mRNA gene□express | No | | | MCWRAP |
| 0498U | Oncology (colorectal), next□generation se | Yes | | | ALL (Except MCWRAP) |
| 0498U | Oncology (colorectal), next□generation se | No | | | MCWRAP |
| 0499U | Oncology (colorectal and lung), DNA from | Yes | | | ALL (Except MCWRAP) |
| 0499U | Oncology (colorectal and lung), DNA from | No | | | MCWRAP |
| 0500U | Autoinflammatory disease (VEXAS syndro | Yes | | | ALL (Except MCWRAP) |
| 0500U | Autoinflammatory disease (VEXAS syndro | No | | | MCWRAP |
| 0501U | Oncology (colorectal), blood, quantitative | Yes | | | ALL (Except MCWRAP) |
| 0501U | Oncology (colorectal), blood, quantitative | No | | | MCWRAP |
| 0502U | Human papillomavirus (HPV), E6/E7 mark | Yes | | | ALL (Except MCWRAP) |
| 0502U | Human papillomavirus (HPV), E6/E7 mark | No | | | MCWRAP |
| 0503U | Neurology (Alzheimer disease), beta amyl | Yes | | | ALL (Except MCWRAP) |
| 0503U | Neurology (Alzheimer disease), beta amyl | No | | | MCWRAP |
| 0504U | Infectious disease (urinary tract infection), | Yes | | | ALL (Except MCWRAP) |
| 0504U | Infectious disease (urinary tract infection), | No | | | MCWRAP |
| 0505U | Infectious disease (vaginal infection), iden | Yes | | | ALL (Except MCWRAP) |
| 0505U | Infectious disease (vaginal infection), iden | No | | | MCWRAP |
| 0506U | Gastroenterology (Barrett's esophagus), e | Yes | | | ALL (Except MCWRAP) |
| 0506U | Gastroenterology (Barrett's esophagus), e | No | | | MCWRAP |
| 0507U | Oncology (ovarian), DNA, whole□genome | Yes | | | ALL (Except MCWRAP) |
| 0507U | Oncology (ovarian), DNA, whole□genome | No | | | MCWRAP |
| 0510U | Oncology (pancreatic cancer), augmentati | Yes | | | ALL (Except MCWRAP) |
| 0510U | Oncology (pancreatic cancer), augmentati | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0511U | Oncology (solid tumor), tumor cell culture | Yes | | | ALL (Except MCWRAP) |
| 0511U | Oncology (solid tumor), tumor cell culture | No | | | MCWRAP |
| 0512U | Oncology (prostate), augmentative algorith | Yes | | | ALL (Except MCWRAP) |
| 0512U | Oncology (prostate), augmentative algorith | No | | | MCWRAP |
| 0513U | Oncology (prostate), augmentative algorith | Yes | | | ALL (Except MCWRAP) |
| 0513U | Oncology (prostate), augmentative algorith | No | | | MCWRAP |
| 0514U | Gastroenterology (irritable bowel disease | Yes | | | ALL (Except MCWRAP) |
| 0514U | Gastroenterology (irritable bowel disease | No | | | MCWRAP |
| 0515U | Gastroenterology (irritable bowel disease | Yes | | | ALL (Except MCWRAP) |
| 0515U | Gastroenterology (irritable bowel disease | No | | | MCWRAP |
| 0516U | Drug metabolism, whole blood, pharmaco | Yes | | | ALL (Except MCWRAP) |
| 0516U | Drug metabolism, whole blood, pharmaco | No | | | MCWRAP |
| 0517U | Therapeutic drug monitoring, 80 or more p | Yes | | | ALL (Except MCWRAP) |
| 0517U | Therapeutic drug monitoring, 80 or more p | No | | | MCWRAP |
| 0518U | Therapeutic drug monitoring, 90 or more p | Yes | | | ALL (Except MCWRAP) |
| 0518U | Therapeutic drug monitoring, 90 or more p | No | | | MCWRAP |
| 0519U | Therapeutic drug monitoring, medications | Yes | | | ALL (Except MCWRAP) |
| 0519U | Therapeutic drug monitoring, medications | No | | | MCWRAP |
| 0520U | Therapeutic drug monitoring, 200 or more | Yes | | | ALL (Except MCWRAP) |
| 0520U | Therapeutic drug monitoring, 200 or more | No | | | MCWRAP |
| 0521U | Rheumatoid factor IgA and IgM, cyclic citr | Yes | | | ALL (Except MCWRAP) |
| 0521U | Rheumatoid factor IgA and IgM, cyclic citr | No | | | MCWRAP |
| 0522U | Carbonic anhydrase VI, parotid specific/se | Yes | | | ALL (Except MCWRAP) |
| 0522U | Carbonic anhydrase VI, parotid specific/se | No | | | MCWRAP |
| 0523U | Oncology (solid tumor), DNA, qualitative, r | Yes | | | ALL (Except MCWRAP) |
| 0523U | Oncology (solid tumor), DNA, qualitative, r | No | | | MCWRAP |
| 0524U | Obstetrics (preeclampsia), sFlt□1/PlGF rat | Yes | | | ALL (Except MCWRAP) |
| 0524U | Obstetrics (preeclampsia), sFlt□1/PlGF rat | No | | | MCWRAP |
| 0525U | Oncology, spheroid cell culture, 11-drug p | Yes | | | ALL (Except MCWRAP) |
| 0525U | Oncology, spheroid cell culture, 11-drug p | No | | | MCWRAP |
| 0526U | Nephrology (renal transplant), quantificatio | Yes | | | ALL (Except MCWRAP) |
| 0526U | Nephrology (renal transplant), quantificatio | No | | | MCWRAP |
| 0527U | Herpes simplex virus (HSV) types 1 and 2 | Yes | | | ALL (Except MCWRAP) |
| 0527U | Herpes simplex virus (HSV) types 1 and 2 | No | | | MCWRAP |
| 0528U | Lower respiratory tract infectious agent de | Yes | | | ALL (Except MCWRAP) |
| 0528U | Lower respiratory tract infectious agent de | No | | | MCWRAP |
| 0529U | Hematology (venous thromboembolism [V | Yes | | | ALL (Except MCWRAP) |
| 0529U | Hematology (venous thromboembolism [V | No | | | MCWRAP |
| 0530U | Oncology (pan-solid tumor), ctDNA, utilizin | Yes | | | ALL (Except MCWRAP) |
| 0530U | Oncology (pan-solid tumor), ctDNA, utilizin | No | | | MCWRAP |
| 0531U | Infectious disease (acid-fast bacteria and | Yes | | | ALL (Except McWRAP) |
| 0531U | Infectious disease (acid-fast bacteria and | No | | | MCWRAP |
| 0532U | Rare diseases (constitutional disease/here | Yes | | | ALL (Except McWRAP) |
| 0532U | Rare diseases (constitutional disease/here | No | | | MCWRAP |
| 0533U | Drug metabolism (adverse drug reactions | Yes | | | ALL (Except McWRAP) |
| 0533U | Drug metabolism (adverse drug reactions | No | | | MCWRAP |
| 0534U | Oncology (prostate), microRNA, single-nu | Yes | | | ALL (Except McWRAP) |
| 0534U | Oncology (prostate), microRNA, single-nu | No | | | MCWRAP |
| 0535U | Perfluoroalkyl substances (PFAS) (eg, per | Yes | | | ALL (Except McWRAP) |
| 0535U | Perfluoroalkyl substances (PFAS) (eg, per | No | | | MCWRAP |
| 0536U | Red blood cell antigen (fetal RhD), PCR a | Yes | | | ALL (Except McWRAP) |
| 0536U | Red blood cell antigen (fetal RhD), PCR a | No | | | MCWRAP |
| 0537U | Oncology (colorectal cancer), analysis of c | Not Covered | | | ALL (Except MED) |
| 0537U | Oncology (colorectal cancer), analysis of c | No | | | MED |
| 0538U | Oncology (solid tumor), next□generation ta | Yes | | | ALL (Except McWRAP) |
| 0538U | Oncology (solid tumor), next□generation ta | No | | | MCWRAP |
| 0539U | Oncology (solid tumor), cell□free circulatin | Yes | | | ALL (Except McWRAP) |
| 0539U | Oncology (solid tumor), cell□free circulatin | No | | | MCWRAP |
| 0540U | Transplantation medicine, quantification o | Yes | | | ALL (Except McWRAP) |
| 0540U | Transplantation medicine, quantification o | No | | | MCWRAP |
| 0541U | Cardiovascular disease (HDL reverse cho | Yes | | | ALL (Except McWRAP) |
| 0541U | Cardiovascular disease (HDL reverse cho | No | | | MCWRAP |
| 0542U | Nephrology (renal transplant), urine, nucle | Yes | | | ALL (Except McWRAP) |
| 0542U | Nephrology (renal transplant), urine, nucle | No | | | MCWRAP |
| 0543U | Oncology (solid tumor), next□generation s | Yes | | | ALL (Except McWRAP) |
| 0543U | Oncology (solid tumor), next□generation s | No | | | MCWRAP |
| 0545U | Acetylcholine receptor (AChR), antibody ic | Yes | | | ALL (Except McWRAP) |
| 0545U | Acetylcholine receptor (AChR), antibody ic | No | | | MCWRAP |
| 0546U | Low-density lipoprotein receptor-related pr | Yes | | | ALL (Except McWRAP) |
| 0546U | Low-density lipoprotein receptor-related pr | No | | | MCWRAP |
| 0547U | Neurofilament light chain (NfL), chemilum | Yes | | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0547U | Neurofilament light chain (NfL), chemilum | No | | | MCWRAP |
| 0548U | Glial fibrillary acidic protein (GFAP), chem | Yes | | | ALL (Except McWRAP) |
| 0548U | Glial fibrillary acidic protein (GFAP), chem | No | | | MCWRAP |
| 0549U | Oncology (urothelial), DNA, quantitative m | Yes | | | ALL (Except McWRAP) |
| 0549U | Oncology (urothelial), DNA, quantitative m | No | | | MCWRAP |
| 0552U | Reproductive medicine (preimplantation g | Yes | | | ALL (Except McWRAP) |
| 0552U | Reproductive medicine (preimplantation g | No | | | MCWRAP |
| 0553U | Reproductive medicine (preimplantation g | Yes | | | ALL (Except McWRAP) |
| 0553U | Reproductive medicine (preimplantation g | No | | | MCWRAP |
| 0554U | Reproductive medicine (preimplantation g | Yes | | | ALL (Except McWRAP) |
| 0554U | Reproductive medicine (preimplantation g | No | | | MCWRAP |
| 0555U | Reproductive medicine preimplantation ge | Yes | | | ALL (Except McWRAP) |
| 0555U | Reproductive medicine preimplantation ge | No | | | MCWRAP |
| 0556U | Infectious disease (bacterial or viral respir | Yes | | | ALL (Except McWRAP) |
| 0556U | Infectious disease (bacterial or viral respir | No | | | MCWRAP |
| 0557U | Infectious disease (bacterial vaginosis and | Yes | | | ALL (Except McWRAP) |
| 0557U | Infectious disease (bacterial vaginosis and | No | | | MCWRAP |
| 0558U | Oncology (colorectal), quantitative enzyme | Yes | | | ALL (Except McWRAP) |
| 0558U | Oncology (colorectal), quantitative enzyme | No | | | MCWRAP |
| 0559U | Oncology (breast), quantitative enzyme-lin | Yes | | | ALL (Except McWRAP) |
| 0559U | Oncology (breast), quantitative enzyme-lin | No | | | MCWRAP |
| 0560U | Oncology (minimal residual disease [M | Yes | | | ALL (Except McWRAP) |
| 0560U | Oncology (minimal residual disease [M | No | | | MCWRAP |
| 0561U | Oncology (minimal residual disease [M | Yes | | | ALL (Except McWRAP) |
| 0561U | Oncology (minimal residual disease [M | No | | | MCWRAP |
| 0562U | Oncology (solid tumor), targeted geno | Yes | | | ALL (Except McWRAP) |
| 0562U | Oncology (solid tumor), targeted geno | No | | | MCWRAP |
| 0563U | Infectious disease (bacterial and/or vir | Yes | | | ALL (Except McWRAP) |
| 0563U | Infectious disease (bacterial and/or vir | No | | | MCWRAP |
| 0564U | Infectious disease (bacterial and/or vir | Yes | | | ALL (Except McWRAP) |
| 0564U | Infectious disease (bacterial and/or vir | No | | | MCWRAP |
| 0565U | Oncology (hepatocellular carcinoma), | Yes | | | ALL (Except McWRAP) |
| 0565U | Oncology (hepatocellular carcinoma), | No | | | MCWRAP |
| 0566U | Oncology (lung), qPCR□based analysi | Yes | | | ALL (Except McWRAP) |
| 0566U | Oncology (lung), qPCR□based analysi | No | | | MCWRAP |
| 0567U | Rare diseases (constitutional/heritable | Yes | | | ALL (Except McWRAP) |
| 0567U | Rare diseases (constitutional/heritable | No | | | MCWRAP |
| 0568U | Neurology (dementia), beta amyloid (A | Yes | | | ALL (Except McWRAP) |
| 0568U | Neurology (dementia), beta amyloid (A | No | | | MCWRAP |
| 0569U | Oncology (solid tumor), next□generatic | Yes | | | ALL (Except McWRAP) |
| 0569U | Oncology (solid tumor), next□generatic | No | | | MCWRAP |
| 0570U | Neurology (traumatic brain injury), ana | Yes | | | ALL (Except McWRAP) |
| 0570U | Neurology (traumatic brain injury), ana | No | | | MCWRAP |
| 0571U | Oncology (solid tumor), DNA (80 gene | Yes | | | ALL (Except McWRAP) |
| 0571U | Oncology (solid tumor), DNA (80 gene | No | | | MCWRAP |
| 0572U | Oncology (prostate), high□throughput t | Yes | | | ALL (Except McWRAP) |
| 0572U | Oncology (prostate), high□throughput t | No | | | MCWRAP |
| 0573U | Oncology (pancreas), 3 biomarkers (gluco | Yes | | | ALL (Except McWRAP) |
| 0573U | Oncology (pancreas), 3 biomarkers (gluco | No | | | MCWRAP |
| 0574U | Mycobacterium tuberculosis, culture fi | Yes | | | ALL (Except McWRAP) |
| 0574U | Mycobacterium tuberculosis, culture fi | No | | | MCWRAP |
| 0575U | Transplantation medicine (liver allogra | Yes | | | ALL (Except McWRAP) |
| 0575U | Transplantation medicine (liver allogra | No | | | MCWRAP |
| 0576U | Transplantation medicine (liver allogra | Yes | | | ALL (Except McWRAP) |
| 0576U | Transplantation medicine (liver allogra | No | | | MCWRAP |
| 0577U | Oncology (ovarian), serum, analysis o | Yes | | | ALL (Except McWRAP) |
| 0577U | Oncology (ovarian), serum, analysis o | No | | | MCWRAP |
| 0578U | Oncology (cutaneous melanoma), RN | Yes | | | ALL (Except McWRAP) |
| 0578U | Oncology (cutaneous melanoma), RN | No | | | MCWRAP |
| 0579U | Nephrology (diabetic chronic kidney di | Yes | | | ALL (Except McWRAP) |
| 0579U | Nephrology (diabetic chronic kidney di | No | | | MCWRAP |
| 0580U | Borrelia burgdorferi, antibody detectio | Yes | | | ALL (Except McWRAP) |
| 0580U | Borrelia burgdorferi, antibody detectio | No | | | MCWRAP |
| 0581U | Transplantation medicine, antibody to | Yes | | | ALL (Except McWRAP) |
| 0581U | Transplantation medicine, antibody to | No | | | MCWRAP |
| 0582U | Rare diseases (constitutional disease/ | Yes | | | ALL (Except McWRAP) |
| 0582U | Rare diseases (constitutional disease/ | No | | | MCWRAP |
| 0583U | Rare diseases (constitutional disease/ | Yes | | | ALL (Except McWRAP) |
| 0583U | Rare diseases (constitutional disease/ | No | | | MCWRAP |
| 0584U | Neurology (prion disease), cerebrospi | Yes | | | ALL (Except McWRAP) |
| 0584U | Neurology (prion disease), cerebrospi | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0585U | Targeted genomic sequence analysis | Yes | | | ALL (Except McWRAP) |
| 0585U | Targeted genomic sequence analysis | No | | | MCWRAP |
| 0586U | Oncology, mRNA, gene expression pr | Yes | | | ALL (Except McWRAP) |
| 0586U | Oncology, mRNA, gene expression pr | No | | | MCWRAP |
| 0587U | Therapeutic drug monitoring, 60-150 c | Yes | | | ALL (Except McWRAP) |
| 0587U | Therapeutic drug monitoring, 60-150 c | No | | | MCWRAP |
| 0588U | Infectious disease (bacterial or viral), 3 | Yes | | | ALL (Except McWRAP) |
| 0588U | Infectious disease (bacterial or viral), 3 | No | | | MCWRAP |
| 0589U | Perfluoroalkyl substances (PFAS) (eg, | Yes | | | ALL (Except McWRAP) |
| 0589U | Perfluoroalkyl substances (PFAS) (eg, | No | | | MCWRAP |
| 0590U | Infectious disease (bacterial and funga | Yes | | | ALL (Except McWRAP) |
| 0590U | Infectious disease (bacterial and funga | No | | | MCWRAP |
| 0591U | Oncology (prostate cancer), biochemic | Yes | | | ALL (Except McWRAP) |
| 0591U | Oncology (prostate cancer), biochemic | No | | | MCWRAP |
| 0592U | Oncology (hematolymphoid neoplasm | Yes | | | ALL (Except McWRAP) |
| 0592U | Oncology (hematolymphoid neoplasm | No | | | MCWRAP |
| 0593U | Infectious disease (genitourinary patho | Yes | | | ALL (Except McWRAP) |
| 0593U | Infectious disease (genitourinary patho | No | | | MCWRAP |
| 0594U | Infectious disease (sepsis), semiquant | Yes | | | ALL (Except McWRAP) |
| 0594U | Infectious disease (sepsis), semiquant | No | | | MCWRAP |
| 0595U | Infectious disease (tropical fever patho | Yes | | | ALL (Except McWRAP) |
| 0595U | Infectious disease (tropical fever patho | No | | | MCWRAP |
| 0596U | Neurology (Alzheimer disease), plasm | Yes | | | ALL (Except McWRAP) |
| 0596U | Neurology (Alzheimer disease), plasm | No | | | MCWRAP |
| 0597U | Oncology (breast), RNA expression pr | Yes | | | ALL (Except McWRAP) |
| 0597U | Oncology (breast), RNA expression pr | No | | | MCWRAP |
| 0598U | Gastroenterology (irritable bowel synd | Yes | | | ALL (Except McWRAP) |
| 0598U | Gastroenterology (irritable bowel synd | No | | | MCWRAP |
| 0599U | Oncology (pancreatic cancer), multiple | Yes | | | ALL (Except McWRAP) |
| 0599U | Oncology (pancreatic cancer), multiple | No | | | MCWRAP |
| 0600U | INFECTIOUS DISEASE (WOUND INFECT | Yes | | | ALL (Except McWRAP) |
| 0600U | INFECTIOUS DISEASE (WOUND INFECT | No | | | MCWRAP |
| 0601U | INFECTIOUS DISEASE (PERIPROSTHET | Yes | | | ALL (Except McWRAP) |
| 0601U | INFECTIOUS DISEASE (PERIPROSTHET | No | | | MCWRAP |
| 0602U | ENDOCRINOLOGY (DIABETES), INSULI | Yes | | | ALL (Except McWRAP) |
| 0602U | ENDOCRINOLOGY (DIABETES), INSULI | No | | | MCWRAP |
| 0603U | DRUG ASSAY, PRESUMPTIVE, 77 DRUG | Yes | | | ALL (Except McWRAP) |
| 0603U | DRUG ASSAY, PRESUMPTIVE, 77 DRUG | No | | | MCWRAP |
| 0604U | ALLERGY AND IMMUNOLOGY (CHRONI | Yes | | | ALL (Except McWRAP) |
| 0604U | ALLERGY AND IMMUNOLOGY (CHRONI | No | | | MCWRAP |
| 0605U | ALLERGY AND IMMUNOLOGY (HEREDI | Yes | | | ALL (Except McWRAP) |
| 0605U | ALLERGY AND IMMUNOLOGY (HEREDI | No | | | MCWRAP |
| 0606U | HEMATOLOGY (RED CELL MEMBRANE | Yes | | | ALL (Except McWRAP) |
| 0606U | HEMATOLOGY (RED CELL MEMBRANE | No | | | MCWRAP |
| 0607U | REPRODUCTIVE MEDICINE (ENDOMET | Yes | | | ALL (Except McWRAP) |
| 0607U | REPRODUCTIVE MEDICINE (ENDOMET | No | | | MCWRAP |
| 0608U | REPRODUCTIVE MEDICINE (ENDOMET | Yes | | | ALL (Except McWRAP) |
| 0608U | REPRODUCTIVE MEDICINE (ENDOMET | No | | | MCWRAP |
| 0609U | ONCOLOGY (PROSTATE), IMMUNOASS | Yes | | | ALL (Except McWRAP) |
| 0609U | ONCOLOGY (PROSTATE), IMMUNOASS | No | | | MCWRAP |
| 0610U | INFECTIOUS DISEASE (ANTIMICROBIAL | Yes | | | ALL (Except McWRAP) |
| 0610U | INFECTIOUS DISEASE (ANTIMICROBIAL | No | | | MCWRAP |
| 0611U | ONCOLOGY (LIVER), ANALYSIS OF OVE | Yes | | | ALL (Except McWRAP) |
| 0611U | ONCOLOGY (LIVER), ANALYSIS OF OVE | No | | | MCWRAP |
| 0612U | ONCOLOGY (LIVER), ANALYSIS OF OVE | Yes | | | ALL (Except McWRAP) |
| 0612U | ONCOLOGY (LIVER), ANALYSIS OF OVE | No | | | MCWRAP |
| 0613U | ONCOLOGY (UROTHELIAL CARCINOMA | Yes | | | ALL (Except McWRAP) |
| 0613U | ONCOLOGY (UROTHELIAL CARCINOMA | No | | | MCWRAP |
| 0614U | Inborn error of metabolism (primary mitoch | Yes | | | ALL (Except McWRAP) |
| 0614U | Inborn error of metabolism (primary mitoch | No | | | MCWRAP |
| 0615U | Borrelia burgdorferi (Lyme disease), antib | Yes | | | ALL (Except McWRAP) |
| 0615U | Borrelia burgdorferi (Lyme disease), antib | No | | | MCWRAP |
| 0616U | Neurology (dementia), DNA methylation a | Yes | | | ALL (Except McWRAP) |
| 0616U | Neurology (dementia), DNA methylation a | No | | | MCWRAP |
| 0617U | Cardiovascular (atherosclerotic cardiovas | Yes | | | ALL (Except McWRAP) |
| 0617U | Cardiovascular (atherosclerotic cardiovas | No | | | MCWRAP |
| 0618U | Psychiatry (bipolar disorder), DNA methyla | Yes | | | ALL (Except McWRAP) |
| 0618U | Psychiatry (bipolar disorder), DNA methyla | No | | | MCWRAP |
| 0619U | Pulmonary (chronic obstructive pulmonary | Yes | | | ALL (Except McWRAP) |
| 0619U | Pulmonary (chronic obstructive pulmonary | No | | | MCWRAP |
| 0620U | Oncology (hepatocellular carcinoma), DNA | Yes | | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0620U | Oncology (hepatocellular carcinoma), DNA | No | | | MCWRAP |
| 0621U | Infectious disease (Lyme borreliosis), DNA | Yes | | | ALL (Except McWRAP) |
| 0621U | Infectious disease (Lyme borreliosis), DNA | No | | | MCWRAP |
| 0622U | Psychiatry (major depressive disorder), DI | Yes | | | ALL (Except McWRAP) |
| 0622U | Psychiatry (major depressive disorder), DI | No | | | MCWRAP |
| 0623U | Autoimmune (multiple sclerosis), DNA me | Yes | | | ALL (Except McWRAP) |
| 0623U | Autoimmune (multiple sclerosis), DNA me | No | | | MCWRAP |
| 0624U | Hepatology (nonalcoholic steatohepatitis [ | Yes | | | ALL (Except McWRAP) |
| 0624U | Hepatology (nonalcoholic steatohepatitis [ | No | | | MCWRAP |
| 0625U | Endocrinology (osteoporosis), DNA methy | Yes | | | ALL (Except McWRAP) |
| 0625U | Endocrinology (osteoporosis), DNA methy | No | | | MCWRAP |
| 0626U | Neurology (Parkinson disease), DNA meth | Yes | | | ALL (Except McWRAP) |
| 0626U | Neurology (Parkinson disease), DNA meth | No | | | MCWRAP |
| 0627U | Psychiatry (schizophrenia), DNA methylati | Yes | | | ALL (Except McWRAP) |
| 0627U | Psychiatry (schizophrenia), DNA methylati | No | | | MCWRAP |
| 0628U | Nephrology (kidney disease-related genet | Yes | | | ALL (Except McWRAP) |
| 0628U | Nephrology (kidney disease-related genet | No | | | MCWRAP |
| 0629U | Infectious disease (tuberculosis), DNA, an | Yes | | | ALL (Except McWRAP) |
| 0629U | Infectious disease (tuberculosis), DNA, an | No | | | MCWRAP |
| 0630U | Oncology (breast), mRNA, gene expressio | Yes | | | ALL (Except McWRAP) |
| 0630U | Oncology (breast), mRNA, gene expressio | No | | | MCWRAP |
| 0164T | REMOVAL OF TOTAL DISC ARTHROPLA | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0164T | REMOVAL OF TOTAL DISC ARTHROPLA | No | | | MCWRAP |
| 0165T | REVISION OF TOTAL DISC ARTHROPLA | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0165T | REVISION OF TOTAL DISC ARTHROPLA | No | | | MCWRAP |
| 0174T | COMPUTER AIDED DECTECTION (CAD) | Not Covered | | | ALL |
| 0175T | COMPUTER AIDED DETECTION (CAD) \ | Not Covered | | | ALL |
| 0184T | Excision of rectal tumor, transanal endosc | No | | | ALL |
| 0198T | Measurement of ocular blood flow by repe | No | | | ALL |
| 0200T | Percutaneous sacral augmentation (sacro | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0200T | Percutaneous sacral augmentation (sacro | No | | | MCWRAP |
| 0201T | Percutaneous sacral augmentation (sacro | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0201T | Percutaneous sacral augmentation (sacro | No | | | MCWRAP |
| 0202T | POSTERIOR VERTEBRAL JOINT(s) ART | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0202T | POSTERIOR VERTEBRAL JOINT(s) ART | No | | | MCWRAP |
| 0207T | EVACUATION OF MEIBOMIAN GLANDS, | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0207T | EVACUATION OF MEIBOMIAN GLANDS, | No | | | MCWRAP, PRICHO |
| 0208T | Pure tone audiometry (threshold), automa | No | | | ALL |
| 0209T | Pure tone audiometry (threshold), automa | No | | | ALL |
| 0210T | Speech audiometry threshold, automated | No | | | ALL |
| 0211T | Speech audiometry threshold, automated | No | | | ALL |
| 0212T | Comprehensive audiometry threshold eva | No | | | ALL |
| 0213T | Injection(s), diagnostic or therapeutic ager | Yes | CCN | | ALL (Except Medicare Comp, Caid) |
| 0213T | Injection(s), diagnostic or therapeutic ager | No | | | MEDICARE COMP/MCWRAP, Caid |
| 0214T | Injection(s), diagnostic or therapeutic ager | Yes | CCN | | ALL (Except Medicare Comp, Caid) |
| 0214T | Injection(s), diagnostic or therapeutic ager | No | | | MEDICARE COMP/MCWRAP, Caid |
| 0215T | Injection(s), diagnostic or therapeutic ager | Yes | CCN | | ALL (Except Medicare Comp, Caid) |
| 0215T | Injection(s), diagnostic or therapeutic ager | No | | | MEDICARE COMP/MCWRAP, Caid |
| 0216T | Injection(s), diagnostic or therapeutic ager | Yes | CCN | | ALL (Except Medicare Comp, Caid) |
| 0216T | Injection(s), diagnostic or therapeutic ager | No | | | MEDICARE COMP/MCWRAP, Caid |
| 0217T | Injection(s), diagnostic or therapeutic ager | Yes | CCN | | ALL (Except Medicare Comp, Caid) |
| 0217T | Injection(s), diagnostic or therapeutic ager | No | | | MEDICARE COMP/MCWRAP, Caid |
| 0218T | Injection(s), diagnostic or therapeutic ager | Yes | CCN | | ALL (Except Medicare Comp, Caid) |
| 0218T | Injection(s), diagnostic or therapeutic ager | No | | | MEDICARE COMP/MCWRAP, Caid |
| 0219T | Placement of a posterior intrafacet implan | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0219T | Placement of a posterior intrafacet implan | No | | | MCWRAP |
| 0220T | Placement of a posterior intrafacet implan | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0220T | Placement of a posterior intrafacet implan | No | | | MCWRAP |
| 0221T | Placement of a posterior intrafacet implan | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0221T | Placement of a posterior intrafacet implan | No | | | MCWRAP |
| 0222T | Placement of a posterior intrafacet implan | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0222T | Placement of a posterior intrafacet implan | No | | | MCWRAP |
| 0232T | Injection(s), platelet rich plasma, any site, | Not Covered | | | ALL (Except MED, McWrap) |
| 0232T | Injection(s), platelet rich plasma, any site, | Yes | | | MED |
| 0232T | Injection(s), platelet rich plasma, any site, | No | | | McWRAP |
| 0234T | TRANSLUMINAL PERIPHERAL ATHERE | No | | | ALL |
| 0235T | TRANSLUMINAL PERIPHERAL ATHERE | No | | | ALL |
| 0236T | TRANSLUMINAL PERIPHERAL ATHERE | No | | | ALL |
| 0237T | TRANSLUMINAL PERIPHERAL ATHERE | No | | | ALL |
| 0238T | TRANSLUMINAL PERIPHERAL ATHERE | No | | | ALL |
| 0253T | Insertion of anterior segment aqueous dra | Yes | | | ALL (Except MMP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0263T | Intramuscular autologous bone marrow ce | Not Covered | | | ALL |
| 0264T | Intramuscular autologous bone marrow ce | Not Covered | | | ALL |
| 0265T | Intramuscular autologous bone marrow ce | Not Covered | | | ALL |
| 0274T | Percutaneous laminotomy/laminectomy (i | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0274T | Percutaneous laminotomy/laminectomy (i | No | | | MCWRAP |
| 0278T | Transcutaneous electrical modulation pair | Not Covered | | | ALL |
| 0295T | External electrocardiographic recording fo | No | | | ALL |
| 0296T | External electrocardiographic recording fo | No | | | ALL |
| 0297T | External electrocardiographic recording fo | No | | | ALL |
| 0298T | External electrocardiographic recording fo | No | | | ALL |
| 0308T | Insertion of ocular telescope prosthesis in | Yes | | | ALL (Except Medicare Comp, MMP) |
| 0308T | Insertion of ocular telescope prosthesis in | No | | | MEDICARE COMP/MCWRAP, MMP |
| 0311T | Non-invasive calculation and analysis of c | No | | | ALL |
| 0329T | Monitoring of intraocular pressure for 24 h | Not Covered | | | ALL |
| 0330T | Tear film imaging, unilateral or bilateral, w | Not Covered | | | ALL |
| 0331T | Myocardial sympathetic innervation imagi | Not Covered | | | ALL |
| 0332T | Myocardial sympathetic innervation imagi | Not Covered | | | ALL |
| 0333T | Visual evoked potential, screening of visu | Not Covered | | | ALL |
| 0335T | Extra-osseous subtalar joint implant for ta | Not Covered | | | ALL |
| 0338T | Transcatheter renal sympathetic denervat | Not Covered | | | ALL |
| 0339T | Transcatheter renal sympathetic denervat | Not Covered | | | ALL |
| 0342T | Therapeutic apheresis with selective HDL | Not Covered | | | ALL |
| 0345T | Transcatheter mitral valve repair percutan | Yes | | | ALL (EXCEPT MED/MEDICARE COMP/MCWRAP/PRICH |
| 0345T | Transcatheter mitral valve repair percutan | No | | | MED/MEDICARE COMP/MCWRAP/PRICHO |
| 0347T | Placement of interstitial device(s) in bone | Not Covered | INFO | | ALL |
| 0348T | Radiologic examination, radiostereometric | Not Covered | INFO | | ALL |
| 0349T | Radiologic examination, radiostereometric | Not Covered | INFO | | ALL |
| 0350T | Radiologic examination, radiostereometric | Not Covered | INFO | | ALL |
| 0351T | Optical coherence tomography of breast c | Not Covered | INFO | | ALL |
| 0352T | Optical coherence tomography of breast c | Not Covered | INFO | | ALL |
| 0353T | Optical coherence tomography of breast, s | Not Covered | INFO | | ALL |
| 0354T | Optical coherence tomography of breast, s | Not Covered | INFO | | ALL |
| 0358T | Bioelectrical impedance analysis whole bo | Not Covered | INFO | | ALL |
| 0378T | Visual field assessment, with concurrent r | Not Covered | | | ALL |
| 0379T | Visual field assessment, with concurrent r | Not Covered | | | ALL |
| 0381T | External heart rate and 3-axis accelerome | Not Covered | | | ALL |
| 0382T | External heart rate and 3-axis accelerome | Not Covered | | | ALL |
| 0381T | External heart rate and 3-axis accelerome | Not Covered | | | ALL |
| 0382T | External heart rate and 3-axis accelerome | Not Covered | | | ALL |
| 0383T | External heart rate and 3-axis accelerome | Not Covered | | | ALL |
| 0384T | External heart rate and 3-axis accelerome | Not Covered | | | ALL |
| 0385T | External heart rate and 3-axis accelerome | Not Covered | | | ALL |
| 0386T | External heart rate and 3-axis accelerome | Not Covered | | | ALL |
| 0395T | High dose rate electronic brachytherapy, i | No | | | ALL |
| 0396T | Intra-operative use of kinetic balance sens | Not Covered | | | ALL |
| 0397T | Endoscopic retrograde cholangiopancreat | Not Covered | | | ALL |
| 0400T | Multi-spectral digital skin lesion analysis o | Not Covered | | | ALL |
| 0401T | Multi-spectral digital skin lesion analysis o | Not Covered | | | ALL |
| 0402T | Collagen cross-linking of cornea (including | No | | | ALL |
| 0403T | Preventive behavior change, intensive pro | No | | | ALL |
| 0404T | Transcervical uterine fibroid(s) ablation wi | No | | | ALL |
| 0405T | Oversight of the care of an extracorporeal | Not Covered | | | ALL |
| 0408T | Insertion or replacement of permanent car | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0408T | Insertion or replacement of permanent car | No | | | MCWRAP |
| 0409T | Insertion or replacement of permanent car | Not Covered | | | ALL |
| 0410T | Insertion or replacement of permanent car | Not Covered | | | ALL |
| 0411T | Insertion or replacement of permanent car | Not Covered | | | ALL |
| 0412T | Removal of permanent cardiac contractilit | Not Covered | | | ALL |
| 0413T | Removal of permanent cardiac contractilit | Not Covered | | | ALL |
| 0414T | Removal and replacement of permanent c | Not Covered | | | ALL |
| 0415T | Repositioning of previously implanted carc | Not Covered | | | ALL |
| 0416T | Relocation of skin pocket for implanted ca | Not Covered | | | ALL |
| 0417T | Programming device evaluation (in persor | Not Covered | | | ALL |
| 0418T | Interrogation device evaluation (in person | Not Covered | | | ALL |
| 0419T | Destruction neurofibroma, extensive, (cuta | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0419T | Destruction neurofibroma, extensive, (cuta | No | | | MCWRAP, PRICHO |
| 0420T | Destruction neurofibroma, extensive, (cuta | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0420T | Destruction neurofibroma, extensive, (cuta | No | | | MCWRAP, PRICHO |
| 0422T | Tactile breast imaging by computer-aided | Not Covered | | | ALL |
| 0424T | Insertion or replacement of neurostimulato | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0424T | Insertion or replacement of neurostimulato | No | | | MCWRAP, PRICHO |
| 0425T | Insertion or replacement of neurostimulato | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0425T | Insertion or replacement of neurostimulato | No | | | MCWRAP, PRICHO |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0426T | Insertion or replacement of neurostimulato | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0426T | Insertion or replacement of neurostimulato | No | | | MCWRAP, PRICHO |
| 0427T | Insertion or replacement of neurostimulato | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0427T | Insertion or replacement of neurostimulato | No | | | MCWRAP, PRICHO |
| 0428T | Removal of neurostimulator system for tre | No | | | ALL |
| 0429T | Removal of neurostimulator system for tre | No | | | ALL |
| 0430T | Removal of neurostimulator system for tre | No | | | ALL |
| 0431T | Removal and replacement of neurostimula | No | | | ALL |
| 0432T | Repositioning of neurostimulator system fo | No | | | ALL |
| 0433T | Repositioning of neurostimulator system fo | No | | | ALL |
| 0434T | Interrogation device evaluation implanted | No | | | ALL |
| 0435T | Programming device evaluation of implant | No | | | ALL |
| 0436T | Programming device evaluation of implant | No | | | ALL |
| 0437T | Implantation of non-biologic or synthetic in | No | | | ALL |
| 0439T | Myocardial contrast perfusion echocardiog | Not Covered | | | ALL |
| 0440T | Ablation, percutaneous, cryoablation, inclu | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0440T | Ablation, percutaneous, cryoablation, inclu | No | | | MCWRAP, PRICHO |
| 0441T | Ablation, percutaneous, cryoablation, inclu | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0441T | Ablation, percutaneous, cryoablation, inclu | No | | | MCWRAP, PRICHO |
| 0442T | Ablation, percutaneous, cryoablation, inclu | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0442T | Ablation, percutaneous, cryoablation, inclu | No | | | MCWRAP, PRICHO |
| 0443T | Real time spectral analysis of prostate tiss | Not Covered | | | ALL |
| 0444T | Initial placement of a drug-eluting ocular in | Not Covered | | | ALL |
| 0445T | Subsequent placement of a drug-eluting oc | Not Covered | | | ALL |
| 0446T | Creation of subcutaneous pocket withinse | No | | | ALL |
| 0447T | Removal of implantable interstitial glucose | No | | | ALL |
| 0448T | Removal of implantable interstitial glucose | No | | | ALL |
| 0449T | Insertion of aqueous drainage device, with | No | | | ALL |
| 0450T | Insertion of aqueous drainage device, with | No | | | ALL |
| 0464T | Visual evoked potential, testing for glauco | Not Covered | | | ALL |
| 0465T | Suprachoroidal injection of a pharmacolog | Yes | | | ALL (Except MCWRAP) |
| 0465T | Suprachoroidal injection of a pharmacolog | No | | | MCWRAP |
| 0469T | Retinal polarization scan, ocular screening | Not Covered | | | ALL |
| 0472T | Device evaluation, interrogation, and initia | Not Covered | | | ALL |
| 0473T | Device evaluation and interrogation of intr | Not Covered | | | ALL |
| 0474T | Insertion of anterior segment aqueous dra | Yes | | | ALL (Except MCWRAP) |
| 0474T | Insertion of anterior segment aqueous dra | No | | | MCWRAP |
| 0479T | Fractional ablative laser fenestration of bu | Yes | | | ALL (Except MCWRAP) |
| 0479T | Fractional ablative laser fenestration of bu | No | | | MCWRAP |
| 0480T | Fractional ablative laser fenestration of bu | Yes | | | ALL (Except MCWRAP) |
| 0480T | Fractional ablative laser fenestration of bu | No | | | MCWRAP |
| 0481T | Injection(s), autologous white blood cell co | Yes | | | ALL (Except MCWRAP) |
| 0481T | Injection(s), autologous white blood cell co | No | | | MCWRAP |
| 0483T | Transcatheter mitral valve implantation/re | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0483T | Transcatheter mitral valve implantation/re | No | | | MCWRAP |
| 0484T | Transcatheter mitral valve implantation/re | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0484T | Transcatheter mitral valve implantation/re | No | | | MCWRAP |
| 0485T | Optical coherence tomography (OCT) of n | Yes | | | ALL (Except MCWRAP) |
| 0485T | Optical coherence tomography (OCT) of n | No | | | MCWRAP |
| 0486T | Optical coherence tomography (OCT) of n | Yes | | | ALL (Except MCWRAP) |
| 0486T | Optical coherence tomography (OCT) of n | No | | | MCWRAP |
| 0488T | Preventive behavior change, online/electro | No | | | ALL |
| 0489T | Autologous adipose-derived regenerative | Not Covered | | | ALL |
| 0490T | Autologous adipose-derived regenerative | Not Covered | | | ALL |
| 0494T | Surgical preparation and cannulation of m | Not Covered | | | ALL |
| 0495T | Initiation and monitoring marginal (extend | Not Covered | | | ALL |
| 0496T | Initiation and monitoring marginal (extend | Not Covered | | | ALL |
| 0500F | INITIAL PRENATAL CARE VISIT (RPT AT | No | | | ALL |
| 0501F | PRENATAL FLOW SHEET DOCUMENTE | No | | | ALL |
| 0501T | Noninvasive estimated coronary fractional | No | | | ALL |
| 0502F | SUBSEQUENT PRENATAL CARE VISIT ( | No | | | ALL |
| 0502T | Noninvasive estimated coronary fractional | No | | | ALL |
| 0503F | POSTPARTUM CARE VISIT | No | | | ALL |
| 0503T | Noninvasive estimated coronary fractional | No | | | ALL |
| 0504T | Noninvasive estimated coronary fractional | No | | | ALL |
| 0505F | HEMODIALYSIS PLAN OF CARE DOCUM | Not Covered | INFO | | ALL |
| 0505T | Endovenous femoral-popliteal arterial reva | No | | | ALL |
| 0505T | Endovenous femoral-popliteal arterial reva | No | | | ALL |
| 0506T | Macular pigment optical density measurer | No | | | ALL |
| 0507F | PERITONEAL DIALYSIS PLAN OF CARE | Not Covered | INFO | | ALL |
| 0507T | Near-infrared dual imaging (ie, simultaneo | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0508T | Pulse-echo ultrasound bone density meas | No | | | ALL |
| 0509F | URINARY INCONTINENCE PLAN OF CA | Not Covered | INFO | | ALL |
| 0509T | Electroretinography (ERG) with interpretat | Yes | | | ALL |
| 0509T | Electroretinography (ERG) with interpretat | No | | | MEDICARE COMP/MCWRAP |
| 0510T | Removal of sinus tarsi implant | No | | | ALL |
| 0511T | Removal and reinsertion of sinus tarsi imp | No | | | ALL |
| 0512T | Extracorporeal shock wave for integumen | Yes | | | ALL (Except McWrap/PRICHO) |
| 0512T | Extracorporeal shock wave for integumen | No | | | McWRAP/PRICHO |
| 0513F | ELEVATED BLOOD PRESSURE PLAN O | Not Covered | INFO | | ALL |
| 0513T | Extracorporeal shock wave for integumen | Yes | | | ALL (Except McWrap/PRICHO) |
| 0513T | Extracorporeal shock wave for integumen | No | | | McWRAP/PRICHO |
| 0514F | PLAN OF CARE FOR ELEVATED HEMO | Not Covered | INFO | | ALL |
| 0515T | Insertion of wireless cardiac stimulator for | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0515T | Insertion of wireless cardiac stimulator for | No | | | MCWRAP |
| 0516F | ANEMIA PLAN OF CARE DOCUMENTED | Not Covered | INFO | | ALL |
| 0516T | Insertion of wireless cardiac stimulator for | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0516T | Insertion of wireless cardiac stimulator for | No | | | MCWRAP |
| 0517F | GLAUCOMA PLAN OF CARE DOCUMEN | Not Covered | INFO | | ALL |
| 0517T | Insertion of wireless cardiac stimulator for | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0517T | Insertion of wireless cardiac stimulator for | No | | | MCWRAP |
| 0518F | FALLS PLAN OF CARE DOCUMENTED | Not Covered | INFO | | ALL |
| 0518T | Removal of only pulse generator compone | No | | | ALL |
| 0519F | Planned chemotherapy regimen, including | Not Covered | INFO | | ALL |
| 0519T | Removal and replacement of wireless car | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0519T | Removal and replacement of wireless car | No | | | MCWRAP |
| 0520F | Radiation dose limits to normal tissues es | Not Covered | INFO | | ALL |
| 0520T | Removal and replacement of wireless car | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0520T | Removal and replacement of wireless car | No | | | MCWRAP |
| 0521F | Plan of care to address pain documented | Not Covered | INFO | | ALL |
| 0521T | Interrogation device evaluation (in person | No | | | ALL |
| 0522T | Programming device evaluation (in persor | No | | | ALL |
| 0523T | Intraprocedural coronary fractional flow re | No | | | ALL |
| 0524T | Endovenous catheter directed chemical a | Yes | | | ALL (Except McWrap/PRICHO) |
| 0524T | Endovenous catheter directed chemical a | No | | | McWRAP/PRICHO |
| 0525F | Initial visit for episode | Not Covered | INFO | | ALL |
| 0525T | Insertion or replacement of intracardiac is | Yes | | | ALL (Except McWrap/PRICHO) |
| 0525T | Insertion or replacement of intracardiac is | No | | | McWRAP/PRICHO |
| 0526F | Subsequent visit for episode | Not Covered | INFO | | ALL |
| 0526T | Insertion or replacement of intracardiac is | Yes | | | ALL (Except McWrap/PRICHO) |
| 0526T | Insertion or replacement of intracardiac is | No | | | McWRAP/PRICHO |
| 0527T | Insertion or replacement of intracardiac is | Yes | | | ALL (Except McWrap/PRICHO) |
| 0527T | Insertion or replacement of intracardiac is | No | | | McWRAP/PRICHO |
| 0528F | Recommended follow-up interval for repea | Not Covered | INFO | | ALL |
| 0528T | Programming device evaluation (in persor | Yes | | | ALL (Except McWrap/PRICHO) |
| 0528T | Programming device evaluation (in persor | No | | | McWRAP/PRICHO |
| 0529F | Interval of 3 or more years since patient's | Not Covered | INFO | | ALL |
| 0529T | Interrogation device evaluation (in person | Yes | | | ALL (Except McWrap/PRICHO) |
| 0529T | Interrogation device evaluation (in person | No | | | McWRAP/PRICHO |
| 0530T | Removal of intracardiac ischemia monitor | Yes | | | ALL (Except McWrap/PRICHO) |
| 0530T | Removal of intracardiac ischemia monitor | No | | | McWRAP/PRICHO |
| 0531T | Removal of intracardiac ischemia monitor | Yes | | | ALL (Except McWrap/PRICHO) |
| 0531T | Removal of intracardiac ischemia monitor | No | | | McWRAP/PRICHO |
| 0532T | Removal of intracardiac ischemia monitor | Yes | | | ALL (Except McWrap/PRICHO) |
| 0532T | Removal of intracardiac ischemia monitor | No | | | McWRAP/PRICHO |
| 0533T | Continuous recording of movement disord | Yes | | | ALL (Except McWrap/PRICHO) |
| 0533T | Continuous recording of movement disord | No | | | McWRAP/PRICHO |
| 0534T | Continuous recording of movement disord | Yes | | | ALL (Except McWrap/PRICHO) |
| 0534T | Continuous recording of movement disord | No | | | McWRAP/PRICHO |
| 0535F | Dyspnea management plan of care, docu | Not Covered | INFO | | ALL |
| 0535T | Continuous recording of movement disord | Yes | | | ALL (Except McWrap/PRICHO) |
| 0535T | Continuous recording of movement disord | No | | | McWRAP/PRICHO |
| 0536T | Continuous recording of movement disord | Yes | | | ALL (Except McWrap/PRICHO) |
| 0536T | Continuous recording of movement disord | No | | | McWRAP/PRICHO |
| 0540F | Glucorticoid Management Plan Document | Not Covered | INFO | | ALL |
| 0541T | Myocardial imaging by magnetocardiograp | No | | | ALL |
| 0542T | Myocardial imaging by magnetocardiograp | No | | | ALL |
| 0543T | Transapical mitral valve repair, including t | Yes | | | ALL (Except McWRAP/PRICHO/CAID) |
| 0543T | Transapical mitral valve repair, including t | No | | | McWRAP, PRICHO |
| 0544T | Transcatheter mitral valve annulus recons | Yes | | | ALL (Except McWRAP/PRICHO/CAID) |
| 0544T | Transcatheter mitral valve annulus recons | No | | | McWRAP, PRICHO |
| 0545F | Plan for follow-up care for major depressiv | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0545T | Transcatheter tricuspid valve annulus reco | Yes | | | ALL (Except McWRAP/PRICHO/CAID) |
| 0545T | Transcatheter tricuspid valve annulus reco | No | | | McWRAP, PRICHO |
| 0546T | Radiofrequency spectroscopy, real time, i | Yes | | | ALL (Except McWRAP/PRICHO/CAID) |
| 0546T | Radiofrequency spectroscopy, real time, i | No | | | McWRAP, PRICHO |
| 0547T | Bone-material quality testing by microinde | Not Covered | | | ALL (Except MED, McWRAP, MMP, PRICHO) |
| 0547T | Bone-material quality testing by microinde | No | | | MED, McWRAP, MMP, PRICHO |
| 0550F | Cytopathology report on routine nongynec | Not Covered | INFO | | ALL |
| 0551F | Cytopathology report on nongynecologic s | Not Covered | INFO | | ALL |
| 0552T | Low-level laser therapy, dynamic photonic | Yes | | | ALL (Except McWRAP, PRICHO) |
| 0552T | Low-level laser therapy, dynamic photonic | No | | | McWRAP, PRICHO |
| 0554T | Bone strength and fracture risk using finite | Not Covered | | | ALL |
| 0555F | Symptom management plan of care docu | Not Covered | INFO | | ALL |
| 0555T | Bone strength and fracture risk using finite | Not Covered | | | ALL |
| 0556F | Plan of care to achieve lipid control docum | Not Covered | INFO | | ALL |
| 0556T | Bone strength and fracture risk using finite | Not Covered | | | ALL |
| 0557F | Plan of care to manage anginal symptoms | Not Covered | INFO | | ALL |
| 0557T | Bone strength and fracture risk using finite | Not Covered | | | ALL |
| 0558T | Computed tomography scan taken **for the** | No | | | ALL |
| 0559T | Anatomic model 3D-printed from image da | Not Covered | | | ALL (Except MED, McWRAP, MMP, PRICHO) |
| 0559T | Anatomic model 3D-printed from image da | No | | | MED, McWRAP, MMP, PRICHO |
| 0560T | Anatomic model 3D-printed from image da | Not Covered | | | ALL (Except MED, McWRAP, MMP, PRICHO) |
| 0560T | Anatomic model 3D-printed from image da | No | | | MED, McWRAP, MMP, PRICHO |
| 0561T | Anatomic guide 3D-printed and designed | Not Covered | | | ALL (Except MED, McWRAP, MMP, PRICHO) |
| 0561T | Anatomic guide 3D-printed and designed | No | | | MED, McWRAP, MMP, PRICHO |
| 0562T | Anatomic guide 3D-printed and designed from i | Not Covered | | | ALL (Except MED, McWRAP, MMP, PRICHO) |
| 0562T | Anatomic guide 3D-printed and designed from i | No | | | MED, McWRAP, MMP, PRICHO |
| 0563T | Evacuation of meibomian glands, using he | Not Covered | | | ALL |
| 0565T | Autologous cellular implant derived from a | Not Covered | | | ALL |
| 0566T | Autologous cellular implant derived from a | Not Covered | | | ALL |
| 0569T | Transcatheter tricuspid valve repair, percu | Yes | | | ALL (Except MCWRAP) |
| 0569T | Transcatheter tricuspid valve repair, percu | No | | | MCWRAP |
| 0570T | Transcatheter tricuspid valve repair, percu | Yes | | | ALL (Except MCWRAP) |
| 0570T | Transcatheter tricuspid valve repair, percu | No | | | MCWRAP |
| 0571T | Insertion or replacement of implantable ca | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0571T | Insertion or replacement of implantable ca | No | | | MCWRAP |
| 0572T | Insertion of substernal implantable defibril | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0572T | Insertion of substernal implantable defibril | No | | | MCWRAP |
| 0572T | Insertion of substernal implantable defibril | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0572T | Insertion of substernal implantable defibril | No | | | MCWRAP |
| 0573T | Removal of substernal implantable defibri | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0573T | Removal of substernal implantable defibri | No | | | MCWRAP |
| 0574T | Repositioning of previously implanted sub | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0574T | Repositioning of previously implanted sub | No | | | MCWRAP |
| 0575F | HIV RNA control plan of care, documente | Not Covered | INFO | | ALL |
| 0575T | Programming device evaluation (in persor | Yes | | | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| 0575T | Programming device evaluation (in persor | No | | | MCWRAP |
| 0576T | Interrogation device evaluation (in person | Yes | | | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| 0576T | Interrogation device evaluation (in person | No | | | MCWRAP |
| 0577T | Electrophysiological evaluation of implanta | Yes | | | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| 0577T | Electrophysiological evaluation of implanta | No | | | MCWRAP |
| 0578T | Interrogation device evaluation(s) (remote | No | | | ALL |
| 0579T | Interrogation device evaluation(s) (remote | No | | | ALL |
| 0580F | Multidisciplinary care plan developed or u | Not Covered | | | ALL |
| 0580T | Removal of substernal implantable defibri | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0580T | Removal of substernal implantable defibri | No | | | MCWRAP |
| 0581F | Patient transferred directly from anesthetiz | Not Covered | | | ALL |
| 0581T | Ablation, malignant breast tumor(s), percu | Not Covered | | | ALL |
| 0582F | Patient not transferred directly from anestl | Not Covered | | | ALL |
| 0582T | Transurethral ablation of malignant prosta | Not Covered | | | ALL |
| 0583F | Transfer of care checklist used (Peri2) | Not Covered | | | ALL |
| 0583T | Tympanostomy (requiring insertion of vent | Not Covered | | | ALL |
| 0584F | Transfer of care checklist not used (Peri2) | Not Covered | | | ALL |
| 0584T | Islet cell transplant, includes portal vein ca | No | | | ALL |
| 0585T | Islet cell transplant, includes portal vein ca | No | | | ALL |
| 0586T | Islet cell transplant, includes portal vein ca | No | | | ALL |
| 0587T | Percutaneous implantation or replacemen | Not Covered | | | ALL |
| 0588T | Revision or removal of integrated single d | Not Covered | | | ALL |
| 0589T | Electronic analysis with simple programm | Not Covered | | | ALL |
| 0590T | Electronic analysis with complex program | Not Covered | | | ALL |
| 0591T | Health and well-being coaching face-to-fa | Not Covered | | | ALL |
| 0592T | Health and well-being coaching face-to-fa | Not Covered | | | ALL |
| 0593T | Health and well-being coaching face-to-fa | Not Covered | | | ALL |
| 0594T | Osteotomy, humerus, with insertion of an | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0596T | Temporary female intraurethral valve-pum | No | | | ALL |
| 0597T | Temporary female intraurethral valve-pum | No | | | ALL |
| 0598T | Noncontact real-time fluorescence wound | No | | | ALL |
| 0599T | Noncontact real-time fluorescence wound | No | | | ALL |
| 0600T | Ablation, irreversible electroporation; 1 or | Yes | | | ALL (Except McWrap, PRICHO, PRIQHP) |
| 0600T | Ablation, irreversible electroporation; 1 or | No | | | MCWRAP |
| 0601T | Ablation, irreversible electroporation; 1 or | Yes | | | ALL (Except McWrap, PRICHO, PRIQHP) |
| 0601T | Ablation, irreversible electroporation; 1 or | No | | | MCWRAP |
| 0602T | Glomerular filtration rate (GFR) measurem | Not Covered | | | ALL |
| 0603T | Glomerular filtration rate (GFR) monitoring | Not Covered | | | ALL |
| 0604T | Optical coherence tomography (OCT) of r | Not Covered | | | ALL |
| 0605T | Optical coherence tomography (OCT) of r | Not Covered | | | ALL |
| 0606T | Optical coherence tomography (OCT) of r | Not Covered | | | ALL |
| 0607T | Remote monitoring of an external continuo | Yes | | | ALL (Except McWrap, PRICHO, PRIQHP) |
| 0607T | Remote monitoring of an external continuo | No | | | MCWRAP |
| 0608T | Remote monitoring of an external continuo | Yes | | | ALL (Except McWrap, PRICHO, PRIQHP) |
| 0608T | Remote monitoring of an external continuo | No | | | MCWRAP |
| 0609T | Magnetic resonance spectroscopy, determ | Yes | CCN | | ALL (Except McWrap, PRICHO, CAID, MMP) |
| 0609T | Magnetic resonance spectroscopy, determ | No | | | McWrap, PRICHO, CAID, MMP |
| 0610T | Magnetic resonance spectroscopy, determ | Yes | CCN | | ALL (Except McWrap, PRICHO, CAID, MMP) |
| 0610T | Magnetic resonance spectroscopy, determ | No | | | McWrap, PRICHO, CAID, MMP |
| 0611T | Magnetic resonance spectroscopy, determ | Yes | CCN | | ALL (Except McWrap, PRICHO, CAID, MMP) |
| 0611T | Magnetic resonance spectroscopy, determ | No | | | McWrap, PRICHO, CAID, MMP |
| 0612T | Magnetic resonance spectroscopy, determ | Yes | CCN | | ALL (Except McWrap, PRICHO, CAID, MMP) |
| 0612T | Magnetic resonance spectroscopy, determ | No | | | McWrap, PRICHO, CAID, MMP |
| 0613T | Percutaneous transcatheter implantation o | Yes | | | ALL (Except McWrap, PRICHO, PRIQHP) |
| 0613T | Percutaneous transcatheter implantation o | No | | | MCWRAP |
| 0614T | Removal and replacement of substernal in | No | | | ALL |
| 0615T | Eye-movement analysis without spatial ca | Not Covered | | | ALL |
| 0620T | Endovascular venous arterialization, tibial | Yes | | | ALL (Except MCWRAP) |
| 0620T | Endovascular venous arterialization, tibial | No | | | MCWRAP |
| 0621T | Trabeculostomy ab interno by laser | Not Covered | | | ALL |
| 0622T | Trabeculostomy ab interno by laser; with u | Not Covered | | | ALL |
| 0627T | Percutaneous injection of allogeneic cellul | Yes | CCN | | ALL (Except MCWRAP) |
| 0627T | Percutaneous injection of allogeneic cellul | No | | | MCWRAP |
| 0628T | Percutaneous injection of allogeneic cellul | Yes | CCN | | ALL (Except MCWRAP) |
| 0628T | Percutaneous injection of allogeneic cellul | No | | | MCWRAP |
| 0628T | Percutaneous injection of allogeneic cellul | Yes | CCN | | ALL (Except MCWRAP) |
| 0628T | Percutaneous injection of allogeneic cellul | No | | | MCWRAP |
| 0629T | Percutaneous injection of allogeneic cellul | Yes | CCN | | ALL (Except MCWRAP) |
| 0629T | Percutaneous injection of allogeneic cellul | No | | | MCWRAP |
| 0630T | Percutaneous injection of allogeneic cellul | Yes | CCN | | ALL (Except MCWRAP) |
| 0630T | Percutaneous injection of allogeneic cellul | No | | | MCWRAP |
| 0632T | Percutaneous transcatheter ultrasound ab | Not Covered | | | ALL |
| 0633T | Computed tomography, breast, including 3 | Yes | CCN | | ALL (Except MCWRAP) |
| 0633T | Computed tomography, breast, including 3 | No | | | MCWRAP |
| 0634T | Computed tomography, breast, including 3 | Yes | CCN | | ALL (Except MCWRAP) |
| 0634T | Computed tomography, breast, including 3 | No | | | MCWRAP |
| 0635T | Computed tomography, breast, including 3 | Yes | CCN | | ALL (Except MCWRAP) |
| 0635T | Computed tomography, breast, including 3 | No | | | MCWRAP |
| 0636T | Computed tomography, breast, including 3 | Yes | CCN | | ALL (Except MCWRAP) |
| 0636T | Computed tomography, breast, including 3 | No | | | MCWRAP |
| 0637T | Computed tomography, breast, including 3 | Yes | CCN | | ALL (Except MCWRAP) |
| 0637T | Computed tomography, breast, including 3 | No | | | MCWRAP |
| 0638T | Computed tomography, breast, including 3 | Yes | CCN | | ALL (Except MCWRAP) |
| 0638T | Computed tomography, breast, including 3 | No | | | MCWRAP |
| 0639T | Wireless skin sensor thermal anisotropy m | Not Covered | | | ALL |
| 0640T | Noncontact near-infrared spectroscopy stu | Not covered | | | ALL |
| 0641T | Noncontact near-infrared spectroscopy stu | Not covered | | | ALL |
| 0642T | Noncontact near-infrared spectroscopy stu | Not covered | | | ALL |
| 0643T | Transcatheter left ventricular restoration d | Not covered | | | ALL |
| 0644T | Transcatheter removal or debulking of intr | Not covered | | | ALL |
| 0645T | Transcatheter implantation of coronary sin | Not covered | | | ALL |
| 0646T | Transcatheter tricuspid valve implantation | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0646T | Transcatheter tricuspid valve implantation | No | | | MCWRAP |
| 0647T | Insertion of gastrostomy tube, percutaneo | No | | | ALL |
| 0648T | Quantitative magnetic resonance for analy | Yes | CCN | | ALL (Except MCWRAP) |
| 0648T | Quantitative magnetic resonance for analy | No | | | MCWRAP |
| 0649T | Quantitative magnetic resonance for analy | Yes | CCN | | ALL (Except MCWRAP) |
| 0649T | Quantitative magnetic resonance for analy | No | | | MCWRAP |
| 0650T | Programming device evaluation (remote) | No | | | ALL |
| 0651T | Magnetically controlled capsule endoscop | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0651T | Magnetically controlled capsule endoscop | No | | | MCWRAP, PRICHO |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0652T | Esophagogastroduodenoscopy, flexible, tr | No | | | ALL |
| 0653T | Esophagogastroduodenoscopy, flexible, tr | No | | | ALL |
| 0654T | Esophagogastroduodenoscopy, flexible, tr | No | | | ALL |
| 0655T | Transperineal focal laser ablation of malig | Not covered | | | ALL |
| 0656T | Vertebral body tethering, anterior; up to 7 | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0656T | Vertebral body tethering, anterior; up to 7 | No | | | MCWRAP |
| 0657T | Vertebral body tethering, anterior; 8 or mo | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0657T | Vertebral body tethering, anterior; 8 or mo | No | | | MCWRAP |
| 0658T | Electrical impedance spectroscopy of 1 or | Not covered | | | ALL |
| 0659T | Transcatheter intracoronary infusion of su | Not covered | | | ALL |
| 0660T | Implantation of anterior segment intraocul | No | | | ALL |
| 0661T | Removal and reimplantation of anterior se | No | | | ALL |
| 0664T | Donor hysterectomy (including cold prese | Not covered | | | ALL |
| 0665T | Donor hysterectomy (including cold prese | Not covered | | | ALL |
| 0666T | Donor hysterectomy (including cold prese | Not covered | | | ALL |
| 0667T | Donor hysterectomy (including cold prese | Not covered | | | ALL |
| 0668T | Backbench standard preparation of cadav | Not covered | | | ALL |
| 0669T | Backbench reconstruction of cadaver or li | Not covered | | | ALL |
| 0670T | Backbench reconstruction of cadaver or li | Not covered | | | ALL |
| 0672T | Endovaginal cryogen-cooled, monopolar r | Not Covered | | | ALL |
| 0673T | Ablation, benign thyroid nodule(s), percuta | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0673T | Ablation, benign thyroid nodule(s), percuta | No | | | MCWRAP, PRICHO |
| 0674T | Laparoscopic insertion of new or replacem | Not Covered | | | ALL |
| 0675T | Laparoscopic insertion of new or replacem | Not Covered | | | ALL |
| 0676T | Laparoscopic insertion of new or replacem | Not Covered | | | ALL |
| 0677T | Laparoscopic repositioning of diaphragma | Not Covered | | | ALL |
| 0678T | Laparoscopic repositioning of diaphragma | Not Covered | | | ALL |
| 0679T | Laparoscopic removal of diaphragmatic le | Not Covered | | | ALL |
| 0680T | Insertion or replacement of pulse generato | Not Covered | | | ALL |
| 0681T | Relocation of pulse generator only, perma | Not Covered | | | ALL |
| 0682T | Removal of pulse generator only, permane | No | | | ALL |
| 0683T | Programming device evaluation (in-persor | Not Covered | | | ALL |
| 0684T | Peri-procedural device evaluation (in-pers | Not Covered | | | ALL |
| 0685T | Interrogation device evaluation (in-person | Not Covered | | | ALL |
| 0686T | Histotripsy (ie, non-thermal ablation via ac | Not Covered | | | ALL |
| 0671T | Insertion of anterior segment aqueous dra | No | | | ALL |
| 0687T | Treatment of amblyopia using an online di | Not Covered | | | ALL |
| 0688T | Treatment of amblyopia using an online di | Not Covered | | | ALL |
| 0689T | Quantitative ultrasound tissue characteriza | Not Covered | | | ALL |
| 0690T | Quantitative ultrasound tissue characteriza | Not Covered | | | ALL |
| 0691T | Automated analysis of an existing comput | Not Covered | | | ALL |
| 0692T | Therapeutic ultrafiltration | No | | | ALL |
| 0693T | Comprehensive full body computer-based | Not Covered | | | ALL |
| 0694T | 3-dimensional volumetric imaging and rec | No | | | ALL |
| 0695T | Body surface-activation mapping of pacen | Not Covered | | | ALL |
| 0696T | Body surface-activation mapping of pacen | Not Covered | | | ALL |
| 0697T | Quantitative magnetic resonance for analy | Yes | CCN | | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0697T | Quantitative magnetic resonance for analy | No | | | MCWRAP, PRICHO |
| 0698T | Quantitative magnetic resonance for analy | Yes | CCN | | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0698T | Quantitative magnetic resonance for analy | No | | | MCWRAP, PRICHO |
| 0699T | Injection, posterior chamber of eye, medic | No | | | ALL |
| 0700T | Molecular fluorescent imaging of suspiciou | Not Covered | | | ALL |
| 0701T | Molecular fluorescent imaging of suspiciou | Not Covered | | | ALL |
| 0704T | Remote treatment of amblyopia using an e | Not Covered | | | ALL |
| 0705T | Remote treatment of amblyopia using an e | Not Covered | | | ALL |
| 0706T | Remote treatment of amblyopia using an e | Not Covered | | | ALL |
| 0707T | Injection(s), bone-substitute material (eg, | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0707T | Injection(s), bone-substitute material (eg, | No | | | MCWRAP |
| 0708T | Intradermal cancer immunotherapy; prepa | Not Covered | | | ALL |
| 0709T | Intradermal cancer immunotherapy; each | Not Covered | | | ALL |
| 0710T | Noninvasive arterial plaque analysis using | Yes | CCN | | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0710T | Noninvasive arterial plaque analysis using | No | | | MCWRAP, PRICHO |
| 0711T | Noninvasive arterial plaque analysis using | Yes | CCN | | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0711T | Noninvasive arterial plaque analysis using | No | | | MCWRAP, PRICHO |
| 0712T | Noninvasive arterial plaque analysis using | Yes | CCN | | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0712T | Noninvasive arterial plaque analysis using | No | | | MCWRAP, PRICHO |
| 0713T | Noninvasive arterial plaque analysis using | Yes | CCN | | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0713T | Noninvasive arterial plaque analysis using | No | | | MCWRAP, PRICHO |
| 0714T | Transperineal laser ablation of benign pro | Not covered | | | ALL |
| 0715T | Percutaneous transluminal coronary lithot | No | | | ALL |
| 0716T | Cardiac acoustic waveform recording with | Not covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0717T | Autologous adipose-derived regenerative | Not covered | | | ALL |
| 0718T | Autologous adipose-derived regenerative | Not covered | | | ALL |
| 0719T | Posterior vertebral joint replacement, inclu | Not covered | | | ALL |
| 0721T | Quantitative computed tomography (CT) t | Yes | | | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0721T | Quantitative computed tomography (CT) t | No | | | PRICHO, CAID, MMP, MCWRAP |
| 0722T | Quantitative computed tomography (CT) t | Yes | | | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0722T | Quantitative computed tomography (CT) t | No | | | PRICHO, CAID, MMP, MCWRAP |
| 0722T | Quantitative computed tomography (CT) t | Yes | | | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0722T | Quantitative computed tomography (CT) t | No | | | PRICHO, CAID, MMP, MCWRAP |
| 0723T | Quantitative magnetic resonance cholang | Yes | | | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0723T | Quantitative magnetic resonance cholang | No | | | PRICHO, CAID, MMP, MCWRAP |
| 0723T | Quantitative magnetic resonance cholang | Yes | | | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0723T | Quantitative magnetic resonance cholang | No | | | PRICHO, CAID, MMP, MCWRAP |
| 0724T | Quantitative magnetic resonance cholang | Yes | | | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0724T | Quantitative magnetic resonance cholang | No | | | PRICHO, CAID, MMP, MCWRAP |
| 0725T | Vestibular device implantation, unilateral | Not covered | | | ALL |
| 0726T | Removal of implanted vestibular device, u | Not covered | | | ALL |
| 0727T | Removal and replacement of implanted ve | Not covered | | | ALL |
| 0728T | Diagnostic analysis of vestibular implant, | Not covered | | | ALL |
| 0729T | Diagnostic analysis of vestibular implant, | Not covered | | | ALL |
| 0730T | Trabeculotomy by laser, including optical | Not covered | | | ALL |
| 0731T | Augmentative AI-based facial phenotype a | Not covered | | | ALL |
| 0732T | Immunotherapy administration with electro | Not covered | | | ALL |
| 0733T | Remote body and limb kinematic measure | Not covered | | | ALL |
| 0734T | Remote body and limb kinematic measure | Not covered | | | ALL |
| 0735T | Preparation of tumor cavity, with placeme | No | | | ALL |
| 0736T | Colonic lavage, 35 or more liters of water, | Not covered | | | ALL |
| 0737T | Xenograft implantation into the articular su | Not covered | | | ALL (except for MA) |
| 0737T | Xenograft implantation into the articular su | Yes | | | MA |
| 0738T | Treatment planning for magnetic field indu | Not Covered | | | ALL |
| 0739T | Ablation of malignant prostate tissue by m | Not Covered | | | ALL |
| 0740T | Remote autonomous algorithm-based rec | Not Covered | | | ALL |
| 0741T | Remote autonomous algorithm-based rec | Not Covered | | | ALL |
| 0742T | Absolute quantitation of myocardial blood | No | | | ALL |
| 0743T | Bone strength and fracture risk using finite | Not covered | | | ALL |
| 0744T | Insertion of bioprosthetic valve, open, fem | Not Covered | | | ALL |
| 0745T | Cardiac focal ablation utilizing radiation th | Not Covered | | | ALL |
| 0746T | Cardiac focal ablation utilizing radiation th | Not Covered | | | ALL |
| 0747T | Cardiac focal ablation utilizing radiation th | Not Covered | | | ALL |
| 0748T | Injections of stem cell product into periana | Not Covered | | | ALL |
| 0749T | Bone strength and fracture-risk assessme | Not covered | | | ALL |
| 0750T | Bone strength and fracture-risk assessme | Not covered | | | ALL |
| 0751T | Digitization of glass microscope slides for | No | | | ALL |
| 0752T | Digitization of glass microscope slides for | No | | | ALL |
| 0753T | Digitization of glass microscope slides for | No | | | ALL |
| 0754T | Digitization of glass microscope slides for | No | | | ALL |
| 0755T | Digitization of glass microscope slide for l | No | | | ALL |
| 0756T | Digitization of glass microscope slides for | No | | | ALL |
| 0757T | Digitization of glass microscope slides for | No | | | ALL |
| 0758T | Digitization of glass microscope slides for | No | | | ALL |
| 0759T | Digitization of glass microscope slides for | No | | | ALL |
| 0760T | Digitization of glass microscope slides for | No | | | ALL |
| 0761T | Digitization of glass microscope slides for | No | | | ALL |
| 0762T | Digitization of glass microscope slides for | No | | | ALL |
| 0763T | Digitization of glass microscope slides for | No | | | ALL |
| 0764T | Assistive algorithmic electrocardiogram ris | Not Covered | | | ALL |
| 0765T | Assistive algorithmic electrocardiogram ris | Not Covered | | | ALL |
| 0766T | Transcutaneous magnetic stimulation by f | Not Covered | | | ALL |
| 0767T | Transcutaneous magnetic stimulation by f | Not Covered | | | ALL |
| 0768T | Transcutaneous magnetic stimulation by f | Not Covered | | | ALL |
| 0769T | Transcutaneous magnetic stimulation by f | Not Covered | | | ALL |
| 0770T | Virtual reality technology to assist therapy | Not Covered | | | ALL |
| 0771T | Virtual reality (VR) procedural dissociation | Not Covered | | | ALL |
| 0772T | Virtual reality (VR) procedural dissociation | Not Covered | | | ALL |
| 0773T | Virtual reality (VR) procedural dissociation | Not Covered | | | ALL |
| 0774T | Virtual reality (VR) procedural dissociation | Not Covered | | | ALL |
| 0775T | Arthrodesis, sacroiliac joint, percutaneous | Yes | | | ALL (Except MA, MCWRAP, PRICHO, MMP, CAID) |
| 0775T | Arthrodesis, sacroiliac joint, percutaneous | No | | | MA, MCWRAP, PRICHO, MMP, CAID |
| 0776T | Therapeutic induction of intra-brain hypoth | Not Covered | | | ALL |
| 0777T | Real-time pressure-sensing epidural guida | Not Covered | | | ALL |
| 0778T | Surface mechanomyography (sMMG) with | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0779T | Gastrointestinal myoelectrical activity stud | Not Covered | | | ALL |
| 0780T | Instillation of fecal microbiota suspension | No | | | ALL |
| 0781T | Bronchoscopy, rigid or flexible, with inserti | Not Covered | | | ALL |
| 0782T | Bronchoscopy, rigid or flexible, with inserti | Not Covered | | | ALL |
| 0783T | Transcutaneous auricular neurostimulatio | Not Covered | | | ALL |
| 0784T | Insertion or replacement of percutaneous | Yes | CCN | | ALL (Except Mcwrap) |
| 0784T | Insertion or replacement of percutaneous | No | | | MCWRAP |
| 0785T | Revision or removal of neurostimulator ele | Yes | CCN | | ALL (Except Mcwrap) |
| 0785T | Revision or removal of neurostimulator ele | No | | | MCWRAP |
| 0786T | Insertion or replacement of percutaneous | Yes | | | ALL (Except McWRAP) |
| 0786T | Insertion or replacement of percutaneous | No | | | MCWRAP |
| 0787T | Revision or removal of neurostimulator ele | Yes | | | ALL (Except McWRAP) |
| 0787T | Revision or removal of neurostimulator ele | No | | | MCWRAP |
| 0788T | Electronic analysis with simple programmi | Yes | | | ALL (Except McWRAP) |
| 0788T | Electronic analysis with simple programmi | No | | | MCWRAP |
| 0789T | Electronic analysis with complex programı | Yes | | | ALL (Except McWRAP) |
| 0789T | Electronic analysis with complex programı | No | | | MCWRAP |
| 0790T | Revision (eg, augmentation, division of tet | Yes | TPC-MSK | | ALL (Except McWRAP) |
| 0790T | Revision (eg, augmentation, division of tet | No | | | MCWRAP |
| 0791T | Motor-cognitive, semi-immersive virtua | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0791T | Motor-cognitive, semi-immersive virtua | No | | | McWrap, PRICHO |
| 0792T | Application of silver diamine fluoride 3 | Not Covered | | | ALL |
| 0793T | Percutaneous transcatheter thermal a | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0793T | Percutaneous transcatheter thermal a | No | | | McWrap, PRICHO |
| 0794T | Patient-specific, assistive, rules-based | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0794T | Patient-specific, assistive, rules-based | No | | | McWrap, PRICHO |
| 0795T | Transcatheter insertion of permanent ( | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0795T | Transcatheter insertion of permanent ( | No | | | MCWRAP |
| 0796T | Transcatheter insertion of permanent ( | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0796T | Transcatheter insertion of permanent ( | No | | | MCWRAP |
| 0797T | Transcatheter insertion of permanent ( | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0797T | Transcatheter insertion of permanent ( | No | | | MCWRAP |
| 0798T | Transcatheter removal of permanent c | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0798T | Transcatheter removal of permanent c | No | | | MCWRAP |
| 0799T | Transcatheter removal of permanent c | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0799T | Transcatheter removal of permanent c | No | | | MCWRAP |
| 0799T | Transcatheter removal of permanent c | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0799T | Transcatheter removal of permanent c | No | | | MCWRAP |
| 0800T | Transcatheter removal of permanent c | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0800T | Transcatheter removal of permanent c | No | | | MCWRAP |
| 0801T | Transcatheter removal and replaceme | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0801T | Transcatheter removal and replaceme | No | | | MCWRAP |
| 0802T | Transcatheter removal and replaceme | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0802T | Transcatheter removal and replaceme | No | | | MCWRAP |
| 0803T | Transcatheter removal and replaceme | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0803T | Transcatheter removal and replaceme | No | | | MCWRAP |
| 0804T | Programming device evaluation (in pe | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0804T | Programming device evaluation (in pe | No | | | McWrap, PRICHO |
| 0805T | Transcatheter superior and inferior ve | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0805T | Transcatheter superior and inferior ve | No | | | McWrap, PRICHO |
| 0806T | Transcatheter superior and inferior ve | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0806T | Transcatheter superior and inferior ve | No | | | McWrap, PRICHO |
| 0807T | Pulmonary tissue ventilation analysis | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0807T | Pulmonary tissue ventilation analysis | No | | | McWrap, PRICHO |
| 0808T | Pulmonary tissue ventilation analysis | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0808T | Pulmonary tissue ventilation analysis | No | | | McWrap, PRICHO |
| 0809T | Arthrodesis, sacroiliac joint, percutane | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0809T | Arthrodesis, sacroiliac joint, percutane | No | | | McWrap, PRICHO |
| 0810T | Subretinal injection of a pharmacologi | Yes | | | ALL (Except MCWRAP, PRICHO) |
| 0810T | Subretinal injection of a pharmacologi | No | | | McWrap, PRICHO |
| 0811T | Remote multi-day complex uroflowmetry ( | Not Covered | | | ALL |
| 0812T | Remote multi-day complex uroflowmetry ( | Not Covered | | | ALL |
| 0816T | Open insertion or replacement of integrate | Not covered | | | ALL |
| 0817T | Open insertion or replacement of integrate | Not covered | | | ALL |
| 0818T | Revision or removal of integrated neurosti | Not covered | | | ALL |
| 0819T | Revision or removal of integrated neurosti | Not covered | | | ALL |
| 0823T | Transcatheter insertion of permanent sing | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0823T | Transcatheter insertion of permanent sing | No | | | MCWRAP |
| 0824T | Transcatheter removal of permanent singl | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0824T | Transcatheter removal of permanent singl | No | | | MCWRAP |
| 0825T | Transcatheter removal and replacement o | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0825T | Transcatheter removal and replacement o | No | | | MCWRAP |
| 0826T | Programming device evaluation (in persor | No | | | ALL |
| 0861T | Removal of pulse generator for wireless c | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0861T | Removal of pulse generator for wireless c | No | | | MCWRAP |
| 0862T | Relocation of pulse generator for wireless | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| 0862T | Relocation of pulse generator for wireless | No | | | MCWRAP |
| 0863T | Relocation of pulse generator for wireless | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0863T | Relocation of pulse generator for wireless | No | | | MCWRAP |
| 0827T | Digitization of glass microscope slides for | No | | | ALL |
| 0828T | Digitization of glass microscope slides for | No | | | ALL |
| 0829T | Digitization of glass microscope slides for | No | | | ALL |
| 0830T | Digitization of glass microscope slides for | No | | | ALL |
| 0831T | Digitization of glass microscope slides for | No | | | ALL |
| 0832T | Digitization of glass microscope slides for | No | | | ALL |
| 0833T | Digitization of glass microscope slides for | No | | | ALL |
| 0834T | Digitization of glass microscope slides for | No | | | ALL |
| 0835T | Digitization of glass microscope slides for | No | | | ALL |
| 0836T | Digitization of glass microscope slides for | No | | | ALL |
| 0837T | Digitization of glass microscope slides for | No | | | ALL |
| 0838T | Digitization of glass microscope slides for | No | | | ALL |
| 0839T | Digitization of glass microscope slides for | No | | | ALL |
| 0840T | Digitization of glass microscope slides for | No | | | ALL |
| 0841T | Digitization of glass microscope slides for | No | | | ALL |
| 0842T | Digitization of glass microscope slides for | No | | | ALL |
| 0843T | Digitization of glass microscope slides for | No | | | ALL |
| 0844T | Digitization of glass microscope slides for | No | | | ALL |
| 0845T | Digitization of glass microscope slides for | No | | | ALL |
| 0846T | Digitization of glass microscope slides for | No | | | ALL |
| 0847T | Digitization of glass microscope slides for | No | | | ALL |
| 0848T | Digitization of glass microscope slides for | No | | | ALL |
| 0849T | Digitization of glass microscope slides for | No | | | ALL |
| 0850T | Digitization of glass microscope slides for | No | | | ALL |
| 0851T | Digitization of glass microscope slides for | No | | | ALL |
| 0852T | Digitization of glass microscope slides for | No | | | ALL |
| 0853T | Digitization of glass microscope slides for | No | | | ALL |
| 0854T | Digitization of glass microscope slides for | No | | | ALL |
| 0855T | Digitization of glass microscope slides for | No | | | ALL |
| 0856T | Digitization of glass microscope slides for | No | | | ALL |
| 0865T | Quantitative magnetic resonance image (I | Yes | CCN | | ALL (Except Mcwrap) |
| 0865T | Quantitative magnetic resonance image (I | No | | | MCWRAP |
| 0866T | Quantitative magnetic resonance image (I | Yes | CCN | | ALL (Except Mcwrap) |
| 0866T | Quantitative magnetic resonance image (I | No | | | MCWRAP |
| 0887T | End-tidal control of inhaled anesthetic age | Not covered | | | ALL |
| 0888T | Histotripsy (ie, non-thermal ablation via ac | Not Covered | | | ALL |
| 0894T | Cannulation of the liver allograft in prepara | No | | | ALL |
| 0895T | Connection of liver allograft to normotherr | No | | | ALL |
| 0896T | Connection of liver allograft to normotherr | No | | | ALL |
| 0901T | Placement of bone marrow sampling port, | Not Covered | | | ALL |
| 0902T | QTc interval derived by augmentative algc | Not Covered | | | ALL |
| 0903T | Electrocardiogram, algorithmically genera | Not Covered | | | ALL |
| 0904T | Electrocardiogram, algorithmically genera | Not Covered | | | ALL |
| 0905T | Electrocardiogram, algorithmically genera | Not Covered | | | ALL |
| 0906T | Concurrent optical and magnetic stimulati | Not Covered | | | ALL |
| 0907T | Concurrent optical and magnetic stimulati | Not Covered | | | ALL |
| 0908T | Open implantation of integrated neurostim | Not Covered | | | ALL |
| 0909T | Replacement of integrated neurostimulatic | Not Covered | | | ALL |
| 0910T | Removal of integrated neurostimulation sy | Not Covered | | | ALL |
| 0911T | Electronic analysis of implanted integrated | Not Covered | | | ALL |
| 0912T | Electronic analysis of implanted integrated | Not Covered | | | ALL |
| 0913T | Percutaneous transcatheter therapeutic d | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0913T | Percutaneous transcatheter therapeutic d | No | | | MCWRAP |
| 0914T | Percutaneous transcatheter therapeutic d | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0914T | Percutaneous transcatheter therapeutic d | No | | | MCWRAP |
| 0915T | Insertion of permanent cardiac contractility | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0915T | Insertion of permanent cardiac contractility | No | | | MCWRAP |
| 0916T | Insertion of permanent cardiac contractility | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0916T | Insertion of permanent cardiac contractility | No | | | MCWRAP |
| 0917T | Insertion of permanent cardiac contractility | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0917T | Insertion of permanent cardiac contractility | No | | | MCWRAP |
| 0918T | Insertion of permanent cardiac contractility | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0918T | Insertion of permanent cardiac contractility | No | | | MCWRAP |
| 0919T | Removal of a permanent cardiac contracti | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0919T | Removal of a permanent cardiac contracti | No | | | MCWRAP |
| 0920T | Removal of a permanent cardiac contracti | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0920T | Removal of a permanent cardiac contracti | No | | | MCWRAP |
| 0921T | Removal of a permanent cardiac contracti | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0921T | Removal of a permanent cardiac contracti | No | | | MCWRAP |
| 0922T | Removal of a permanent cardiac contracti | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0922T | Removal of a permanent cardiac contracti | No | | | MCWRAP |
| 0923T | Removal and replacement of permanent c | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0923T | Removal and replacement of permanent c | No | | | MCWRAP |
| 0924T | Repositioning of previously implanted carc | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0924T | Repositioning of previously implanted card | No | | | MCWRAP |
| 0925T | Relocation of skin pocket for implanted ca | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| 0925T | Relocation of skin pocket for implanted ca | No | | | MCWRAP |
| 0926T | Programming device evaluation (in persor | Not Covered | | | ALL |
| 0927T | Interrogation device evaluation (in person | Not Covered | | | ALL |
| 0928T | Interrogation device evaluation (remote), u | Not Covered | | | ALL |
| 0929T | Interrogation device evaluation (remote), u | Not Covered | | | ALL |
| 0930T | Electrophysiologic evaluation of cardiac co | Not Covered | | | ALL |
| 0931T | Electrophysiologic evaluation of cardiac co | Not Covered | | | ALL |
| 0932T | Noninvasive detection of heart failure deri | Not Covered | | | ALL |
| 0933T | Transcatheter implantation of wireless left | Not Covered | | | ALL |
| 0934T | Remote monitoring of a wireless left atrial | Not Covered | | | ALL |
| 0935T | Cystourethroscopy with renal pelvic sympa | Not Covered | | | ALL |
| 0936T | Photobiomodulation therapy of retina, sing | Not Covered | | | ALL |
| 0937T | External electrocardiographic recording fo | Not Covered | | | ALL |
| 0938T | External electrocardiographic recording fo | Not Covered | | | ALL |
| 0939T | External electrocardiographic recording fo | Not Covered | | | ALL |
| 0940T | External electrocardiographic recording fo | Not Covered | | | ALL |
| 0941T | Cystourethroscopy, flexible; with insertion | Not Covered | | | ALL |
| 0942T | Cystourethroscopy, flexible; with removal | Not Covered | | | ALL |
| 0943T | Cystourethroscopy, flexible; with removal | Not Covered | | | ALL |
| 0944T | 3D contour simulation of target liver lesion | Not Covered | | | ALL |
| 0945T | Intraoperative assessment for abnormal (t | Not Covered | | | ALL |
| 0946T | Orthopedic implant movement analysis us | Not Covered | | | ALL |
| 0947T | Magnetic resonance image guided low int | Not Covered | | | ALL |
| 1000F | TOBACCO USE ASSESSED (CAD, CAP, | Not Covered | INFO | | ALL |
| 1002F | ANGINAL SYMPTOMS AND LEVEL OF A | Not Covered | INFO | | ALL |
| 1003F | LEVEL OF ACTIVITY ASSESSED | Not Covered | INFO | | ALL |
| 1004F | CLINICAL SYMPTOMS OF VOLUME OVE | Not Covered | INFO | | ALL |
| 1005F | ASTHMA SYMPTOMS EVALUATED (INC | Not Covered | INFO | | ALL |
| 1006F | OSTEOARTHRITIS SYMP & FUNCT STA | Not Covered | INFO | | ALL |
| 1007F | ASSESSMT OF USE OF ANTI-INFLAMM | Not Covered | INFO | | ALL |
| 1008F | GASTROINTESTINAL AND RENAL RISK | Not Covered | INFO | | ALL |
| 1011F | Angina present | Not Covered | INFO | | ALL |
| 1012F | Angina absent | Not Covered | INFO | | ALL |
| 1015F | CHRONIC OBSTRUCTIVE PULMONARY | Not Covered | INFO | | ALL |
| 1018F | DYSPNEA ASSESSED, NOT PRESENT ( | Not Covered | INFO | | ALL |
| 1019F | DYSPNEA ASSESSED, PRESENT (COPI | Not Covered | INFO | | ALL |
| 1022F | PNEUMOCOCCUS IMMUNIZATION STA | Not Covered | INFO | | ALL |
| 1026F | CO-MORBID CONDITIONS ASSESSED ( | Not Covered | INFO | | ALL |
| 1030F | INFLUENZA IMMUNIZATION STATUS AS | Not Covered | INFO | | ALL |
| 1031F | Smoking status and exposure to second h | Not Covered | INFO | | ALL |
| 1032F | Current tobacco smoker OR currently exp | Not Covered | INFO | | ALL |
| 1033F | Current tobacco non-smoker AND not cur | Not Covered | INFO | | ALL |
| 1034F | CURRENT TOBACCO SMOKER (CAD, C | Not Covered | INFO | | ALL |
| 1035F | CURRENT SMOKELESS TOBACCO USE | Not Covered | INFO | | ALL |
| 1036F | CURRENT TOBACCO NON-USER (CAD, | Not Covered | INFO | | ALL |
| 1038F | PERSISTENT ASTHMA (MILD, MODERA | Not Covered | INFO | | ALL |
| 1039F | INTERMITTENT ASTHMA (ASTHMA) | Not Covered | INFO | | ALL |
| 1040F | DSM-IV CRITERIA FOR MAJOR DEPRES | Not Covered | INFO | | ALL |
| 1050F | HISTORY OBTAINED REAGRDING NEW | Not Covered | INFO | | ALL |
| 1052F | Type, anatomic location, and activity all as | Not Covered | INFO | | ALL |
| 1055F | VISUAL FUNCTIONAL STATUS ASSESS | Not Covered | INFO | | ALL |
| 1060F | DOCUMENTATION OF PERMANENT OR | Not Covered | INFO | | ALL |
| 1061F | DOCUMENTATION OF ABSCENCE OF F | Not Covered | INFO | | ALL |
| 1065F | ISCHEMIC STROKE SYMPTOM ONSET ( | Not Covered | INFO | | ALL |
| 1066F | ISCHEMIC STROKE SYMPTOM ONSET ( | Not Covered | INFO | | ALL |
| 1070F | ALARM SYMPTOMS (INVOLUNTARY WE | Not Covered | INFO | | ALL |
| 1071F | ALARM SYMPTOMS (INVOLUNTARY WE | Not Covered | INFO | | ALL |
| 1090F | PRESENCE OR ABSENCE OF URINARY | Not Covered | INFO | | ALL |
| 1091F | URINARY INCONTINENCE CHARACTER | Not Covered | INFO | | ALL |
| 1100F | PATIENT SCREENED FOR FUTURE FAL | Not Covered | INFO | | ALL |
| 1101F | PATIENT SCREENED FOR FUTURE FAL | Not Covered | INFO | | ALL |
| 1110F | PATIENT DISCHARGED FROM AN INPT | Not Covered | INFO | | ALL |
| 1111F | DISCHARGE MEDICATIONS RECONCIL | Not Covered | INFO | | ALL (except for MED/PRICHO) |
| 1111F | DISCHARGE MEDICATIONS RECONCIL | No | | | MED/PRICHO |
| 1116F | Auricular or periauricular pain assessed | Not Covered | INFO | | ALL |
| 1118F | GERD symptoms assessed after 12 mont | Not Covered | INFO | | ALL |
| 1119F | Initial evaluation for condition | Not Covered | INFO | | ALL |
| 1121F | Subsequent evaluation for condition | Not Covered | INFO | | ALL |
| 1123F | Advance Care Planning discussed and do | Not Covered | INFO | | ALL |
| 1124F | Advance Care Planning discussed and do | Not Covered | INFO | | ALL |
| 1125F | Pain severity quantified; pain present | Not Covered | INFO | | ALL |
| 1126F | Pain severity quantified; no pain present | Not Covered | INFO | | ALL |
| 1127F | New episode for condition (NMA – No Mea | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 1128F | Subsequent episode for condition (NMA – | Not Covered | INFO | | ALL |
| 1130F | Back pain and function assessed, includin | Not Covered | INFO | | ALL |
| 1134F | Episode of back pain lasting six weeks or | Not Covered | INFO | | ALL |
| 1135F | Episode of back pain lasting longer than s | Not Covered | INFO | | ALL |
| 1136F | Episode of back pain lasting 12 weeks or | Not Covered | INFO | | ALL |
| 1137F | Episode of back pain lasting longer than 1 | Not Covered | INFO | | ALL |
| 1150F | Documentation that a patient has a substa | Not Covered | INFO | | ALL |
| 1151F | Documentation that a patient does not hav | Not Covered | INFO | | ALL |
| 1152F | Documentation of advanced disease diagı | Not Covered | INFO | | ALL |
| 1153F | Documentation of advanced disease diagı | Not Covered | INFO | | ALL |
| 1157F | Advance care plan or similar legal docume | Not Covered | INFO | | ALL |
| 1158F | Advance care planning discussion docum | Not Covered | INFO | | ALL |
| 1159F | Medication list documented in medical rec | Not Covered | INFO | | ALL |
| 1160F | Review of all medications by a prescribing | Not Covered | INFO | | ALL |
| 1170F | Functional status assessed | Not Covered | INFO | | ALL |
| 1175F | Functional status for dementia assessed a | Not Covered | INFO | | ALL |
| 1180F | All specified thromboembolic risk factors a | Not Covered | INFO | | ALL |
| 1181F | Neuropsychiatric symptoms assessed and | Not Covered | INFO | | ALL |
| 1182F | Neuropsychiatric symptoms, one or more | Not Covered | INFO | | ALL |
| 1183F | Neuropsychiatric symptoms, absent | Not Covered | INFO | | ALL |
| 1200F | Seizure type(s) and current seizure freque | Not Covered | INFO | | ALL |
| 1205F | Etiology of epilepsy or epilepsy syndrome( | Not Covered | INFO | | ALL |
| 1220F | Patient screened for depression | Not Covered | INFO | | ALL |
| 1450F | Symptoms improved or remained consiste | Not Covered | INFO | | ALL |
| 1451F | Symptoms demonstrated clinically importa | Not Covered | INFO | | ALL |
| 1460F | Qualifying cardiac event/diagnosis in prev | Not Covered | INFO | | ALL |
| 1461F | No qualifying cardiac event/diagnosis in p | Not Covered | INFO | | ALL |
| 1490F | Dementia severity classified, mild | Not Covered | INFO | | ALL |
| 1491F | Dementia severity classified, moderate | Not Covered | INFO | | ALL |
| 1493F | Dementia severity classified, severe | Not Covered | INFO | | ALL |
| 1494F | Cognition assessed and reviewed | Not Covered | INFO | | ALL |
| 1500F | Symptoms and signs of distal symmetric p | Not Covered | | | ALL |
| 1501F | Not initial evaluation for condition (DSP) | Not Covered | | | ALL |
| 1502F | Patient queried about pain and pain interfe | Not Covered | | | ALL |
| 1503F | Patient queried about symptoms of respira | Not Covered | | | ALL |
| 1504F | Patient has respiratory insufficiency (DSP) | Not Covered | | | ALL |
| 1505F | Patient does not have respiratory insufficie | Not Covered | | | ALL |
| 2000F | BLOOD PRESSURE MEASURED | Not Covered | INFO | | ALL |
| 2001F | WEIGHT RECORDED (CHF, PAG) (DESC | Not Covered | INFO | | ALL |
| 2002F | CLINICAL SIGNS OF VOLUME OVERLOA | Not Covered | INFO | | ALL |
| 2004F | INITIAL EXAM OF THE INVOLVED JOINT | Not Covered | INFO | | ALL |
| 2010F | VITAL SIGNS (TEMPERATURE, PULSE, | Not Covered | INFO | | ALL |
| 2014F | MENTAL STATUS ASSESSED (NORMAL | Not Covered | INFO | | ALL |
| 2015F | Asthma impairment assessed | Not Covered | INFO | | ALL |
| 2016F | Asthma risk assessed | Not Covered | INFO | | ALL |
| 2018F | HYDRATION STATUS ASSESSED (NOR | Not Covered | INFO | | ALL |
| 2019F | DILATED MACULAR EXAM PERFORMEI | Not Covered | INFO | | ALL |
| 2020F | Dilated fundus evaluation performed withi | Not Covered | INFO | | ALL |
| 2021F | DILATED MACULAR AND FUNDUS EXAI | Not Covered | INFO | | ALL |
| 2022F | DILATED RETINAL EYE EXAM WITH INT | Not Covered | INFO | | ALL |
| 2023F | Dilated retinal eye exam with interpretatior | Not Covered | INFO | | ALL |
| 2024F | SEVEN STANDARD FIELD STEREOSCO | No | | | ALL |
| 2025F | 7 standard field stereoscopic retinal photo | Not Covered | INFO | | ALL |
| 2026F | EYE IMAGING VALIDATED TO MATCH D | No | | | ALL |
| 2027F | OPTIC NERVE HEAD EVALUATION PER | Not Covered | INFO | | ALL |
| 2028F | FOOT EXAMINATION PERFORMED (DM | Not Covered | INFO | | ALL |
| 2029F | COMPLETE PHYSICAL SKIN EXAM PER | Not Covered | INFO | | ALL |
| 2030F | HYDRATION STATUS DOCUMENTED, N | Not Covered | INFO | | ALL |
| 2031F | HYDRATION STATUS DOCUMENTED, D | Not Covered | INFO | | ALL |
| 2033F | Eye imaging validated to match diagnosis | Not Covered | INFO | | ALL |
| 2035F | Tympanic membrane mobility assessed w | Not Covered | INFO | | ALL |
| 2040F | Physical examination on the date of the in | Not Covered | INFO | | ALL |
| 2044F | Documentation of mental health assessm | Not Covered | INFO | | ALL |
| 2050F | Wound characteristics including size AND | Not Covered | INFO | | ALL |
| 2060F | Patient interviewed directly by evaluating c | Not Covered | INFO | | ALL |
| 3006F | CHEST X-RAY RESULTS DOCUMENTEI | Not Covered | INFO | | ALL |
| 3008F | Body Mass Index (BMI), documented | Not Covered | INFO | | ALL |
| 3011F | LIPID PANEL RESULTS DOCUMENTED | Not Covered | INFO | | ALL |
| 3014F | SCREENING MAMMOGRAPHY RESULTS | Not Covered | INFO | | ALL |
| 3015F | Cervical cancer screening results docume | Not Covered | INFO | | ALL |
| 3016F | Patient screened for unhealthy alcohol use | Not Covered | INFO | | ALL |
| 3017F | COLORECTAL CANCER SCREENING RI | Not Covered | INFO | | ALL |
| 3018F | Pre-procedure risk assessment AND dept | Not Covered | INFO | | ALL |
| 3019F | Left ventricular ejection fraction (LVEF) as | Not Covered | INFO | | ALL |
| 3020F | LEFT VENTRICULAR FUNCTION (LFV) A | Not Covered | INFO | | ALL |
| 3021F | LEFT VENTRICULAR EJECTION FRACT | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 3022F | LEFT VENTRICULAR EJECTION FRACT | Not Covered | INFO | | ALL |
| 3023F | SPIROMETRY RESULTS DOCUMENTED | Not Covered | INFO | | ALL |
| 3025F | SPIROMETRY TEST RESULTS DEMONS | Not Covered | INFO | | ALL |
| 3027F | SPIROMETRY TEST RESULTS DEMONS | Not Covered | INFO | | ALL |
| 3028F | OXYGEN SATURATION RESULTS DOCU | Not Covered | INFO | | ALL |
| 3035F | OXYGEN SATURATION =< 88% OR A PA | Not Covered | INFO | | ALL |
| 3037F | OXYGEN SATURATION > 88% OR PA02 | Not Covered | INFO | | ALL |
| 3038F | Pulmonary function test performed within | Not Covered | INFO | | ALL |
| 3040F | FUNCTIONAL EXPIRATORY VOLUME (F | Not Covered | INFO | | ALL |
| 3042F | FUNCTIONAL EXPIRATORY VOLUME (F | Not Covered | INFO | | ALL |
| 3044F | MOST RECENT HEMOGLOBIN A1C LEV | Not Covered | INFO | | ALL |
| 3046F | MOST RECENT HEMOGLOBIN A1C LEV | Not Covered | INFO | | ALL |
| 3048F | MOST RECENT LDL-C < 100MG/DL (DM | Not Covered | INFO | | ALL |
| 3049F | MOST RECENT LDL-C 100- 129 MG/DL ( | Not Covered | INFO | | ALL |
| 3050F | MOST RECENT LDL-C >= 130 MG/DL (D | Not Covered | INFO | | ALL |
| 3051F | Most recent hemoblobin A1c (HbA1c) level grea | Not Covered | INFO | | ALL |
| 3052F | Most recent hemoblobin A1c (HbA1c) level grea | Not Covered | INFO | | ALL |
| 3055F | Left ventricular ejection fraction (LVEF) les | Not Covered | INFO | | ALL |
| 3056F | Left ventricular ejection fraction (LVEF) gr | Not Covered | INFO | | ALL |
| 3060F | POSITIVE MICROALBUMINURIA TEST R | Not Covered | INFO | | ALL |
| 3061F | NEGATIVE MICROALBUMINURIA TEST I | Not Covered | INFO | | ALL |
| 3062F | POSITIVE MACROABUMINURIA TEST R | Not Covered | INFO | | ALL |
| 3066F | DOCUMENTATION OF TREATMENT FOI | Not Covered | INFO | | ALL |
| 3072F | LOW RISK FOR RETINOPATHY (NO EVI | Not Covered | INFO | | ALL |
| 3073F | PRE-SURG (CATARACT) AXIAL LENGTH | Not Covered | INFO | | ALL |
| 3074F | MOST RECENT SYSTLIC BLOOD PRESS | Not Covered | INFO | | ALL |
| 3075F | MOST RECENT SYSTOLIC BLOOD PRES | Not Covered | INFO | | ALL |
| 3077F | MOST RECENT SYSTOLIC BLOOD PRES | Not Covered | INFO | | ALL |
| 3078F | MOST RECENT DIASTOLIC BLOOD PRE | Not Covered | INFO | | ALL |
| 3079F | MOST RECENT DIASTOLIC BLOOD PRE | Not Covered | INFO | | ALL |
| 3080F | MOST RECENT DIASTOLIC BLOOD PRE | Not Covered | INFO | | ALL |
| 3082F | KT/V < 1.2 (CLEARANCE OF UREA (KT) | Not Covered | INFO | | ALL |
| 3083F | KT/V EQUAL TO OR GREATER THAN 1.2 | Not Covered | INFO | | ALL |
| 3084F | KT/V >= 1.7 (CLEARANCE OF UREA (KT | Not Covered | INFO | | ALL |
| 3085F | SUICIDE RISK ASSESSED | Not Covered | INFO | | ALL |
| 3088F | MAJOR DEPRESSIVE DISORDER, MILD | Not Covered | INFO | | ALL |
| 3089F | MAJOR DEPRESSIVE DISORDER, MOD | Not Covered | INFO | | ALL |
| 3090F | MAJOR DEPRESSIVE DISORDER, SEVE | Not Covered | INFO | | ALL |
| 3091F | MAJOR DEPRESSIVE DISORDER, SEVE | Not Covered | INFO | | ALL |
| 3092F | MAJOR DEPRESSIVE DISORDER, IN RE | Not Covered | INFO | | ALL |
| 3093F | DOCUMENTATION OF NEW DIAGNOSIS | Not Covered | INFO | | ALL |
| 3095F | CENTRAL DUAL-ENERGY X-RAY ABSOI | Not Covered | INFO | | ALL |
| 3096F | CENTRAL DUAL-ENERGY X-RAY ABSOI | Not Covered | INFO | | ALL |
| 3100F | CAROTID IMAGING STUDY RPRT INCL I | Not Covered | INFO | | ALL |
| 3110F | PRESENCE OR ABSENCE OF HEMORR | Not Covered | INFO | | ALL |
| 3111F | CT OR MRI OF THE BRAIN PERFORMEI | Not Covered | INFO | | ALL |
| 3112F | CT OR MRI OF THE BRAIN PERFORMEI | Not Covered | INFO | | ALL |
| 3115F | Quantitative results of an evaluation of cu | Not Covered | INFO | | ALL |
| 3117F | Heart Failure disease specific structured a | Not Covered | INFO | | ALL |
| 3118F | New York Heart Association (NYHA) Class | Not Covered | INFO | | ALL |
| 3119F | No Evaluation of level of activity or clinical | Not Covered | INFO | | ALL |
| 3120F | 12-LEAD ECG PERFORMED | Not Covered | INFO | | ALL |
| 3126F | Patient has documented immunity to Hepa | Not Covered | INFO | | ALL |
| 3130F | UPPER GASTROINTESTINAL ENDOSCO | Not Covered | INFO | | ALL |
| 3132F | DOCUMENTATION OF REFERRAL FOR | Not Covered | INFO | | ALL |
| 3140F | UPPER GASTROINTESTINAL ENDOSCO | Not Covered | INFO | | ALL |
| 3141F | UPPER GASTROINTESTINAL ENDOSCO | Not Covered | INFO | | ALL |
| 3142F | BARIUM SWALLOW TEST ORDERED | Not Covered | INFO | | ALL |
| 3150F | FORCEPS ESOPHAGEAL BIOPSY PERF | Not Covered | INFO | | ALL |
| 3155F | CYTOGENETIC TESTING PERFORMED | Not Covered | INFO | | ALL |
| 3160F | DOCUMENTATION OF IRON STORES PI | Not Covered | INFO | | ALL |
| 3170F | Baseline flow cytometry studies performed | Not Covered | INFO | | ALL |
| 3200F | BARIUM SWALLOW TEST NOT ORDERE | Not Covered | INFO | | ALL |
| 3210F | GROUP A STREP TEST PERFORMED | Not Covered | INFO | | ALL |
| 3215F | Patient has documented immunity to Hepa | Not Covered | INFO | | ALL |
| 3216F | Patient has documented immunity to Hepa | Not Covered | INFO | | ALL |
| 3218F | RNA testing for Hepatitis C documented a | Not Covered | INFO | | ALL |
| 3220F | Hepatitis C quantitative RNA testing docu | Not Covered | INFO | | ALL |
| 3230F | Documentation that hearing test was perfo | Not Covered | INFO | | ALL |
| 3250F | Specimen biopsy site other than anatomic | Not Covered | INFO | | ALL |
| 3260F | pT category (primary tumor), pN category | Not Covered | INFO | | ALL |
| 3265F | Ribonucleic acid (RNA) testing for Hepatit | Not Covered | INFO | | ALL |
| 3266F | Hepatitis C genotype testing documented | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 3267F | Pathology report includes pT category, pN | Not Covered | INFO | | ALL |
| 3268F | Prostate-specific antigen (PSA), AND prim | Not Covered | INFO | | ALL |
| 3269F | Bone scan performed prior to initiation of t | Not Covered | INFO | | ALL |
| 3270F | Bone scan not performed prior to initiation | Not Covered | INFO | | ALL |
| 3271F | Low risk of recurrence, prostate cancer | Not Covered | INFO | | ALL |
| 3272F | Intermediate risk of recurrence, prostate c | Not Covered | INFO | | ALL |
| 3273F | High risk of recurrence, prostate cancer | Not Covered | INFO | | ALL |
| 3274F | Prostate cancer risk of recurrence not dete | Not Covered | INFO | | ALL |
| 3278F | Serum levels of calcium, phosphorus, inta | Not Covered | INFO | | ALL |
| 3279F | Hemoglobin level greater than or equal to | Not Covered | INFO | | ALL |
| 3280F | Hemoglobin level 11 g/dL to 12.9 g/dL | Not Covered | INFO | | ALL |
| 3281F | Hemoglobin level less than 11 g/dL | Not Covered | INFO | | ALL |
| 3284F | Intraocular pressure (IOP) reduced by a va | Not Covered | INFO | | ALL |
| 3285F | Intraocular pressure (IOP) reduced by a va | Not Covered | INFO | | ALL |
| 3288F | Falls risk assessment documented | Not Covered | INFO | | ALL |
| 3290F | Patient is D (Rh) negative and unsensitize | Not Covered | INFO | | ALL |
| 3291F | Patient is D (Rh) positive or sensitized | Not Covered | INFO | | ALL |
| 3292F | HIV testing ordered or documented and re | Not Covered | INFO | | ALL |
| 3293F | ABO and Rh blood typing documented as | Not Covered | INFO | | ALL |
| 3294F | Group B Streptococcus (GBS) screening d | Not Covered | INFO | | ALL |
| 3300F | American Joint Committee on Cancer (AJ | Not Covered | INFO | | ALL |
| 3301F | Cancer stage documented in medical reco | Not Covered | INFO | | ALL |
| 3315F | Estrogen receptor (ER) or progesterone re | Not Covered | INFO | | ALL |
| 3316F | Estrogen receptor (ER) and progesterone | Not Covered | INFO | | ALL |
| 3317F | Pathology report confirming malignancy d | Not Covered | INFO | | ALL |
| 3318F | Pathology report confirming malignancy d | Not Covered | INFO | | ALL |
| 3319F | One of the following diagnostic imaging st | Not Covered | INFO | | ALL |
| 3320F | None of the following diagnostic imaging s | Not Covered | INFO | | ALL |
| 3321F | AJCC Cancer Stage 0 or 1A Melanoma, d | Not Covered | INFO | | ALL |
| 3322F | Melanoma greater than AJCC Stage 0 or I | Not Covered | INFO | | ALL |
| 3323F | Clinical tumor, node and metastases (TNM | Not Covered | INFO | | ALL |
| 3324F | MRI or CT scan ordered, reviewed or requ | Not Covered | INFO | | ALL |
| 3325F | Preoperative assessment of functional or | Not Covered | INFO | | ALL |
| 3328F | Performance status documented and revie | Not Covered | INFO | | ALL |
| 3330F | Imaging study ordered | Not Covered | INFO | | ALL |
| 3331F | Imaging study not ordered | Not Covered | INFO | | ALL |
| 3340F | Breast Imaging-Reporting and Data Syste | Not Covered | INFO | | ALL |
| 3341F | Breast Imaging-Reporting and Data Syste | Not Covered | INFO | | ALL |
| 3342F | Breast Imaging-Reporting and Data Syste | Not Covered | INFO | | ALL |
| 3343F | Breast Imaging-Reporting and Data Syste | Not Covered | INFO | | ALL |
| 3344F | Breast Imaging-Reporting and Data Syste | Not Covered | INFO | | ALL |
| 3345F | Breast Imaging-Reporting and Data Syste | Not Covered | INFO | | ALL |
| 3350F | Mammogram assessment category of "kn | Not Covered | INFO | | ALL |
| 3351F | Negative screen for depressive symptoms | Not Covered | INFO | | ALL |
| 3352F | No significant depressive symtpoms as ca | Not Covered | INFO | | ALL |
| 3353F | Mild to moderate depressive symptoms as | Not Covered | INFO | | ALL |
| 3354F | Clinically significant depressive symptoms | Not Covered | INFO | | ALL |
| 3370F | AJCC Breast Cancer Stage 0, documente | Not Covered | INFO | | ALL |
| 3372F | AJCC Breast Cancer Stage I: T1mic, T1a | Not Covered | INFO | | ALL |
| 3374F | AJCC Breast Cancer Stage I: T1c (tumor s | Not Covered | INFO | | ALL |
| 3376F | AJCC Breast Cancer Stage II, documente | Not Covered | INFO | | ALL |
| 3378F | AJCC Breast Cancer Stage III, documente | Not Covered | INFO | | ALL |
| 3380F | AJCC Breast Cancer Stage IV, documente | Not Covered | INFO | | ALL |
| 3382F | AJCC colon cancer, Stage 0, documented | Not Covered | INFO | | ALL |
| 3384F | AJCC colon cancer, Stage I, documented | Not Covered | INFO | | ALL |
| 3386F | AJCC colon cancer, Stage II, documented | Not Covered | INFO | | ALL |
| 3388F | AJCC colon cancer, Stage III, documented | Not Covered | INFO | | ALL |
| 3390F | AJCC colon cancer, Stage IV, documente | Not Covered | INFO | | ALL |
| 3394F | Quantitative HER2 Immunohistochemistry | Not Covered | INFO | | ALL |
| 3395F | Quantitative non-HER2 Immunohistochem | Not Covered | INFO | | ALL |
| 3450F | Dyspnea screened, no dyspnea or mild dy | Not Covered | INFO | | ALL |
| 3451F | Dyspnea screened, moderate or severe dy | Not Covered | INFO | | ALL |
| 3452F | Dyspnea not screened (Pall Cr) | Not Covered | INFO | | ALL |
| 3455F | TB screening performed and results interp | Not Covered | INFO | | ALL |
| 3470F | Rheumatoid arthritis (RA) disease activity, | Not Covered | INFO | | ALL |
| 3471F | Rheumatoid arthritis (RA) disease activity, | Not Covered | INFO | | ALL |
| 3472F | Rheumatoid arthritis (RA) disease activity, | Not Covered | INFO | | ALL |
| 3475F | Disease prognosis for rheumatoid arthritis | Not Covered | INFO | | ALL |
| 3476F | Disease prognosis for rheumatoid arthritis | Not Covered | INFO | | ALL |
| 3490F | History of AIDS-defining condition (HIV) | Not Covered | INFO | | ALL |
| 3491F | HIV indeterminate (infants of undetermine | Not Covered | INFO | | ALL |
| 3492F | History of nadir CD4+ cell count <350 cells | Not Covered | INFO | | ALL |
| 3493F | No history of nadir CD4+ cell count <350 c | Not Covered | INFO | | ALL |
| 3494F | CD4+ cell count <200 cells/mm3 (HIV) | Not Covered | INFO | | ALL |
| 3495F | CD4+ cell count 200 - 499 cells/mm3 (HIV | Not Covered | INFO | | ALL |
| 3496F | CD4+ cell count >=500 cells/mm3 (HIV) | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 3497F | CD4+ cell percentage <15% (HIV) | Not Covered | INFO | | ALL |
| 3498F | CD4+ cell percentage >=15% (HIV) | Not Covered | INFO | | ALL |
| 3500F | CD4+ cell count or CD4+ cell percentage | Not Covered | INFO | | ALL |
| 3502F | HIV RNA viral load below limits of quantifi | Not Covered | INFO | | ALL |
| 3503F | HIV RNA viral load not below limits of qua | Not Covered | INFO | | ALL |
| 3510F | Documentation that tuberculosis (TB) scre | Not Covered | INFO | | ALL |
| 3511F | Chlamydia and gonorrhea screenings doc | No | | | ALL |
| 3512F | Syphilis screening documented as perforn | No | | | ALL |
| 3513F | Hepatitis B screening documented as perf | Not Covered | INFO | | ALL |
| 3514F | Hepatitis C screening documented as perf | Not Covered | INFO | | ALL |
| 3515F | Patient has documented immunity to Hepa | Not Covered | INFO | | ALL |
| 3517F | Hepatitis B Virus (HBV) status assessed a | Not Covered | INFO | | ALL |
| 3520F | Clostridium difficile testing performed | Not Covered | INFO | | ALL |
| 3550F | Low risk for thromboembolism (AFIB) | Not Covered | INFO | | ALL |
| 3551F | Intermediate risk for thromboembolism (A | Not Covered | INFO | | ALL |
| 3552F | High risk for thromboembolism (AFIB) | Not Covered | INFO | | ALL |
| 3555F | Patient had International Normalized Ratio | Not Covered | INFO | | ALL |
| 3570F | Final report for bone scintigraphy study inc | Not Covered | INFO | | ALL |
| 3572F | Patient considered to be potentially at risk | Not Covered | INFO | | ALL |
| 3573F | Patient not considered to be potentially at | Not Covered | INFO | | ALL |
| 3650F | Electroencephalogram (EEG) ordered, rev | Not Covered | INFO | | ALL |
| 3700F | Psychiatric disorders or disturbances asse | Not Covered | INFO | | ALL |
| 3720F | Cognitive impairment or dysfunction asses | Not Covered | INFO | | ALL |
| 3725F | Screening for depression performed | Not Covered | INFO | | ALL |
| 3750F | Patient not receiving dose of corticosteroid | Not Covered | INFO | | ALL |
| 3751F | Electrodiagnostic studies for distal symme | Not Covered | INFO | | ALL |
| 3752F | Electrodiagnostic studies for distal symme | Not Covered | INFO | | ALL |
| 3753F | Patient has clear clinical symptoms and si | Not Covered | INFO | | ALL |
| 3754F | Screening tests for diabetes mellitus revie | Not Covered | INFO | | ALL |
| 3755F | Cognitive and behavioral impairment scre | Not Covered | INFO | | ALL |
| 3756F | Patient has pseudobulbar affect, sialorrhe | Not Covered | INFO | | ALL |
| 3757F | Patient does not have pseudobulbar affec | Not Covered | INFO | | ALL |
| 3758F | Patient referred for pulmonary function tes | Not Covered | INFO | | ALL |
| 3759F | Patient screened for dysphagia, weight los | Not Covered | INFO | | ALL |
| 3760F | Patient exhibits dysphagia, weight loss, or | Not Covered | INFO | | ALL |
| 3761F | Patient does not exhibit dysphagia, weight | Not Covered | INFO | | ALL |
| 3762F | Patient is dysarthric (DSP) | Not Covered | INFO | | ALL |
| 3763F | Patient is not dysarthric (DSP) | Not Covered | INFO | | ALL |
| 3775F | Adenoma(s) or other neoplasm detected o | Not Covered | INFO | | ALL |
| 3776F | Adenoma(s) or other neoplasm not detect | Not Covered | INFO | | ALL |
| 4000F | TOBACCO USE CESSATION INTERVEN | Not Covered | INFO | | ALL |
| 4001F | TOBACCO USE CESSATION INTERVEN | Not Covered | INFO | | ALL |
| 4002F | STATIN THERAPY, PRESCRIBED | Not Covered | INFO | | ALL |
| 4003F | PATIENT EDUCATION, WRITTEN/ORAL, | Not Covered | INFO | | ALL |
| 4004F | Patient screened for tobacco use AND rec | Not Covered | INFO | | ALL |
| 4005F | PHARMACOLOGIC THERAPY (OTHER T | Not Covered | INFO | | ALL |
| 4006F | BETA-BLOCKER THERAPY, PRESCRIBE | Not Covered | INFO | | ALL |
| 4008F | Beta-Blocker therapy prescribed or curren | Not Covered | INFO | | ALL |
| 4010F | Angiotensin converting enzyme (ACE) inh | Not Covered | INFO | | ALL |
| 4011F | ORAL ANTIPALTELET THERAPY, PRES | Not Covered | INFO | | ALL |
| 4012F | WARFARIN THERAPY PRESCRIBED | Not Covered | INFO | | ALL |
| 4013F | Statin therapy prescribed or currently bein | Not Covered | INFO | | ALL |
| 4014F | WRITTEN DISCH INSTR PRVD TO HEAF | Not Covered | INFO | | ALL |
| 4015F | PERSISTENT ASTHMA, PREFERRED LC | Not Covered | INFO | | ALL |
| 4016F | ANTI-INFLAMMATORY/ANALGESIC AGE | Not Covered | INFO | | ALL |
| 4017F | GASTROINTESTINAL PROPHYLAXIS FC | Not Covered | INFO | | ALL |
| 4018F | THERAPEUTIC EXERCISE FOR INVOLV | Not Covered | INFO | | ALL |
| 4019F | DOCUMENTATION OF RECEIPT OF COI | Not Covered | INFO | | ALL |
| 4025F | INHALED BRONCHODILATOR PRESCRI | Not Covered | INFO | | ALL |
| 4030F | LONG TERM OXYGEN THERAPY PRES( | Not Covered | INFO | | ALL |
| 4033F | PULMONARY REHABILITATION EXERCI | Not Covered | INFO | | ALL |
| 4035F | INFLUENZA IMMUNIZATION RECOMME | Not Covered | INFO | | ALL |
| 4037F | INFLUENZA IMMUNIZATION ORDERED | Not Covered | INFO | | ALL |
| 4040F | PNEUMOCOCCAL IMMUNIZATION ORD | Not Covered | INFO | | ALL |
| 4041F | DOCUMENTATION OF ORDER FOR CEF | Not Covered | INFO | | ALL |
| 4042F | DOCUMENTATION THAT PROPHYLACT | Not Covered | INFO | | ALL |
| 4043F | DOCUMENTATION THAT AN ORDER W/ | Not Covered | INFO | | ALL |
| 4044F | DOCUMENTATION THAT AN ORDER W/ | Not Covered | INFO | | ALL |
| 4045F | APPROPRIATE EMPIRIC ANTIBIOTIC PF | Not Covered | INFO | | ALL |
| 4046F | DOCUMENTATION THAT PROPHYLACT | Not Covered | INFO | | ALL |
| 4047F | DOCUMENTATION OF ORDER FOR PRO | Not Covered | INFO | | ALL |
| 4048F | DOCUMENTATION THAT PROPHYLACT | Not Covered | INFO | | ALL |
| 4049F | DOCUMENTATION THAT ORDER WAS ( | Not Covered | INFO | | ALL |
| 4050F | HYPERTENSION PLAN OF CARE DOCU | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 4051F | REFERRED FOR AN ARTERIO-VENOUS | Not Covered | INFO | | ALL |
| 4052F | HEMODIALYSIS VIA FUNCTIONING ART | Not Covered | INFO | | ALL |
| 4053F | HEMODIALYSIS VIA FUNCTIONING ART | Not Covered | INFO | | ALL |
| 4054F | HEMODIALYSIS VIA CATHETER (ESRD) | Not Covered | INFO | | ALL |
| 4055F | PATIENT RECEIVING PERITONEAL DIAI | Not Covered | INFO | | ALL |
| 4056F | APPROPRIATE ORAL REHYDRATION S | Not Covered | INFO | | ALL |
| 4058F | PEDIATRIC GASTROENTERITIS EDUCA | Not Covered | INFO | | ALL |
| 4060F | PSYCHOTHERAPY SERVICES PROVIDE | Not Covered | INFO | | ALL |
| 4062F | PATIENT REFERRAL FOR PSYCHOTHE | Not Covered | INFO | | ALL |
| 4063F | Antidepressant pharmacotherapy conside | Not Covered | INFO | | ALL |
| 4064F | ANTIDEPRESSANT PHARMACOTHERAI | Not Covered | INFO | | ALL |
| 4065F | ANTIPSYCHOTIC PHARMACOTHERAPY | Not Covered | INFO | | ALL |
| 4066F | ELECTROCONVULSIVE THERAPY (ECT | Not Covered | INFO | | ALL |
| 4067F | PATIENT REFERRAL FOR ELECTROCO | Not Covered | INFO | | ALL |
| 4069F | Venous thromboembolism (VTE) prophyla | Not Covered | INFO | | ALL |
| 4070F | DEEP VEIN THROMBOSIS (DVT) PROPH | Not Covered | INFO | | ALL |
| 4073F | ORAL ANTIPLATELET THERAPY PRESC | Not Covered | INFO | | ALL |
| 4075F | ANTICOAGULANT THERAPY PRESCRIB | Not Covered | INFO | | ALL |
| 4077F | DOCUMENTATION THAT TISSUE PLASM | Not Covered | INFO | | ALL |
| 4079F | DOCUMENTATION THAT REHABILITATI | Not Covered | INFO | | ALL |
| 4084F | ASPIRIN RECEIVED WITHIN 24 HOURS | Not Covered | INFO | | ALL |
| 4086F | Aspirin or clopidogrel prescribed | Not Covered | INFO | | ALL |
| 4090F | PATIENT RECEIVING ERYTHROPOIETIN | Not Covered | INFO | | ALL |
| 4095F | PATIENT NOT RECEIVING ERYTHROPO | Not Covered | INFO | | ALL |
| 4100F | BISPHOSPHONATE THERAPY, INTRAVE | Not Covered | INFO | | ALL |
| 4110F | INTERNAL MAMMARY ARTERY GRAFT | Not Covered | INFO | | ALL |
| 4115F | BETA BLOCKER ADMINISTERED WITHI | Not Covered | INFO | | ALL |
| 4120F | ANTIBIOTIC PRESCRIBED OR DISPENS | Not Covered | INFO | | ALL |
| 4124F | ANTIBIOTIC NEITHER PRESCRIBED NO | Not Covered | INFO | | ALL |
| 4130F | Topical preparations (including OTC) pres | Not Covered | INFO | | ALL |
| 4131F | Systemic antimicrobial therapy prescribed | Not Covered | INFO | | ALL |
| 4132F | Systemic antimicrobial therapy not prescri | Not Covered | INFO | | ALL |
| 4133F | Antihistamines or decongestants prescribe | Not Covered | INFO | | ALL |
| 4134F | Antihistamines or decongestants neither p | Not Covered | INFO | | ALL |
| 4135F | Systemic corticosteroids prescribed | Not Covered | INFO | | ALL |
| 4136F | Systemic corticosteroids not prescribed | Not Covered | INFO | | ALL |
| 4140F | Inhaled corticosteroids prescribed | Not Covered | INFO | | ALL |
| 4142F | Corticosteroid sparing therapy prescribed | Not Covered | INFO | | ALL |
| 4144F | Alternative long-term control medication p | Not Covered | INFO | | ALL |
| 4145F | Two or more anti-hypertensive agents pre | Not Covered | INFO | | ALL |
| 4148F | Hepatitis A vaccine injection administered | Not Covered | INFO | | ALL |
| 4149F | Hepatitis B vaccine injection administered | Not Covered | INFO | | ALL |
| 4150F | Patient receiving antiviral treatment for He | Not Covered | INFO | | ALL |
| 4151F | Patient not receiving antiviral treatment fo | Not Covered | INFO | | ALL |
| 4153F | Combination peginterferon and ribavirin th | Not Covered | INFO | | ALL |
| 4155F | Hepatitis A vaccine series previously rece | Not Covered | INFO | | ALL |
| 4157F | Hepatitis B vaccine series previously rece | Not Covered | INFO | | ALL |
| 4158F | Patient counseled about risks of alcohol u | Not Covered | INFO | | ALL |
| 4159F | Counseling regarding contraception receiv | Not Covered | INFO | | ALL |
| 4163F | Patient counseling at a minimum on all of | Not Covered | INFO | | ALL |
| 4164F | Adjuvant (ie, in combination with external | Not Covered | INFO | | ALL |
| 4165F | Three-dimensional conformal radiotherapy | Not Covered | INFO | | ALL |
| 4167F | Head of bed elevation (30-45 degrees) on | Not Covered | INFO | | ALL |
| 4168F | Patient receiving care in the intensive care | Not Covered | INFO | | ALL |
| 4169F | Patient either not receiving care in the inte | Not Covered | INFO | | ALL |
| 4171F | Patient receiving Erythropoiesis-Stimulatir | Not Covered | INFO | | ALL |
| 4172F | Patient not receiving Erythropoiesis-Stimu | Not Covered | INFO | | ALL |
| 4174F | Counseling about the potential impact of g | Not Covered | INFO | | ALL |
| 4175F | Best-corrected visual acuity of 20/40 or be | Not Covered | INFO | | ALL |
| 4176F | Counseling about value of protection from | Not Covered | INFO | | ALL |
| 4177F | Counseling about the benefits and/or risks | Not Covered | INFO | | ALL |
| 4178F | Anti-D immune globulin received between | Not Covered | INFO | | ALL |
| 4179F | Tamoxifen or aromatase inhibitor (AI) pres | Not Covered | INFO | | ALL |
| 4180F | Adjuvant chemotherapy referred, prescribe | Not Covered | INFO | | ALL |
| 4181F | Conformal radiation therapy received | Not Covered | INFO | | ALL |
| 4182F | Conformal radiation therapy not received | Not Covered | INFO | | ALL |
| 4185F | Continuous (12-months) therapy with prote | Not Covered | INFO | | ALL |
| 4186F | No continuous (12-months) therapy with e | Not Covered | INFO | | ALL |
| 4187F | Disease modifying anti-rheumatic drug the | Not Covered | INFO | | ALL |
| 4188F | Appropriate angiotensin converting enzym | Not Covered | INFO | | ALL |
| 4189F | Appropriate digoxin therapeutic monitoring | Not Covered | INFO | | ALL |
| 4190F | Appropriate diuretic therapeutic monitoring | Not Covered | INFO | | ALL |
| 4191F | Appropriate anticonvulsant therapeutic mo | Not Covered | INFO | | ALL |
| 4192F | Patient not receiving glucocorticoid therap | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 4193F | Patient receiving <10 mg daily prednisone | Not Covered | INFO | | ALL |
| 4194F | Patient receiving >= 10 mg daily prednisor | Not Covered | INFO | | ALL |
| 4195F | Patient receiving first-time biologic diseas | Not Covered | INFO | | ALL |
| 4196F | Patient not receiving first-time biologic dis | Not Covered | INFO | | ALL |
| 4200F | External beam radiotherapy as primary the | Not Covered | INFO | | ALL |
| 4201F | External beam radiotherapy with or withou | Not Covered | INFO | | ALL |
| 4210F | Angiotensin converting enzyme (ACE) or a | Not Covered | INFO | | ALL |
| 4220F | Digoxin medication therapy for 6 months d | Not Covered | INFO | | ALL |
| 4221F | Diuretic medication therapy for 6 months d | Not Covered | INFO | | ALL |
| 4230F | Anticonvulsant medication therapy for 6 m | Not Covered | INFO | | ALL |
| 4240F | Instruction in therapeutic exercise with foll | Not Covered | INFO | | ALL |
| 4242F | Counseling for supervised exercise progra | Not Covered | INFO | | ALL |
| 4245F | Patient counseled during the initial visit to | Not Covered | INFO | | ALL |
| 4248F | Patient counseled during the initial visit for | Not Covered | INFO | | ALL |
| 4250F | Active warming used intraoperatively for th | Not Covered | INFO | | ALL |
| 4255F | Duration of general or neuraxial anesthesi | Not Covered | INFO | | ALL |
| 4256F | Duration of general or neuraxial anesthesi | Not Covered | INFO | | ALL |
| 4260F | Wound surface culture technique used (C | Not Covered | INFO | | ALL |
| 4261F | Technique other than surface culture of th | Not Covered | INFO | | ALL |
| 4265F | Use of wet to dry dressings prescribed or | Not Covered | INFO | | ALL |
| 4266F | Use of wet to dry dressings neither prescr | Not Covered | INFO | | ALL |
| 4267F | Compression therapy prescribed (CWC) | Not Covered | INFO | | ALL |
| 4268F | Patient education regarding the need for l | Not Covered | INFO | | ALL |
| 4269F | Appropriate method of offloading (pressur | Not Covered | INFO | | ALL |
| 4270F | Patient receiving potent antiretroviral thera | Not Covered | INFO | | ALL |
| 4271F | Patient receiving potent antiretroviral thera | Not Covered | INFO | | ALL |
| 4274F | Influenza immunization administered or pr | Not Covered | INFO | | ALL |
| 4275F | HEPATITIS B VACCINE INJECTION ADM | Not Covered | INFO | | ALL |
| 4276F | POTENT ANTIRETROVIRAL THERAPY P | Not Covered | INFO | | ALL |
| 4279F | PNEUMOCYSTIS JIROVECI PNEUMONIA | Not Covered | INFO | | ALL |
| 4280F | PNEUMOCUSTIS JIROVECI PNEUMONIA | Not Covered | INFO | | ALL |
| 4290F | PATIENT SCREENED FOR INJECTION D | No | | | ALL |
| 4293F | PATIENT SCREENED FOR HIGH-RISK S | No | | | ALL |
| 4300F | PATIENT RECEIVING WARFARIN THER | Not Covered | INFO | | ALL |
| 4301F | PATIENT NOT RECEIVING WARFARIN T | Not Covered | INFO | | ALL |
| 4305F | PATIENT EDUCATION REGARDING APF | Not Covered | INFO | | ALL |
| 4306F | PATIENT COUNSELED REGARDING PS | Not Covered | INFO | | ALL |
| 4320F | PATIENT COUNSELED REGARDING PS | Not Covered | INFO | | ALL |
| 4322F | Caregiver provided with education and ref | Not Covered | INFO | | ALL |
| 4324F | Patient (or caregiver) queried about Parkir | Not Covered | INFO | | ALL |
| 4325F | Medical and surgical treatment options rev | Not Covered | INFO | | ALL |
| 4326F | Patient (Or Caregiver) Queried About Sym | Not Covered | INFO | | ALL |
| 4328F | Patient (Or Caregiver) Queried About Slee | Not Covered | INFO | | ALL |
| 4330F | Counseling about epilepsy specific safety | Not Covered | INFO | | ALL |
| 4340F | Counseling for women of childbearing pot | Not Covered | INFO | | ALL |
| 4350F | Counseling provided on symptom manage | Not Covered | INFO | | ALL |
| 4400F | Rehabilitative therapy options discussed w | Not Covered | INFO | | ALL |
| 4450F | Self-care education provided to patient | Not Covered | INFO | | ALL |
| 4470F | Implantable Cardioverter-Defibrillator (ICD | Not Covered | INFO | | ALL |
| 4480F | Patient receiving ACE Inhibitor/ARB Thera | Not Covered | INFO | | ALL |
| 4481F | Patient receiving ACE Inhibitor/ARB Thera | Not Covered | INFO | | ALL |
| 4500F | Referred to an outpatient cardiac rehabilita | Not Covered | INFO | | ALL |
| 4510F | Previous cardiac rehabilitation for qualifyin | Not Covered | INFO | | ALL |
| 4525F | Neuropsychiatric intervention ordered | Not Covered | INFO | | ALL |
| 4526F | Neuropsychiatric intervention received | Not Covered | INFO | | ALL |
| 4540F | Disease modifying pharmacotherapy discu | Not Covered | | | ALL |
| 4541F | Patient offered treatment for pseudobulba | Not Covered | | | ALL |
| 4550F | Options for noninvasive respiratory suppo | Not Covered | | | ALL |
| 4551F | Nutritional support offered (DSP) | Not Covered | | | ALL |
| 4552F | Patient offered referral to a speech langua | Not Covered | | | ALL |
| 4553F | Patient offered assistance in planning for | Not Covered | | | ALL |
| 4554F | Patient received inhalational anesthetic ag | Not Covered | | | ALL |
| 4555F | Patient did not receive inhalational anesth | Not Covered | | | ALL |
| 4556F | Patient exhibits 3 or more risk factors for p | Not Covered | | | ALL |
| 4557F | Patient does not exhibit 3 or more risk fac | Not Covered | | | ALL |
| 4558F | Patient received at least 2 prophylactic ph | Not Covered | | | ALL |
| 4559F | At least 1 body temperature measuremen | Not Covered | | | ALL |
| 4560F | Anesthesia technique did not involve gene | Not Covered | | | ALL |
| 4561F | Patient has a coronary artery stent (Peri2) | Not Covered | | | ALL |
| 4562F | Patient does not have a coronary artery st | Not Covered | | | ALL |
| 4563F | Patient received aspirin within 24 hours pr | Not Covered | | | ALL |
| 5005F | PATIENT COUNSELED ON SELF-EXAMI | Not Covered | INFO | | ALL |
| 5010F | FINDINGS OF DILATED MACULAR OR F | Not Covered | INFO | | ALL |
| 5015F | DOCUMENTATION OF COMMUNICATIO | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 5020F | TREATMENT SUMMARY REPORT COMI | Not Covered | INFO | | ALL |
| 5050F | TREATMENT PLAN COMMUNICATED TO | Not Covered | INFO | | ALL |
| 5060F | FINDINGS FROM DIAGNOSTIC MAMMO | Not Covered | INFO | | ALL |
| 5062F | DOCUMENTATION OF DIRECT COMMU | Not Covered | INFO | | ALL |
| 5100F | POTENTIAL RISK FOR FRACTURE COM | Not Covered | INFO | | ALL |
| 5200F | Consideration of referral for a neurologica | Not Covered | INFO | | ALL |
| 5250F | Asthma discharge plan present | Not Covered | INFO | | ALL |
| 6005F | RATIONALE (EG, SEVERITY OF ILLNES | Not Covered | INFO | | ALL |
| 6010F | DYSPHAGIA SCREENING CONDUCTED | Not Covered | INFO | | ALL |
| 6015F | PATIENT RECEIVING OR ELIGIBLE TO F | Not Covered | INFO | | ALL |
| 6020F | NPO (NOTHING BY MOUTH) ORDERED | Not Covered | INFO | | ALL |
| 6030F | ALL ELEMENTS OF MAXIMAL STERILE | Not Covered | INFO | | ALL |
| 6040F | USE OF APPROPRIATE RADIATION DO | Not Covered | INFO | | ALL |
| 6045F | RADIATION EXPOSURE OR EXPOSURE | Not Covered | INFO | | ALL |
| 6070F | Patient queried and counseled about anti- | Not Covered | INFO | | ALL |
| 6080F | Patient (or caregiver) queried about falls ( | Not Covered | INFO | | ALL |
| 6090F | Patient (or caregiver) counseled about saf | Not Covered | INFO | | ALL |
| 6100F | Timeout to verify correct patient, correct s | Not Covered | INFO | | ALL |
| 6101F | Safety counseling for Dementia provided | Not Covered | INFO | | ALL |
| 6102F | Safety counseling for dementia ordered | Not Covered | INFO | | ALL |
| 6110F | Counseling provided regarding risks of dri | Not Covered | INFO | | ALL |
| 6150F | Patient not receiving a first course of anti- | Not Covered | INFO | | ALL |
| 7010F | PATIENT INFORMATION ENTERED INTO | Not Covered | INFO | | ALL |
| 7020F | Mammogram assessment category (eg, M | Not Covered | INFO | | ALL |
| 7025F | PATIENT INFORMATION ENTERED INTO | Not Covered | INFO | | ALL |
| 9001F | Aortic aneurysm less than 5.0 cm maximu | Not Covered | INFO | | ALL |
| 9002F | Aortic aneurysm 5.0 - 5.4 cm maximum di | Not Covered | INFO | | ALL |
| 9003F | Aortic aneurysm 5.5 - 5.9 cm maximum di | Not Covered | INFO | | ALL |
| 9004F | Aortic aneurysm 6.0 cm or greater maximu | Not Covered | INFO | | ALL |
| 9005F | Asymptomatic carotid stenosis: No history | Not Covered | INFO | | ALL |
| 9006F | Symptomatic carotid stenosis: Ipsilateral c | Not Covered | INFO | | ALL |
| 9007F | Other carotid stenosis: Ipsilateral TIA or st | Not Covered | INFO | | ALL |
| A0021 | AMBULANCE SERVICE, OUTSIDE STAT | Not Covered | | | ALL |
| A0080 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | ALL |
| A0090 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | ALL |
| A0100 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | ALL (Except Caid, MMP, DSNP) |
| A0100 | NON-EMERGENCY TRANSPORTATION: | No | | | Caid, MMP, DSNP |
| A0110 | NON-EMERGENCY TRANSPORTATION | Not Covered | | | ALL (Except Caid, MMP, DSNP) |
| A0110 | NON-EMERGENCY TRANSPORTATION | No | | | Caid, MMP, DSNP |
| A0120 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | ALL |
| A0130 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | ALL (Except Caid, MMP, DSNP) |
| A0130 | NON-EMERGENCY TRANSPORTATION: | No | | | Caid, MMP, DSNP |
| A0140 | NON-EMERGENCY TRANSPORTATION | Not Covered | | | HAP, AHL, FED, UAW, QHP |
| A0140 | NON-EMERGENCY TRANSPORTATION | Yes | | | MED (Senior Plus & AHL MA only) |
| A0160 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | ALL |
| A0170 | TRANSPORTATION ANCILLARY: PARK | Not Covered | | | ALL (Except Caid, MMP, DSNP) |
| A0170 | TRANSPORTATION ANCILLARY: PARK | No | | | Caid, MMP, DSNP |
| A0180 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | HAP, AHL, FED, UAW, QHP |
| A0180 | NON-EMERGENCY TRANSPORTATION: | Yes | | | MED (Senior Plus & AHL MA only) |
| A0190 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | ALL |
| A0200 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | HAP, AHL, FED, UAW, QHP |
| A0200 | NON-EMERGENCY TRANSPORTATION: | Yes | | | MED (Senior Plus & AHL MA only) |
| A0210 | NON-EMERGENCY TRANSPORTATION: | Not Covered | | | ALL |
| A0225 | AMBULANCE SERVICE, NEONATAL TRA | No | | | ALL |
| A0380 | BLS MILEAGE (PER MILE) | No | | | ALL |
| A0382 | BLS ROUTINE DISPOSABLE SUPPLIES | No | | | ALL |
| A0384 | BLS SPECIALIZED SERVICE DISPOSAB | No | | | ALL |
| A0390 | ALS MILEAGE (PER MILE) | No | | | ALL |
| A0392 | ALS SPECIALIZED SERVICE DISPOSAB | No | | | ALL |
| A0394 | ALS SPECIALIZED SERVICE DISPOSAB | No | | | ALL |
| A0396 | ALS SPECIALIZED SERVICE DISPOSAB | No | | | ALL |
| A0398 | ALS ROUTINE DISPOSABLE SUPPLIES | No | | | ALL |
| A0420 | AMBULANCE WAITING TIME (ALS OR B | No | | | ALL |
| A0422 | AMBULANCE (ALS OR BLS) OXYGEN AI | No | | | ALL |
| A0424 | EXTRA AMBULANCE ATTENDANT, GRO | No | * | | ALL |
| A0425 | GROUND MILEAGE, PER STATUTE MILI | No | | | ALL |
| A0426 | AMBULANCE SERVICE, ADVANCED LIF | No | | | ALL |
| A0427 | AMBULANCE SERVICE, ADVANCED LIF | No | | | ALL |
| A0428 | AMBULANCE SERVICE, BASIC LIFE SUI | No | | | ALL |
| A0429 | AMBULANCE SERVICE, BASIC LIFE SUI | No | | | ALL |
| A0430 | AMBULANCE SERVICE, CONVENTIONA | No | * | | ALL |
| A0431 | AMBULANCE SERVICE, CONVENTIONA | No | * | | ALL |
| A0432 | PARAMEDIC INTERCEPT (PI), RURAL A | Not Covered | | | ALL (Except MMP) |
| A0433 | ADVANCED LIFE SUPPORT, LEVEL 2 (A | No | | | ALL |
| A0434 | SPECIALTY CARE TRANSPORT (SCT) | No | | | ALL |
| A0435 | FIXED WING AIR MILEAGE, PER STATU | No | * | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| A0436 | ROTARY WING AIR MILEAGE, PER STA | No | * | | ALL |
| A0888 | NONCOVERED AMBULANCE MILEAGE, | Not Covered | | | ALL |
| A0998 | AMBULANCE RESPONSE AND TREATM | No | | | ALL |
| A0999 | UNLISTED AMBULANCE SERVICE | Yes | | | ALL (Except Medicare Comp, Caid) |
| A0999 | UNLISTED AMBULANCE SERVICE | No | | | MEDICARE COMP/MCWRAP, Caid |
| A2001 | Innovamatrix ac, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| A2001 | Innovamatrix ac, per square centimeter | No | | | MCWRAP |
| A2002 | Mirragen advanced wound matrix, per squ | Yes | | | ALL (Except MCWRAP) |
| A2002 | Mirragen advanced wound matrix, per squ | No | | | MCWRAP |
| A2003 | Bio-connekt wound matrix, per square cer | Not Covered | | | ALL (Except MA, CAID, MMP, PRICHO, MCWRAP) |
| A2003 | Bio-connekt wound matrix, per square cer | Yes | | | MA, CAID, MMP |
| A2003 | Bio-connekt wound matrix, per square cer | No | | | MCWRAP, PRICHO |
| A2004 | Xcellistem, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| A2004 | Xcellistem, per square centimeter | No | | | MCWRAP |
| A2005 | Microlyte matrix, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| A2005 | Microlyte matrix, per square centimeter | No | | | MCWRAP |
| A2006 | Novosorb synpath dermal matrix, per squa | Yes | | | ALL (Except MCWRAP) |
| A2006 | Novosorb synpath dermal matrix, per squa | No | | | MCWRAP |
| A2007 | Restrata, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| A2007 | Restrata, per square centimeter | No | | | MCWRAP |
| A2008 | Theragenesis, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| A2008 | Theragenesis, per square centimeter | No | | | MCWRAP |
| A2009 | Symphony, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| A2009 | Symphony, per square centimeter | No | | | MCWRAP |
| A2010 | Apis, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| A2010 | Apis, per square centimeter | No | | | MCWRAP |
| A2011 | Supra sdrm, per square centimeter | Yes | | | ALL (Except McWrap) |
| A2011 | Supra sdrm, per square centimeter | No | | | McWRAP |
| A2012 | Suprathel, per square centimeter | Yes | | | ALL (Except McWrap) |
| A2012 | Suprathel, per square centimeter | No | | | McWRAP |
| A2013 | Innovamatrix fs, per square centimeter | Yes | | | ALL (Except McWrap) |
| A2013 | Innovamatrix fs, per square centimeter | No | | | McWRAP |
| A2014 | Omeza Collagen Matrix, per 100 mg | Yes | | | ALL (Except McWrap) |
| A2014 | Omeza Collagen Matrix, per 100 mg | No | | | McWRAP |
| A2015 | Phoenix Wound Matrix, per sq cm | Yes | | | ALL (Except McWrap) |
| A2015 | Phoenix Wound Matrix, per sq cm | No | | | McWRAP |
| A2016 | PermeaDerm B, per sq cm | Yes | | | ALL (Except McWrap) |
| A2016 | PermeaDerm B, per sq cm | No | | | McWRAP |
| A2017 | PermeaDerm Glove, each | Yes | | | ALL (Except McWrap) |
| A2017 | PermeaDerm Glove, each | No | | | McWRAP |
| A2018 | PermeaDerm C, per sq cm | Yes | | | ALL (Except McWrap) |
| A2018 | PermeaDerm C, per sq cm | No | | | McWRAP |
| A2019 | Kerecis omega3 marigen shield, per squa | Yes | | | ALL (Except McWrap) |
| A2019 | Kerecis omega3 marigen shield, per squa | No | | | McWRAP |
| A2021 | Neomatrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| A2021 | Neomatrix, per square centimeter | No | | | McWRAP |
| A2022 | Innovaburn or innovamatrix xl, per square | Yes | | | ALL (Except MA, MCWRAP, PRICHO) |
| A2022 | Innovaburn or innovamatrix xl, per square | No | | | MA, MCWRAP, PRICHO |
| A2023 | Innovamatrix pd, 1 mg | Yes | | | ALL (Except MA, MCWRAP, PRICHO) |
| A2023 | Innovamatrix pd, 1 mg | No | | | MA, MCWRAP, PRICHO |
| A2024 | Resolve matrix, per square centimeter | Yes | | | ALL (Except MA, MCWRAP, PRICHO) |
| A2024 | Resolve matrix, per square centimeter | No | | | MA, MCWRAP, PRICHO |
| A2025 | Miro3d, per cubic centimeter | Yes | | | ALL (Except MA, MCWRAP, PRICHO) |
| A2025 | Miro3d, per cubic centimeter | No | | | MA, MCWRAP, PRICHO |
| A2026 | Restrata minimatrix, 5 mg | Yes | | | ALL (Except McWRAP) |
| A2026 | Restrata minimatrix, 5 mg | No | | | McWRAP |
| A2027 | Matriderm, per square centimeter | Yes | | | ALL (Except McWrap) |
| A2027 | Matriderm, per square centimeter | No | | | McWRAP |
| A2028 | Micromatrix flex, per mg | Yes | | | ALL (Except McWrap) |
| A2028 | Micromatrix flex, per mg | No | | | McWRAP |
| A2029 | Mirotract wound matrix sheet, per cubic ce | Yes | | | ALL (Except McWrap) |
| A2029 | Mirotract wound matrix sheet, per cubic ce | No | | | McWRAP |
| A2030 | Miro3d fibers, per milligram | Yes | | | ALL (Except McWrap) |
| A2030 | Miro3d fibers, per milligram | No | | | McWRAP |
| A2031 | Mirodry wound matrix, per square centime | Yes | | | ALL (Except McWrap) |
| A2031 | Mirodry wound matrix, per square centime | No | | | McWRAP |
| A2032 | Myriad matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| A2032 | Myriad matrix, per square centimeter | No | | | McWRAP |
| A2033 | Myriad morcells, 4 milligrams | Yes | | | ALL (Except McWrap) |
| A2033 | Myriad morcells, 4 milligrams | No | | | McWRAP |
| A2034 | Foundation drs solo, per square centimete | Yes | | | ALL (Except McWrap) |
| A2034 | Foundation drs solo, per square centimete | No | | | McWRAP |
| A2035 | Corplex p or theracor p or allacor p, per m | Yes | | | ALL (Except McWrap) |
| A2035 | Corplex p or theracor p or allacor p, per m | No | | | McWRAP |
| A4100 | Skin substitute, fda cleared as a device, n | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| A4100 | Skin substitute, fda cleared as a device, n | No | | | MCWRAP |
| A4224 | Supplies for maintenance of insulin infusic | No | | | ALL |
| A4225 | Supplies for external insulin infusion pump | No | | | ALL |
| A4238 | Supply allowance for adjunctive continuou | No | | | ALL |
| A4261 | CERVICAL CAP FOR CONTRACEPTIVE | No | | | ALL |
| A4262 | TEMPORARY, ABSORBABLE LACRIMAL | No | | | ALL |
| A4263 | PERMANENT, LONG TERM, NON-DISSC | No | | | ALL |
| A4264 | PERMANENT IMPLANTABLE CONTRAC | No | | S | ALL |
| A4266 | DIAPHRAGM FOR CONTRACEPTIVE US | No | | | ALL |
| A4267 | CONTRACEPTIVE SUPPLY, CONDOM, M | No | | | ALL Except MA) |
| A4267 | CONTRACEPTIVE SUPPLY, CONDOM, M | Not Covered | | | MA |
| A4268 | CONTRACEPTIVE SUPPLY, CONDOM, F | No | | | ALL Except MA) |
| A4268 | CONTRACEPTIVE SUPPLY, CONDOM, F | Not Covered | | | MA |
| A4269 | CONTRACEPTIVE SUPPLY, PERMICIDE | No | | | ALL |
| A4270 | DISPOSABLE ENDOSCOPE SHEATH, EA | No | | | ALL |
| A4271 | Integrated lancing and blood sample testir | No | | | ALL |
| A4281 | TUBING FOR BREAST PUMP, REPLACEMEN | No | | | ALL |
| A4290 | SACRAL NERVE STIMULATION TEST LE | No | | | ALL |
| A4300 | IMPLANTABLE ACCESS CATHETER, EX | No | | | ALL |
| A4301 | IMPLANTABLE ACCESS TOTAL CATHET | No | | | ALL |
| A4337 | Incontinence supply, rectal insert, any type | No | | | ALL |
| A4467 | Belt, strap, sleeve, garment, or covering, a | Not Covered | | | ALL |
| A4470 | GRAVLEE JET WASHER | No | | | ALL |
| A4480 | VABRA ASPIRATOR | No | | | ALL |
| A4553 | Non-disposable underpads, all sizes | Not Covered | | | ALL |
| A4555 | Electrode/transducer for use with electrica | Yes | | | ALL |
| A4555 | Electrode/transducer for use with electrica | No | | | MEDICARE COMP/MCWRAP |
| A4561 | PESSARY, RUBBER, ANY TYPE | No | | | ALL |
| A4562 | PESSARY, NON RUBBER, ANY TYPE | No | | | ALL |
| A4563 | Rectal control system for vaginal insertion, for | No | | | ALL |
| A4641 | RADIOPHARMACEUTICAL, DIAGNOSTIC | No | | | ALL |
| A4642 | INDIUM IN-111 SATUMOMAB PENDETID | No | | | ALL |
| A4648 | TISSUE MARKER, IMPLANTABLE, ANY T | No | | | ALL |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS | Yes | | | ALL |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS | No | | | MEDICARE COMP/MCWRAP |
| A4650 | IMPLANTABLE RADIATION DOSIMETER | No | | | ALL |
| A4651 | CALIBRATED MICROCAPILLARY TUBE, | No | | | ALL |
| A4652 | MICROCROCAPILLARY TUBE SEALANT | No | | | ALL |
| A4653 | PERITONEAL DIALYSIS CATHETER ANC | No | | | ALL |
| A4657 | SYRINGE, WITH OR WITHOUT NEEDLE | No | | | ALL |
| A4671 | DISPOSABLE CYCLER SET USED WITH | No | | | ALL |
| A4672 | DRAINAGE EXTENSION LINE, STERILE, | No | | | ALL |
| A4673 | EXTENSION LINE WITH EASY LOCK CO | No | | | ALL |
| A4674 | CHEMICALS/ANTISEPTICS SOLUTION U | No | | | ALL |
| A4680 | ACTIVATED CARBON FILTER FOR HEM | No | | | ALL |
| A4690 | DIALYZERS (ARTIFICIAL KIDNEYS), ALL | No | | | ALL |
| A4706 | BICARBINATE CONCENTRATE, SOLUTI | No | | | ALL |
| A4707 | BICARBINATE CONCENTRATE, POWDE | No | | | ALL |
| A4708 | ACETATE CONCENTRATE SOLUTION, F | No | | | ALL |
| A4709 | ACID CONCENTRATE, SOLUTION FOR | No | | | ALL |
| A4714 | TREATED WATER (DEIONIZED, DISTILL | No | | | ALL |
| A4719 | Y SET TUBING FOR PERITONEAL DIALY | No | | | ALL |
| A4720 | DIALYSATE SOLUTION, ANY CONCENT | No | | | ALL |
| A4721 | DIALYSATE SOLUTION, ANY CONCENT | No | | | ALL |
| A4722 | DIALYSATE SOLUTION, ANY CONCENT | No | | | ALL |
| A4723 | DIALYSATE SOLUTION, ANY CONCENT | No | | | ALL |
| A4724 | DIALYSATE SOLUTION, ANY CONCENT | No | | | ALL |
| A4725 | DIALYSATE SOLUTION, ANY CONCENT | No | | | ALL |
| A4726 | DIALYSATE SOLUTION, ANY CONCENT | No | | | ALL |
| A4728 | DIALYSATE SOLUTION, NON-DEXTROS | No | | | ALL |
| A4730 | FISTULA CANNULATION SET FOR HEM | No | | | ALL |
| A4736 | TOPICAL ANESTHETIC, FOR DIALYSIS, | Not Covered | | | ALL |
| A4737 | INJECTABLE ANESTHETIC, FOR DIALYS | Not Covered | | | ALL |
| A4740 | SHUNT ACCESSORY, FOR HEMODIALY | No | | | ALL |
| A4750 | BLOOD TUBING, ARTERIAL OR VENOUS | No | | | ALL |
| A4755 | BLOOD TUBING, ARTERIAL AND VENOU | No | | | ALL |
| A4760 | DIALYSATE SOLUTION TEST KIT, FOR F | No | | | ALL |
| A4765 | DIALYSATE CONCENTRATE, POWDER, | No | | | ALL |
| A4766 | DIALYSATE CONCENTRATE, SOLUTION | No | | | ALL |
| A4770 | BLOOD COLLECTION TUBE, VACUUM, I | No | | | ALL |
| A4771 | SERUM CLOTTING TIME TUBE, FOR DIA | No | | | ALL |
| A4772 | BLOOD GLUCOSE TEST STRIPS, FOR D | No | | | ALL |
| A4773 | OCCULT BLOOD TEST STRIPS, FOR DIA | No | | | ALL |
| A4774 | AMMONIA TEST STRIPS, FOR DIALYSIS | No | | | ALL |
| A4802 | PROTAMINE SULFATE, FOR HEMODIAL | Not Covered | | | ALL |
| A4860 | DISPOSABLE CATHETER TIPS FOR PEI | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| A4870 | PLUMBING AND/OR ELECTRICAL WOR | No | | | ALL |
| A4890 | CONTRACTS, REPAIR AND MAINTENAN | No | | | ALL |
| A4911 | DRAIN BAG/BOTTLE, FOR DIALYSIS, EA | No | | | ALL |
| A4913 | MISCELLANEOUS DIALYSIS SUPPLIES, | No | | | ALL |
| A4918 | VENOUS PRESSURE CLAMPS, FOR HE | No | | | ALL |
| A4929 | TOURNIQUET FOR DIALYSIS, EACH | No | | | ALL |
| A6460 | Synthetic resorbable wound dressing, sterile, p | No | | | ALL |
| A6461 | Synthetic resorbable wound dressing, sterile, p | No | | | ALL |
| A6545 | GRADIENT COMPRESSION WRAP, NON | No | | | ALL |
| A7047 | Oral interface used with respiratory suctio | No | | | ALL |
| A9150 | NON-PRESCRIPTION DRUGS | Not Covered | | | ALL |
| A9152 | SINGLE VITAMIN/MINERAL/TRACE ELE | Not Covered | | | ALL |
| A9153 | MULTIPLE VITAMINS, WITH OR WITHOU | Not Covered | | | ALL |
| A9154 | Artificial saliva, 1 ml | No | | | ALL |
| A9180 | PEDICULOSIS (LICE INFESTATION) TRE | Not Covered | | | ALL |
| A9268 | Programmer for transient, orally ingested | Yes | | | ALL (Except MCWRAP) |
| A9268 | Programmer for transient, orally ingested | No | | | MCWRAP |
| A9269 | Programable, transient, orally ingested ca | Yes | | | ALL (Except MCWRAP) |
| A9269 | Programable, transient, orally ingested ca | No | | | MCWRAP |
| A9276 | SENSOR; INVASIVE (E.G. SUBCUTANEO | Yes | * | | ALL (Except McWRAP, MA) |
| A9276 | SENSOR; INVASIVE (E.G. SUBCUTANEO | No | * | | McWRAP, MA |
| A9277 | TRANSMITTER; EXTERNAL, FOR USE W | Yes | * | | ALL (Except McWRAP, MA) |
| A9277 | TRANSMITTER; EXTERNAL, FOR USE W | No | * | | McWRAP, MA |
| A9278 | RECEIVER (MONITOR); EXTERNAL, FOR | Yes | * | | ALL (Except McWRAP, MA) |
| A9278 | 'RECEIVER (MONITOR); EXTERNAL, FO | No | * | | McWRAP, MA |
| A9284 | SPIROMETER, NON-ELECTRONIC, INCL | No | | | ALL |
| A9285 | Inversion/eversion correction device | Not Covered | | | ALL |
| A9286 | Hygienic item or device, disposable or nor | Not Covered | | | ALL |
| A9291 | Prescription digital behavioral therapy, fda | Not Covered | | | ALL |
| A9292 | Prescription digital visual therapy, softwar | Not Covered | | | ALL |
| A9293 | Fertility cycle (contraception & conception | Yes | | | ALL (Except MA) |
| A9293 | Fertility cycle (contraception & conception | Not Covered | | | MA |
| A9500 | TECHNETIUM TC 99M SESTAMIBI, DIAG | No | | | ALL |
| A9501 | TECHNETIUM TC-99M TEBOROXIME, D | No | | | ALL |
| A9502 | TECHNETIUM TC 99M TETROFOSMIN, D | No | | | ALL |
| A9503 | TECHNETIUM TC99M, MEDRONATE, DI | No | | | ALL |
| A9504 | TECHNETIUM TC-99M APCITIDE, DIAG | No | | | ALL |
| A9505 | THALLIUM TL-201 THALLOUS CHLORID | No | | | ALL |
| A9506 | Graphite crucible for preparation of techne | No | | | ALL |
| A9507 | INDIUM IN-111 CAPROMAB PENDETITE | No | | | ALL |
| A9508 | IODINE 1-131 IOBENGUANE SULFATE, | No | | | ALL |
| A9509 | IODINE I-123 SODIUM IODIDE, DIAGNOS | No | | | ALL |
| A9510 | TECHNETIUM TC-99M DISOFENIN, DIAG | No | | | ALL |
| A9512 | TECHNETIUM TC-99M PERTECHNETAT | No | | | ALL |
| A9513 | Lutetium lu 177 dotatat ther | No | | | ALL |
| A9515 | Choline c-11, diagnostic, per study dose u | No | | | ALL |
| A9516 | IODINE I-123 SODIUM IODIDE, DIAGNOS | No | | | ALL |
| A9517 | IODINE I-131 SODIUM IODIDE CAPSULE | No | | | ALL |
| A9520 | Technetium tc-99m, tilmanocept, diagnost | No | | | ALL |
| A9521 | TECHNETIUM TC-99M EXAMETAZIME, D | No | | | ALL |
| A9524 | IODINE I-131 IODINATED SERUM ALBUM | No | | | ALL |
| A9526 | NITROGEN N-13 AMMONIA, DIAGNOSTI | No | | | ALL |
| A9527 | IODINE I-125, SODIUM IODIDE SOLUTIO | No | | | ALL |
| A9528 | IODINE I-131 SODIUM IODIDE CAPSULE | No | | | ALL |
| A9529 | IODINE I-131 SODIUM IODIDE SOLUTIO | No | | | ALL |
| A9530 | IODINE I-131 SODIUM IODIDE SOLUTIO | No | | | ALL |
| A9531 | IODINE I-131 SODIUM IODIDE, DIAGNOS | No | | | ALL |
| A9532 | IODINE I-125 SERUM ALBUMIN, DIAGNO | No | | | ALL |
| A9536 | TECHNETIUM TC-99M DEPREOTIDE, DI | No | | | ALL |
| A9537 | TECHNETIUM TC-99M MEBROFENIN, D | No | | | ALL |
| A9538 | TECHNETIUM TC-99M PYROPHOSPHAT | No | | | ALL |
| A9539 | TECHNETIUM TC-99M PENTETATE, DIA | No | | | ALL |
| A9540 | TECHNETIUM TC-99M MACROAGGREG | No | | | ALL |
| A9541 | TECHNETIUM TC-99M SULFUR COLLOI | No | | | ALL |
| A9542 | INDIUM IN-111 IBRITUMOMAB TIUXETA | No | | | ALL |
| A9543 | YTTRIUM Y-90 IBRITUMOMAB TIUXETA | No | | | ALL |
| A9546 | COBALT CO-57/58, CYANOCOBALAMIN | No | | | ALL |
| A9547 | INDIUM IN-111 OXYQUINOLINE, DIAGNO | No | | | ALL |
| A9548 | INDIUM IN-111 PENTETATE, DIAGNOST | No | | | ALL |
| A9550 | TECHNETIUM TC-99M SODIUM GLUCEP | No | | | ALL |
| A9551 | TECHNETIUM TC-99M SUCCIMER, DIAG | No | | | ALL |
| A9552 | FLUORODEOXYGLUCOSE F-18 FDG, DI | No | | | ALL |
| A9553 | CHROMIUM CR-51 SODIUM CHROMATE | No | | | ALL |
| A9554 | IODINE I-125 SODIUM IOTHALAMATE, D | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| A9555 | RUBIDIUM RB-82, DIAGNOSTIC, PER ST | No | | | ALL |
| A9556 | GALLIUM GA-67 CITRATE, DIAGNOSTIC | No | | | ALL |
| A9557 | TECHNETIUM TC-99M BICISATE, DIAGN | No | | | ALL |
| A9558 | XENON XE-133 GAS, DIAGNOSTIC, PER | No | | | ALL |
| A9559 | COBALT CO-57 CYANOCOBALAMIN, OR | No | | | ALL |
| A9560 | TECHNETIUM TC-99M LABELED RED BI | No | | | ALL |
| A9561 | TECHNETIUM TC-99M OXIDRONATE, DI | No | | | ALL |
| A9562 | TECHNETIUM TC-99M MERTIATIDE, DIA | No | | | ALL |
| A9563 | SODIUM PHOSPHATE P-32, THERAPEU | No | | | ALL |
| A9564 | CHROMIC PHOSPHATE P-32 SUSPENS | No | | | ALL |
| A9566 | TECHNETIUM TC-99M FANOLESOMAB, | No | | | ALL |
| A9567 | TECHNETIUM TC-99M PENTETATE, DIA | No | | | ALL |
| A9568 | TECHNETIUM TC-99M ARCITUMOMAB, | No | | | ALL |
| A9569 | TECHNETIUM TC-99M EXAMETAZIME L | No | | | ALL |
| A9570 | INDIUM IN-111 LABELED AUTOLOGOUS | No | | | ALL |
| A9571 | INDIUM IN-111 LABELED AUTOLOGOUS | No | | | ALL |
| A9572 | INDIUM IN-111 PENTETREOTIDE, DIAGN | No | | | ALL |
| A9573 | Injection, gadopiclenol, 1 ml | No | | | ALL |
| A9574 | Air polymer-type a intrauterine foam, 0.1 m | No | | | ALL |
| A9575 | Injection, gadoterate meglumine, 0.1 ml | No | | | ALL |
| A9576 | INJECTION, GADOTERIDOL, (PROHANC | No | | | ALL |
| A9577 | INJECTION, GADOBENATE DIMEGLUMI | No | | | ALL |
| A9578 | INJECTION, GADOBENATE DIMEGLUMI | No | | | ALL |
| A9579 | INJECTION, GADOLINIUM-BASED MAGN | No | | | ALL |
| A9580 | SODIUM FLUORIDE F-18, DIAGNOSTIC, | No | | | ALL |
| A9581 | INJECTION, GADOXETATE DISODIUM, 1 | No | | | ALL |
| A9582 | IODINE I-123 IOBENGUANE, DIAGNOST | No | | | ALL |
| A9583 | INJECTION, GADOFOSVESET TRISODIU | No | | | ALL |
| A9584 | IODINE 1-123 IOFLUPANE, DIAGNOSTIC | No | | | ALL |
| A9585 | INJECTION, GADOBUTROL, 0.1 ML | No | | | ALL |
| A9586 | Florbetapir f18, diagnostic, per study dose | No | | | ALL |
| A9587 | Gallium ga-68, dotatate, diagnostic, 0.1 m | No | | | ALL |
| A9588 | Fluciclovine f-18, diagnostic, 1 millicurie | No | | | ALL |
| A9589 | Instillation, hexaminolevulinate hydrochloride | No | | | ALL |
| A9591 | Fluoroestradiol f 18, diagnostic, 1 millicuri | No | | | ALL |
| A9592 | Copper cu-64, dotatate, diagnostic, 1 milli | No | | | ALL |
| A9593 | Gallium ga-68 psma-11, diagnostic, (ucsf) | No | | | ALL |
| A9594 | Gallium ga-68 psma-11, diagnostic, (ucla) | No | | | ALL |
| A9595 | Piflufolastat f-18, diagnostic, 1 millicurie | No | | | ALL |
| A9596 | Gallium ga-68 gozetotide, diagnostic, (illuc | No | | | ALL |
| A9597 | Positron emission tomography radiopharm | No | | | ALL |
| A9598 | Positron emission tomography radiopharm | No | | | ALL |
| A9600 | STRONTIUM SR-89 CHLORIDE, THERAP | No | | | ALL |
| A9601 | Flortaucipir f 18 injection, diagnostic, 1 mi | No | | | ALL |
| A9602 | Fluorodopa f-18, diagnostic, per millicurie | No | | | ALL |
| A9603 | Injection, pafolacianine, 0.1 mg | No | | | ALL |
| A9604 | SAMARIUM SM-153 LEXIDRONAM, THE | No | | | ALL |
| A9606 | Radium ra-223 dichloride, therapeutic, pe | No | | | ALL |
| A9607 | Lutetium lu 177 vipivotide tetraxetan, t | No | | | ALL |
| A9608 | Flotufolastat f 18, diagnostic, 1 millicurie | No | | | ALL |
| A9609 | Fludeoxyglucose f18 up to 15 millicuries | No | | | ALL |
| A9611 | Flurpiridaz f 18, diagnostic, 1 millicurie | No | | | ALL |
| A9612 | Injection, fluorescein, 1 mg | No | | | ALL |
| A9615 | Injection, pegulicianine, 1 mg | No | | | ALL |
| A9616 | Gallium ga-68 gozetotide (gozellix), diagn | No | | | ALL |
| A9697 | Injection, carboxydextran-coated superpar | No | | | ALL |
| A9698 | NON-RADIOACTIVE CONTRAST IMAGIN | No | | | ALL |
| A9699 | RADIOPHARMACEUTICAL, THERAPEUT | No | | | ALL |
| A9700 | SUPPLY OF INJECTABLE CONTRAST M | No | | | ALL |
| A9800 | Gallium ga-68 gozetotide, diagnostic, | No | | | ALL |
| C1052 | Hemostatic agent, gastrointestinal, topical | No | | | ALL |
| C1062 | Intravertebral body fracture augmentation | Yes | TPC-MSK | | ALL (Except McWRAP) |
| C1062 | Intravertebral body fracture augmentation | No | | | MCWRAP |
| C1600 | Catheter, transluminal intravascular lesion | No | | | ALL |
| C1601 | Endoscope, single-use (i.e. disposable), p | No | | | ALL |
| C1602 | Orthopedic/device/drug matrix/absorbable | No | | | ALL |
| C1603 | Retrieval device, insertable, laser (used to | No | | | ALL |
| C1604 | Graft, transmural transvenous arterial byp | No | | | ALL |
| C1605 | Pacemaker, leadless, dual chamber (right | No | | | ALL |
| C1606 | Adapter, single-use (i.e. disposable), for a | No | | | ALL |
| C1607 | Neurostimulator, integrated (implantable), | No | | | ALL |
| C1713 | ANCHOR/SCREW FOR OPPOSING BON | No | | | ALL |
| C1714 | CATHETER, TRANSLUMINAL ATHEREC | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C1715 | BRACHYTHERAPY NEEDLE | No | | | ALL |
| C1716 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C1717 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C1719 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C1721 | CARDIOVERTER-DEFIBRILLATOR, DUA | No | | | ALL |
| C1722 | CARDIOVERTER-DEFIBRILLATOR, SINC | No | | | ALL |
| C1724 | CATHETER, TRANSLUMINAL ATHEREC | No | | | ALL |
| C1725 | CATHETER, TRANSLUMINAL ANGIOPLA | No | | | ALL |
| C1726 | CATHETER, BALLOON DILATATION, NC | No | | | ALL |
| C1727 | CATHETER, BALLOON TISSUE DISSEC | No | | | ALL |
| C1728 | CATHETER, BRACHYTHERAPY SEED A | No | | | ALL |
| C1729 | CATHETER, DRAINAGE | No | | | ALL |
| C1730 | CATHETER, ELECTROPHYSIOLOGY, DI | No | | | ALL |
| C1731 | CATHETER, ELECTROPHYSIOLOGY, DI | No | | | ALL |
| C1732 | CATHETER, ELECTROPHYSIOLOGY, DI | No | | | ALL |
| C1733 | CATHETER, ELECTROPHYSIOLOGY, DI | No | | | ALL |
| C1734 | Orthopedic/device/drug matrix for opposin | YES | | | ALL (Except MCWRAP) |
| C1734 | Orthopedic/device/drug matrix for opposin | No | | | MCWRAP |
| C1735 | Catheter(s), intravascular for renal denerv | Not Covered | | | ALL |
| C1736 | Catheter(s), intravascular for renal denerv | Not Covered | | | ALL |
| C1737 | Joint fusion and fixation device(s), sacroili | Yes | TPC-MSK | | ALL (Except McWRAP) |
| C1737 | Joint fusion and fixation device(s), sacroili | No | | | MCWRAP |
| C1738 | Powered, single-use (i.e. disposable) end | No | | | ALL |
| C1739 | Tissue marker, probe detectable any meth | No | | | ALL |
| C1740 | Leadless electrode, transmitter, battery (a | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C1740 | Leadless electrode, transmitter, battery (a | No | | | MCWRAP |
| C1741 | Anchor/screw for bone fixation, absorbabl | No | | | ALL |
| C1747 | Endoscope, single-use (i.e. disposable), u | No | | | ALL |
| C1748 | Endoscope, single-use (i.e. disposable), u | No | | | ALL |
| C1749 | ENDOSCOPE, RETROGRADE IMAGING/ | No | | | ALL |
| C1750 | CATHETER, HEMODIALYSIS, LONG-TEI | No | | | ALL |
| C1751 | CATHETER, INFUSION, INSERTED PER | No | | | ALL |
| C1752 | CATHETER, HEMODIALYSIS, SHORT-TE | No | | | ALL |
| C1753 | CATHETER, INTRAVASCULAR ULTRAS | No | | | ALL |
| C1754 | CATHETER, INTRADISCAL | No | | | ALL |
| C1755 | CATHETER, INTRASPINAL | No | | | ALL |
| C1756 | CATHETER, PACING, TRANSESOPHAG | No | | | ALL |
| C1757 | CATHETER, THROMBECTOMY/EMBOLE | No | | | ALL |
| C1758 | CATHETER, URETERAL | No | | | ALL |
| C1759 | CATHETER, INTRACARDIAC ECHOCAR | No | | | ALL |
| C1760 | CLOSURE DEVICE, VASCULAR (IMPLAN | No | | | ALL |
| C1761 | Catheter, transluminal intravascular lithotr | No | | | ALL |
| C1762 | CONNECTIVE TISSUE, HUMAN (INCLUD | No | | | ALL |
| C1763 | CONNECTIVE TISSUE, NON-HUMAN (IN | No | | | ALL |
| C1764 | EVENT RECORDER, CARDIAC (IMPLAN | No | | | ALL |
| C1765 | ADHESION BARRIER | No | | | ALL |
| C1766 | INTRODUCER/SHEATH, GUIDING, INTR | No | | | ALL |
| C1767 | GENERATOR, NEUROSTIMULATOR (IM | No | | | ALL |
| C1768 | GRAFT, VASCULAR | No | | | ALL |
| C1769 | GUIDE WIRE | No | | | ALL |
| C1770 | IMAGING COIL, MAGNETIC RESONANC | No | | | ALL |
| C1771 | REPAIR DEVICE, URINARY, INCONTINE | No | | | ALL |
| C1772 | INFUSION PUMP, PROGRAMMABLE (IM | No | | | ALL |
| C1773 | RETRIEVAL DEVICE, INSERTABLE (USE | No | | | ALL |
| C1776 | JOINT DEVICE (IMPLANTABLE) | No | | | ALL |
| C1777 | LEAD, CARDIOVERTER-DEFIBRILLATOI | No | | | ALL |
| C1778 | LEAD, NEUROSTIMULATOR (IMPLANTA | No | | | ALL |
| C1779 | LEAD, PACEMAKER, TRANSVENOUS VI | No | | | ALL |
| C1780 | LENS, INTRAOCULAR (NEW TECHNOLC | No | | | ALL |
| C1781 | MESH (IMPLANTABLE) | No | | | ALL |
| C1782 | MORCELLATOR | No | | | ALL |
| C1783 | OCULAR IMPLANT, AQUEOUS DRAINAC | No | | | ALL |
| C1784 | OCULAR DEVICE, INTRAOPERATIVE, D | No | | | ALL |
| C1785 | PACEMAKER, DUAL CHAMBER, RATE-F | No | | | ALL |
| C1786 | PACEMAKER, SINGLE CHAMBER, RATE | No | | | ALL |
| C1787 | PATIENT PROGRAMMER, NEUROSTIMU | No | | | ALL |
| C1788 | PORT, INDWELLING (IMPLANTABLE) | No | | | ALL |
| C1789 | PROSTHESIS, BREAST (IMPLANTABLE) | No | | | ALL |
| C1813 | PROSTHESIS, PENILE, INFLATABLE | No | | | ALL |
| C1815 | PROSTHESIS, URINARY SPHINCTER (IM | No | | | ALL |
| C1816 | RECEIVER AND/OR TRANSMITTER, NE | No | | | ALL |
| C1817 | SEPTAL DEFECT IMPLANT SYSTEM, IN | No | | | ALL |
| C1818 | INTEGRATED KERATOPROSTHESIS | No | | | ALL |
| C1819 | SURGICAL TISSUE LOCALIZATION AND | No | | | ALL |
| C1820 | GENERATOR, NEUROSTIMULATOR (IM | No | | | ALL |
| C1821 | INTERSPINOUS PROCESS DISTRACTIC | No | | | ALL |
| C1822 | Generator, neurostimulator (implantable), | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C1823 | Generator, neurostimulator (implantable), | No | | | ALL |
| C1824 | Generator, cardiac contractility modulatior | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C1824 | Generator, cardiac contractility modulatior | No | | | MCWRAP |
| C1825 | Generator, neurostimulator (implantable), | Not Covered | | | ALL |
| C1826 | Generator, neurostimulator (implantable), | No | | | ALL |
| C1827 | Generator, neurostimulator (implantable), | No | | | ALL |
| C1830 | POWERED BONE MARROW BIOPSY NE | No | | | ALL |
| C1831 | Personalized, anterior and lateral interbod | No | | | ALL |
| C1832 | Autograft suspension, including cell proce | Yes | | | ALL (Except McWRAP) |
| C1832 | Autograft suspension, including cell proce | No | | | MCWRAP |
| C1833 | Monitor, cardiac, including intracardiac lea | Not Covered | | | ALL |
| C1839 | Iris prosthesis | YES | | | ALL (Except McWRAP) |
| C1839 | Iris prosthesis | No | | | MCWRAP |
| C1840 | LENS, INTRAOCULAR (TELESCOPIC) | No | | | ALL |
| C1874 | STENT, COATED/COVERED, WITH DEL | No | | | ALL |
| C1875 | STENT, COATED/COVERED, WITHOUT | No | | | ALL |
| C1876 | STENT, NON-COATED/NON-COVERED, | No | | | ALL |
| C1877 | STENT, NON-COATED/NON-COVERED, | No | | | ALL |
| C1878 | MATERIAL FOR VOCAL CORD MEDIALI | No | | | ALL |
| C1880 | VENA CAVA FILTER | No | | | ALL |
| C1881 | DIALYSIS ACCESS SYSTEM (IMPLANTA | No | | | ALL |
| C1882 | CARDIOVERTER-DEFIBRILLATOR, OTH | No | | | ALL |
| C1883 | ADAPTOR/EXTENSION, PACING LEAD ( | No | | | ALL |
| C1884 | EMBOLIZATION PROTECTIVE SYSTEM | No | | | ALL |
| C1885 | CATHETER, TRANSLUMINAL ANGIOPLA | No | | | ALL |
| C1886 | CATHETER, EXTRAVASCULAR TISSUE | No | | | ALL |
| C1887 | CATHETER, GUIDING (MAY INCLUDE IN | No | | | ALL |
| C1888 | CATHETER, ABLATION, NON-CARDIAC, | No | | | ALL |
| C1889 | Implantable/insertable device, not otherwi | No | | | ALL |
| C1891 | INFUSION PUMP, NON-PROGRAMMABL | No | | | ALL |
| C1892 | INTRODUCER/SHEATH, GUIDING, INTR | No | | | ALL |
| C1893 | INTRODUCER/SHEATH, GUIDING, INTR | No | | | ALL |
| C1894 | INTRODUCER/SHEATH, OTHER THAN ( | No | | | ALL |
| C1895 | LEAD, CARDIOVERTER-DEFIBRILLATOI | No | | | ALL |
| C1896 | LEAD, CARDIOVERTER-DEFIBRILLATOI | No | | | ALL |
| C1897 | LEAD, NEUROSTIMULATOR TEST KIT (I | No | | | ALL |
| C1898 | LEAD, PACEMAKER, OTHER THAN TRA | No | | | ALL |
| C1899 | LEAD, PACEMAKER/CARDIOVERTER-D | No | | | ALL |
| C1900 | LEAD, LEFT VENTRICULAR CORONARY | No | | | ALL |
| C1982 | Catheter, pressure-generating, one-way v | YES | | | ALL (Except McWRAP) |
| C1982 | Catheter, pressure-generating, one-way v | No | | | MCWRAP |
| C2596 | Probe, image-guided, robotic, waterjet abl | No | | | ALL |
| C2613 | Lung Biopsy plug with delivery system | No | | | ALL |
| C2614 | PROBE, PERCUTANEOUS LUMBAR DIS | Not Covered | | | ALL |
| C2615 | SEALANT, PULMONARY, LIQUID | No | | | ALL |
| C2616 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C2617 | STENT, NON-CORONARY, TEMPORARY | No | | | ALL |
| C2618 | PROBE, CRYOABLATION | No | | | ALL |
| C2619 | PACEMAKER, DUAL CHAMBER, NON R/ | No | | | ALL |
| C2620 | PACEMAKER, SINGLE CHAMBER, NON | No | | | ALL |
| C2621 | PACEMAKER, OTHER THAN SINGLE OF | No | | | ALL |
| C2622 | PROSTHESIS, PENILE, NON-INFLATABL | No | | | ALL |
| C2623 | Catheter, transluminal angioplasty, drug-c | No | | | ALL |
| C2624 | Implantable wireless pulmonary artery pre | No | | | ALL |
| C2625 | STENT, NON-CORONARY, TEMPORARY | No | | | ALL |
| C2626 | INFUSION PUMP, NON-PROGRAMMABL | No | | | ALL |
| C2627 | CATHETER, SUPRAPUBIC/CYSTOSCOF | No | | | ALL |
| C2628 | CATHETER, OCCLUSION | No | | | ALL |
| C2629 | INTRODUCER/SHEATH, INTRACARDIAC | No | | | ALL |
| C2630 | CATHETER, ELECTROPHYSIOLOGY, DI | No | | | ALL |
| C2631 | REPAIR DEVICE, URINARY, INCONTINE | No | | | ALL |
| C2634 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C2635 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C2636 | BRACHYTHERAPY LINEAR SOURCE, N( | No | | | ALL |
| C2637 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C2638 | BRACHYTHERAPY SOURCE, STRANDE | No | | | ALL |
| C2639 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C2640 | BRACHYTHERAPY SOURCE, STRANDE | No | | | ALL |
| C2641 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C2642 | BRACHYTHERAPY SOURCE, STRANDE | No | | | ALL |
| C2643 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C2644 | Brachytherapy source, cesium-131 chloric | No | | | ALL |
| C2645 | Brachytherapy planar source, palladium-103, pe | No | | | ALL |
| C2698 | BRACHYTHERAPY SOURCE, STRANDE | No | | | ALL |
| C2699 | BRACHYTHERAPY SOURCE, NON-STR/ | No | | | ALL |
| C7500 | Debridement, bone including epidermis, d | No | | | ALL |
| C7501 | Percutaneous breast biopsies using stere | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C7502 | Percutaneous breast biopsies using magn | No | | | ALL |
| C7503 | Open biopsy or excision of deep cervical r | No | | | ALL |
| C7504 | Percutaneous vertebroplasties (bone biop | No | | | ALL |
| C7505 | Percutaneous vertebroplasties (bone biop | No | | | ALL |
| C7506 | Arthrodesis, interphalangeal joints, with or | No | | | ALL |
| C7507 | Percutaneous vertebral augmentations, fir | No | | | ALL |
| C7508 | Percutaneous vertebral augmentations, fir | No | | | ALL |
| C7509 | Bronchoscopy, rigid or flexible, diagnostic | No | | | ALL |
| C7510 | Bronchoscopy, rigid or flexible, with bronc | No | | | ALL |
| C7511 | Bronchoscopy, rigid or flexible, with single | No | | | ALL |
| C7512 | Bronchoscopy, rigid or flexible, with single | No | | | ALL |
| C7513 | Dialysis circuit, introduction of needle(s) a | No | | | ALL |
| C7514 | Dialysis circuit, introduction of needle(s) a | No | | | ALL |
| C7515 | Dialysis circuit, introduction of needle(s) a | No | | | ALL |
| C7516 | Catheter placement in coronary artery(s) f | No | | | ALL |
| C7517 | Catheter placement in coronary artery(s) f | No | | | ALL |
| C7518 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7519 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7520 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7521 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7522 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7523 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7524 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7525 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7526 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7527 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7528 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7529 | Catheter placement in coronary artery(ies | No | | | ALL |
| C7530 | Dialysis circuit, introduction of needle(s) a | No | | | ALL |
| C7531 | Revascularization, endovascular, open or | No | | | ALL |
| C7532 | Transluminal balloon angioplasty (except | No | | | ALL |
| C7533 | Percutaneous transluminal coronary angio | No | | | ALL |
| C7534 | Revascularization, endovascular, open or | No | | | ALL |
| C7535 | Revascularization, endovascular, open or | No | | | ALL |
| C7537 | Insertion of new or replacement of permar | No | | | ALL |
| C7538 | Insertion of new or replacement of permar | No | | | ALL |
| C7539 | Insertion of new or replacement of permar | No | | | ALL |
| C7540 | Removal of permanent pacemaker pulse g | No | | | ALL |
| C7541 | Diagnostic endoscopic retrograde cholang | No | | | ALL |
| C7542 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| C7543 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| C7544 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| C7545 | Percutaneous exchange of biliary drainag | No | | | ALL |
| C7546 | Removal and replacement of externally ac | No | | | ALL |
| C7547 | Convert nephrostomy catheter to nephrou | No | | | ALL |
| C7548 | Exchange nephrostomy catheter, percutar | No | | | ALL |
| C7549 | Change of ureterostomy tube or externally | No | | | ALL |
| C7550 | Cystourethroscopy, with biopsy(ies) with a | No | | | ALL |
| C7551 | Excision of major peripheral nerve neurom | No | | | ALL |
| C7552 | Catheter placement in coronary artery(s) f | No | | | ALL |
| C7553 | Catheter placement in coronary artery(s) f | No | | | ALL |
| C7554 | Cystourethroscopy with adjunctive blue lig | No | | | ALL |
| C7555 | Thyroidectomy, total or complete with para | No | | | ALL |
| C7556 | Bronchoscopy, rigid or flexible, with bronc | No | | | ALL |
| C7557 | Catheter placement in coronary artery(s) f | No | | | ALL |
| C7560 | Endoscopic retrograde cholangiopancreat | No | | | ALL |
| C7561 | Debridement, bone (includes epidermis, d | No | | | ALL |
| C7562 | Catheter placement in coronary artery(s) f | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| C7562 | Catheter placement in coronary artery(s) f | No | | | MCWRAP |
| C7563 | Transluminal balloon angioplasty (except | Yes | | | ALL (Except MCWRAP) |
| C7563 | Transluminal balloon angioplasty (except | No | | | MCWRAP |
| C7564 | Percutaneous transluminal mechanical thr | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C7564 | Percutaneous transluminal mechanical thr | No | | | MCWRAP |
| C7565 | Repair of anterior abdominal hernia(s) (ie, | Yes | | | ALL (Except MCWRAP) |
| C7565 | Repair of anterior abdominal hernia(s) (ie, | No | | | MCWRAP |
| C7568 | Catheter placement in coronary artery(ies | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| C7568 | Catheter placement in coronary artery | No | | | MCWRAP |
| C7569 | Percutaneous transluminal coronary a | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| C7569 | Percutaneous transluminal coronary a | No | | | MCWRAP |
| C7570 | Catheter placement in coronary artery | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| C7570 | Catheter placement in coronary artery | No | | | MCWRAP |
| C7571 | Percutaneous transluminal coronary a | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| C7571 | Percutaneous transluminal coronary a | No | | | MCWRAP |
| C8001 | 3d anatomical segmentation imaging for p | Not Covered | | | ALL |
| C8002 | Preparation of skin cell suspension autogr | No | | | ALL |
| C8003 | Implantation of medial knee extraarticular | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C8004 | Simulation angiogram with use of a pressu | No | | | ALL |
| C8005 | Bronchoscopy, rigid or flexible, non-therm | No | | | ALL |
| C8006 | Insertion of pleural-peritoneal shunt with ir | No | | | ALL |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8903 | MAGNETIC RESONANCE IMAGING WIT | Yes | CCN | | ALL (Except McWRAP) |
| C8903 | MAGNETIC RESONANCE IMAGING WIT | No | | | MCWRAP |
| C8905 | MAGNETIC RESONANCE IMAGING WIT | Yes | CCN | | ALL (Except McWRAP) |
| C8905 | MAGNETIC RESONANCE IMAGING WIT | No | | | MCWRAP |
| C8906 | MAGNETIC RESONANCE IMAGING WIT | Yes | CCN | | ALL (Except McWRAP) |
| C8906 | MAGNETIC RESONANCE IMAGING WIT | No | | | MCWRAP |
| C8908 | MAGNETIC RESONANCE IMAGING WIT | Yes | CCN | | ALL (Except McWRAP) |
| C8908 | MAGNETIC RESONANCE IMAGING WIT | No | | | MCWRAP |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8921 | TRANSTHORACIC ECHOCARDIOGRAPH | No | | | ALL |
| C8922 | TRANSTHORACIC ECHOCARDIOGRAPH | No | | | ALL |
| C8923 | TRANSTHORACIC ECHOCARDIOGRAPH | No | | | ALL |
| C8924 | TRANSTHORACIC ECHOCARDIOGRAPH | No | | | ALL |
| C8925 | TRANSESOPHAGEAL ECHOCARDIOGR | No | | | ALL |
| C8926 | TRANSESOPHAGEAL ECHOCARDIOGR | No | | | ALL |
| C8927 | TRANSESOPHAGEAL ECHOCARDIOGR | No | | | ALL |
| C8928 | TRANSTHORACIC ECHOCARDIOGRAPH | No | | | ALL |
| C8929 | TRANSTHORACIC ECHOCARDIOGRAPH | No | | | ALL |
| C8930 | TRANSTHORACIC ECHOCARDIOGRAPH | No | | | ALL |
| C8931 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8931 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8932 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8932 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8933 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8933 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8934 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8934 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8935 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8935 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8936 | MAGNETIC RESONANCE ANGIOGRAPH | Yes | CCN | | ALL (Except McWRAP) |
| C8936 | MAGNETIC RESONANCE ANGIOGRAPH | No | | | MCWRAP |
| C8937 | Computer-aided detection, including comp | Yes | | | ALL (Except McWRAP) |
| C8937 | Computer-aided detection, including comp | No | | | MCWRAP |
| C8957 | INTRAVENOUS INFUSION FOR THERAP | No | | | ALL |
| C9046 | Cocaine hydrochloride nasal solution for t | No | | | ALL |
| C9047 | Injection, caplacizumab-yhdp, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWrap) |
| C9047 | Injection, caplacizumab-yhdp, 1 mg | No | | | MA, McWrap |
| C9060 | Fluoroestradiol f18, diagnostic, 1 mci | No | | | ALL |
| C9062 | Injection, daratumumab 10 mg and hyalur | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| C9062 | Injection, daratumumab 10 mg and hyalur | No | | | MA, MCWRAP |
| C9064 | Mitomycin pyelocalyceal instillation, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| C9064 | Mitomycin pyelocalyceal instillation, 1 mg | No | | | MA, MCWRAP |
| C9067 | Gallium ga-68, dotatoc, diagnostic, 0.01 m | No | | | ALL |
| C9090 | Injection, plasminogen, human-tvmh, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| C9090 | Injection, plasminogen, human-tvmh, 1 mg | No | | | MA, MCWRAP |
| C9091 | Injection, sirolimus protein-bound particles | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| C9091 | Injection, sirolimus protein-bound particles | No | | | MA, MCWRAP |
| C9092 | Injection, triamcinolone acetonide, suprac | No | | | ALL |
| C9101 | Injection, oliceridine, 0.1 mg | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C9132 | PROTHROMBIN COMPLEX CONCENTR/ | No | | | ALL |
| C9143 | Cocaine hydrochloride nasal solution (nun | No | | | ALL |
| C9144 | Injection, bupivacaine (posimir), 1 mg | No | | | ALL |
| C9145 | Injection, aprepitant, (aponvie), 1 mg | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP, MA) |
| C9145 | Injection, aprepitant, (aponvie), 1 mg | No | | | MCWRAP, MA |
| C9150 | Xenon xe-129 hyperpolarized gas, diagno | No | | | ALL |
| C9173 | Injection, filgrastim-txid (nypozi), biosimila | No | | | ALL |
| C9250 | HUMAN PLASMA FIBRIN SEALANT, VAF | No | | | ALL |
| C9254 | INJECTION, LACOSAMIDE, 1 MG | No | | | ALL |
| C9257 | INJECTION, BEVACIZUMAB, 0.25 MG | No | | | ALL |
| C9285 | Lidocaine 70 mg/tetracaine 70 mg, per pa | No | | | ALL |
| C9293 | INJECTION, GLUCARPIDASE | No | | | ALL |
| C9301 | Obecabtagene autoleucel, up to 410 millic | Yes | RMT | | ALL (Except MCWRAP) |
| C9301 | Obecabtagene autoleucel, up to 410 millic | No | | | MCWRAP |
| C9302 | Injection, zanidatamab-hrii, 2 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| C9302 | Injection, zanidatamab-hrii, 2 mg | No | | | MCWRAP, MA |
| C9303 | Injection, zolbetuximab-clzb, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| C9303 | Injection, zolbetuximab-clzb, 1 mg | No | | | MCWRAP, MA |
| C9304 | Injection, marstacimab-hncq, 0.5 mg | Yes | SPC/ExGEN | | ALL (Except McWRAP) |
| C9304 | Injection, marstacimab-hncq, 0.5 mg | No | | | MCWRAP |
| C9307 | Injection, linvoseltamab-gcpt, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWrap) |
| C9307 | Injection, linvoseltamab-gcpt, 1 mg | No | | | MA, MCWRAP |
| C9308 | Injection, carboplatin (avyxa), 1 mg | Yes | PCM/ExGEN | BPF | ALL (Except McWrap) |
| C9308 | Injection, carboplatin (avyxa), 1 mg | No | | | McWRAP |
| C9352 | MICROPOROUS COLLAGEN IMPLANTA | No | | | ALL |
| C9353 | MICROPOROUS COLLAGEN IMPLANTA | No | | | ALL |
| C9354 | ACCELLULAR PERICARDIAL TISSUE M/ | No | | | ALL |
| C9355 | COLLAGEN NERVE CUFF (NEUROMATF | No | | | ALL |
| C9356 | TENDON, POROUS MATRIX OF CROSS | No | | | ALL |
| C9358 | DERMAL SUBSTITUTE, NATIVE, NON-D | No | | | ALL |
| C9359 | POROUS PURIFIED COLLAGEN MATRIX | No | | | ALL |
| C9360 | DERMAL SUBSTITUTE, NATIVE, NON-D | No | | | ALL |
| C9361 | COLLAGEN MATRIX NERVE WRAP (NE | No | | | ALL |
| C9362 | POROUS PURIFIED COLLAGEN MATRIX | No | | | ALL |
| C9363 | SKIN SUBSTITUTE, INTEGRA MESHED | No | | | ALL |
| C9364 | PORCINE IMPLANT, PERMACOL, PER S | No | | | ALL |
| C9367 | Skin substitute, Endoform Dermal Templa | Not Covered | | | ALL |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICA | No | NTM POLICY | | ALL |
| C9460 | Injection, cangrelor, 1 mg | No | | | ALL |
| C9462 | Injection, delafloxacin, 1 mg | No | | | ALL |
| C9482 | Injection, sotalol hydrochloride, 1 mg | No | | | ALL |
| C9488 | Injection, conivaptan hydrochloride, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| C9488 | Injection, conivaptan hydrochloride, 1 mg | No | | | MA, MCWRAP |
| C9507 | Fresh frozen plasma, high titer COVID-19 | No | | | ALL |
| C9600 | Percutaneous transcatheter placement of | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C9600 | Percutaneous transcatheter placement of | No | | | MCWRAP |
| C9601 | Percutaneous transcatheter placement of | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C9601 | Percutaneous transcatheter placement of | No | | | MCWRAP |
| C9602 | Percutaneous transluminal coronary ather | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C9602 | Percutaneous transluminal coronary ather | No | | | MCWRAP |
| C9603 | Percutaneous transluminal coronary ather | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C9603 | Percutaneous transluminal coronary ather | No | | | MCWRAP |
| C9604 | Percutaneous transluminal revascularizati | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C9604 | Percutaneous transluminal revascularizati | No | | | MCWRAP |
| C9605 | Percutaneous transluminal revascularizati | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C9605 | Percutaneous transluminal revascularizati | No | | | MCWRAP |
| C9606 | Percutaneous transluminal revascularizati | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C9606 | Percutaneous transluminal revascularizati | No | | | MCWRAP |
| C9607 | Percutaneous transluminal revascularizati | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C9607 | Percutaneous transluminal revascularizati | No | | | MCWRAP |
| C9608 | Percutaneous transluminal revascularizati | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| C9608 | Percutaneous transluminal revascularizati | No | | | MCWRAP |
| C9610 | Catheter, transluminal drug delivery with c | Yes | TPC-CARDIAC | | ALL (Except MCWRAP) |
| C9610 | Catheter, transluminal drug delivery with c | No | | | MCWRAP |
| C9716 | CREATIONS OF THERMAL ANAL LESIO | Not Covered | | | ALL |
| C9725 | PLACEMENT OF ENDORECTAL INTRAC | No | | | ALL |
| C9726 | PLACEMENT AND REMOVAL (IF PERFC | No | | | ALL |
| C9727 | INSERTION OF IMPLANTS INTO THE SC | Not Covered | | | ALL |
| C9728 | PLACEMENT OF INTERSTITIAL DEVICE | No | | | ALL |
| C9733 | Non-ophthalmic fluorescent vascular angi | No | | | ALL |
| C9737 | Laparoscopy, surgical, esophageal sphinc | No | | | ALL |
| C9738 | Adjunctive blue light cystoscopy with fluor | No | | | ALL |
| C9739 | Cystourethroscopy, with insertion of transp | No | | | ALL |
| C9740 | Cystourethroscopy, with insertion of transp | No | | | ALL |
| C9745 | Nasal endoscopy, surgical; balloon dilatio | Yes | | | ALL (Except MCWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C9745 | Nasal endoscopy, surgical; balloon dilatio | No | | | MCWRAP |
| C9747 | Ablation of prostate, transrectal, high inter | No | | | ALL |
| C9749 | Repair of nasal vestibular lateral wall sten | No | | | ALL |
| C9756 | Intraoperative near-infrared fluorescence lymph | No | | | ALL |
| C9757 | Laminotomy (hemilaminectomy), with dec | Yes | TPC-MSK | | ALL (Except McWRAP) |
| C9757 | Laminotomy (hemilaminectomy), with dec | No | | | MCWRAP |
| C9758 | Blinded procedure for nyha class iii/iv hea | YES | | | ALL (Except MCWRAP) |
| C9758 | Blinded procedure for nyha class iii/iv hea | No | | | MCWRAP |
| C9759 | Transcatheter intraoperative blood vessel | Yes | | | ALL (Except MCWRAP) |
| C9759 | Transcatheter intraoperative blood vessel | No | | | MCWRAP |
| C9760 | Non-randomized, non-blinded procedure f | Yes | | | ALL (Except MCWRAP) |
| C9760 | Non-randomized, non-blinded procedure f | No | | | MCWRAP |
| C9761 | Cystourethroscopy, with ureteroscopy and | No | | | ALL |
| C9762 | Cardiac magnetic resonance imaging for r | No | | | ALL |
| C9763 | Cardiac magnetic resonance imaging for r | No | | | ALL |
| C9764 | Revascularization, endovascular, open or | Yes | | | ALL (Except MCWRAP) |
| C9764 | Revascularization, endovascular, open or | No | | | MCWRAP |
| C9765 | Revascularization, endovascular, open or | Yes | | | ALL (Except MCWRAP) |
| C9765 | Revascularization, endovascular, open or | No | | | MCWRAP |
| C9766 | Revascularization, endovascular, open or | Yes | | | ALL (Except MCWRAP) |
| C9766 | Revascularization, endovascular, open or | No | | | MCWRAP |
| C9767 | Revascularization, endovascular, open or | Yes | | | ALL (Except MCWRAP) |
| C9767 | Revascularization, endovascular, open or | No | | | MCWRAP |
| C9768 | Endoscopic ultrasound-guided direct mea | No | | | ALL |
| C9772 | Revascularization, endovascular, open or | Yes | | | ALL (Except MCWRAP) |
| C9772 | Revascularization, endovascular, open or | No | | | MCWRAP |
| C9773 | Revascularization, endovascular, open or | Yes | | | ALL (Except MCWRAP) |
| C9773 | Revascularization, endovascular, open or | No | | | MCWRAP |
| C9774 | Revascularization, endovascular, open or | Yes | | | ALL (Except MCWRAP) |
| C9774 | Revascularization, endovascular, open or | No | | | MCWRAP |
| C9775 | Revascularization, endovascular, open or | Yes | | | ALL (Except MCWRAP) |
| C9775 | Revascularization, endovascular, open or | No | | | MCWRAP |
| C9776 | Intraoperative near-infrared fluorescence i | No | | | ALL |
| C9777 | Esophageal mucosal integrity testing by e | Yes | | | ALL (Except MCWRAP) |
| C9777 | Esophageal mucosal integrity testing by e | No | | | MCWRAP |
| C9778 | Colpopexy, vaginal; minimally invasive ext | No | | | ALL |
| C9779 | Endoscopic submucosal dissection (esd), | No | | | ALL |
| C9780 | Insertion of central venous catheter throug | No | | | ALL |
| C9781 | Arthroscopy, shoulder, surgical; with impla | Not Covered | | | ALL |
| C9782 | Blinded procedure for new york heart assc | Not Covered | | | ALL (Except MA) |
| C9782 | Blinded procedure for new york heart assc | Yes | | | MA |
| C9783 | Blinded procedure for transcatheter implar | Not Covered | | | ALL (Except MA) |
| C9783 | Blinded procedure for transcatheter implar | Yes | | | MA |
| C9785 | Endoscopic outlet reduction, gastric pouch | Yes | | | ALL (Except MCWRAP) |
| C9785 | Endoscopic outlet reduction, gastric pouch | No | | | MCWRAP |
| C9789 | Instillation of anti-neoplastic pharmacologi | No | | | ALL |
| C9791 | Magnetic resonance imaging with inhaled | Yes | CCN | | ALL (Except Mcwrap) |
| C9791 | Magnetic resonance imaging with inhaled | No | | | MCWRAP |
| C9792 | Blinded or nonblinded procedure for symp | Not covered | | | ALL (Except MA) |
| C9792 | Blinded or nonblinded procedure for symp | Yes | | | MA |
| C9796 | Repair of enterocutaneous fistula small int | No | | | ALL |
| C9797 | Vascular embolization or occlusion proced | No | | | ALL |
| C9804 | Elastomeric infusion pump (e.g., on-q* pur | No | | | ALL |
| C9806 | Rotary peristaltic infusion pump (e.g., amb | No | | | ALL |
| C9807 | Nerve stimulator, percutaneous, peripheral | Yes | | | ALL (Except MCWRAP) |
| C9807 | Nerve stimulator, percutaneous, peripheral | No | | | MCWRAP |
| C9810 | Water circulating motorized cold therapy d | No | | | ALL |
| C9811 | Electronic ambulatory infusion pump (e.g. | No | | | ALL |
| C9812 | Echogenic nerve block needles (e.g. sono | No | | | ALL |
| C9813 | Perforated continuous infusion catheter se | No | | | ALL |
| C9814 | Continuous anesthesia echogenic conduc | No | | | ALL |
| C9816 | Rotary peristaltic infusion pump (e.g., reus | No | | | ALL |
| C9898 | RADIOLABELED PRODUCT PROVIDED | No | | | ALL |
| C9899 | IMPLANTED PROSTHETIC DEVICE, PAY | Not Covered | | | ALL |
| D0120 | PERIODIC ORAL EVALUATION-ESTABL | Not Covered | | | ALL |
| D0140 | LIMITED ORAL EVALUATION - PROBLEI | Not Covered | | | ALL |
| D0145 | ORAL EVALUATION FOR A PATIENT UN | Not Covered | | | ALL |
| D0150 | COMPREHENSIVE ORAL EVALUATION | Not Covered | | | ALL |
| D0160 | DETAILED AND EXTENSIVE ORAL EVAL | Not Covered | | | ALL |
| D0170 | REEVALUATION LIMITED, PROBLEM FC | Not Covered | | | ALL |
| D0171 | Re-eval post-op visit | Not Covered | | | ALL |
| D0180 | COMPREHENSIVE PERIDONATAL EVAL | Not Covered | | | ALL |
| D0190 | Screening of a patient | Not Covered | | | ALL |
| D0191 | Assessment of a patient | Not Covered | | | ALL |
| D0210 | INTRAORAL-COMPLETE SERIES (INCLU | Not Covered | | | ALL |
| D0220 | INTRAORAL-PERIAPICAL-FIRST FILM | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D0230 | INTRAORAL-PERIAPICAL-EACH ADDITI | Not Covered | | | ALL |
| D0240 | INTRAORAL-0CCLUSAL FILM | Not Covered | | | ALL |
| D0250 | EXTRAORAL-FIRST FILM | Not Covered | | | ALL |
| D0270 | BITEWING-SINGLE FILM | Not Covered | | | ALL |
| D0272 | BITEWINGS-TWO FILMS | Not Covered | | | ALL |
| D0273 | BITEWINGS - THREE FILMS | Not Covered | | | ALL |
| D0274 | BITEWINGS-FOUR FILMS | Not Covered | | | ALL |
| D0277 | VERTICAL BITEWINGS 7 TO 8 FILMS | Not Covered | | | ALL |
| D0310 | SIALOGRAPHY | Not Covered | | | ALL |
| D0320 | TEMPOROMANDIBULAR JOINT ARTHR | Not Covered | | | ALL |
| D0321 | OTHER TEMPOROMANDIBULAR JOINT | Not Covered | | | ALL |
| D0322 | TOMOGRAPHIC SURVEY | Not Covered | | | ALL |
| D0330 | PANORAMIC FILM | Not Covered | | | ALL |
| D0340 | CEPHALOMETRIC FILM | Not Covered | | | ALL |
| D0350 | ORAL/FACIAL PHOTOGRAPHIC IMAGES | Not Covered | | | ALL |
| D0351 | 3d photographic image | Not Covered | | | ALL |
| D0360 | CONE BEAM CT - CRANIOFACIAL DATA | Not Covered | | | ALL |
| D0362 | CONE BEAM - TWO-DIMENSIONAL IMA | Not Covered | | | ALL |
| D0363 | CONE BEAM - THREE-DIMENSIONAL IM | Not Covered | | | ALL |
| D0364 | Cone beam ct capt & interp | Not Covered | | | ALL |
| D0365 | Cone beam ct interprete man | Not Covered | | | ALL |
| D0366 | Cone beam ct interprete max | Not Covered | | | ALL |
| D0367 | Cone beam ct interp both jaw | Not Covered | | | ALL |
| D0368 | Cone beam ct interprete tmj | Not Covered | | | ALL |
| D0369 | Max mri capture & interprete | Not Covered | | | ALL |
| D0370 | Max ultrasound capt & interp | Not Covered | | | ALL |
| D0371 | Sialoendoscopy capt & interp | Not Covered | | | ALL |
| D0372 | intraoral tomosynthesis - comprehensive s | Not Covered | | | ALL |
| D0373 | intraoral tomosynthesis - bitewing radiogra | Not Covered | | | ALL |
| D0374 | intraoral tomosynthesis - periapical radiog | Not Covered | | | ALL |
| D0380 | Cone beam ct capture limited | Not Covered | | | ALL |
| D0381 | Cone beam ct capt mandible | Not Covered | | | ALL |
| D0382 | Cone beam ct capt maxilla | Not Covered | | | ALL |
| D0383 | Cone beam ct both jaws | Not Covered | | | ALL |
| D0384 | Cone beam ct capture tmj | Not Covered | | | ALL |
| D0385 | Max mri image capture | Not Covered | | | ALL |
| D0386 | Max ultrasound image capture | Not Covered | | | ALL |
| D0387 | intraoral tomosynthesis - comprehensive s | Not Covered | | | ALL |
| D0388 | intraoral tomosynthesis - bitewing radiogra | Not Covered | | | ALL |
| D0389 | intraoral tomosynthesis-periapical radiogra | Not Covered | | | ALL |
| D0391 | Imterprete diagnostic image | Not Covered | | | ALL |
| D0393 | Trtmnt simulation 3d image | Not Covered | | | ALL |
| D0394 | Digital sub 2 or more images | Not Covered | | | ALL |
| D0395 | Fusion 2 or more 3d images | Not Covered | | | ALL |
| D0396 | 3D printing of a 3D dental surface scan | Not Covered | | | ALL |
| D0415 | COLLECTION OF MICROORGANISMS F | Not Covered | | | ALL |
| D0416 | VIRAL CULTURE | Not Covered | | | ALL |
| D0417 | COLLECTION AND PREPARATION OF S | Not Covered | | | ALL |
| D0418 | ANALYSIS OF SALIVA SAMPLE | Not Covered | | | ALL |
| D0419 | Assessment of salivary flow by measurem | Not Covered | | | ALL |
| D0425 | CARIES SUSCEPTIBILITY TESTS | Not Covered | | | ALL |
| D0431 | ADJUNCTIVE PRE-DIAGNOSTIC TEST T | Not Covered | | | ALL |
| D0460 | PULP VITALITY TESTS | Not Covered | | | ALL |
| D0470 | DIAGNOSTIC CASTS | Not Covered | | | ALL |
| D0472 | ACCESSION OF TISSUE, GROSS EXAM | Not Covered | | | ALL |
| D0473 | ACCESSION OF TISSUE, GROSS AND M | Not Covered | | | ALL |
| D0474 | ACCESSION OF TISSUE, GROSS AND M | Not Covered | | | ALL |
| D0475 | DECALCIFICATION PROCEDURE | Not Covered | | | ALL |
| D0476 | SPECIAL STAINS FOR MICROORGANIS | Not Covered | | | ALL |
| D0477 | SPECIAL STAINS, NOT FOR MICROORG | Not Covered | | | ALL |
| D0478 | IMMUNOHISTOCHEMICAL STAINS | Not Covered | | | ALL |
| D0479 | TISSUE IN-SITU HYBRIDIZATION, INCLU | Not Covered | | | ALL |
| D0480 | ACCESSION OF EXFOLIATIVE CYTOLO | Not Covered | | | ALL |
| D0481 | ELECTRON MICROSCOPY - DIAGNOST | Not Covered | | | ALL |
| D0482 | DIRECT IMMUNOFLUORESCENCE | Not Covered | | | ALL |
| D0483 | INDIRECT IMMUNOFLUORESCENCE | Not Covered | | | ALL |
| D0484 | CONSULTATION ON SLIDES PREPARED | Not Covered | | | ALL |
| D0485 | CONSULTATION, INCLUDING PREPARA | Not Covered | | | ALL |
| D0486 | ACCESSION OF BRUSH BIOPSY SAMPL | Not Covered | | | ALL |
| D0502 | OTHER ORAL PATHOLOGY PROCEDUR | Not Covered | | | ALL |
| D0601 | Neurological with Motor >47.75comorbidit | Not Covered | | | ALL |
| D0602 | Neurological with Motor >37.35 & Motor <4 | Not Covered | | | ALL |
| D0603 | Neurological with Motor >25.85 & Motor <3 | Not Covered | | | ALL |
| D0801 | 3D dental surface scan - direct | Not Covered | | | ALL |
| D0802 | 3D dental surface scan - indirect | Not Covered | | | ALL |
| D0803 | 3D facial surface scan - direct | Not Covered | | | ALL |
| D0804 | 3D facial surface scan - indirect | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D0999 | UNSPECIFIED DIAGNOSTIC PROCEDUF | Not Covered | | | ALL |
| D1110 | PROPHYLAXIS-ADULT | Not Covered | | | ALL |
| D1120 | PROPHYLAXIS-CHILD | Not Covered | | | ALL |
| D1203 | TOPICAL APPLICATION OF FLUORIDE ( | Not Covered | | | ALL |
| D1204 | TOPICAL APPLICATION OF FLUORIDE ( | Not Covered | | | ALL |
| D1206 | TOPICAL FLUORIDE VARNISH; THERAF | Not Covered | | | ALL |
| D1208 | Topical app fluorid ex vrnsh | Not Covered | | | ALL |
| D1301 | immunization counseling | Not Covered | | | ALL |
| D1310 | NUTRITIONAL COUNSELING FOR THE ( | Not Covered | | | ALL |
| D1320 | TOBACCO COUNSELING FOR THE CON | Not Covered | | | ALL |
| D1330 | ORAL HYGIENE INSTRUCTION | Not Covered | | | ALL |
| D1351 | SEALANT-PER TOOTH | Not Covered | | | ALL |
| D1353 | Sealant repair per tooth | Not Covered | | | ALL |
| D1510 | SPACE MAINTAINER-FIXED UNILATERA | Not Covered | | | ALL |
| D1520 | SPACE MAINTAINER-REMOVABLE UNIL | Not Covered | | | ALL |
| D1525 | SPACE MAINTAINER-REMOVABLE BILA | Not Covered | | | ALL |
| D1551 | Re-cement or re-bond bilateral space mai | Not Covered | | | ALL |
| D1552 | Re-cement or re-bond bilateral space mai | Not Covered | | | ALL |
| D1553 | Re-cement or re-bond unilateral space ma | Not Covered | | | ALL |
| D1556 | Removal of fixed unilateral space maintair | Not Covered | | | ALL |
| D1557 | Removal of fixed bilateral space maintaine | Not Covered | | | ALL |
| D1558 | Removal of fixed bilateral space maintaine | Not Covered | | | ALL |
| D1781 | vaccine administration-human papillomav | Not Covered | | | ALL |
| D1782 | vaccine administration-human papillomav | Not Covered | | | ALL |
| D1783 | vaccine administration-human papillomav | Not Covered | | | ALL |
| D1999 | Unspecified preventive proc | Not Covered | | | ALL |
| D2140 | AMALGAM-ONE SURFACE, PRIMARY O | Not Covered | | | ALL |
| D2150 | AMALGAM-TWO SURFACES, PRIMARY | Not Covered | | | ALL |
| D2160 | AMALGAM-THREE SURFACES, PRIMAR | Not Covered | | | ALL |
| D2161 | AMALGAM-FOUR OR MORE SURFACES | Not Covered | | | ALL |
| D2330 | RESIN-ONE SURFACE, ANTERIOR | Not Covered | | | ALL |
| D2331 | RESIN-TWO SURFACES, ANTERIOR | Not Covered | | | ALL |
| D2332 | RESIN-THREE SURFACES, ANTERIOR | Not Covered | | | ALL |
| D2335 | RESIN-FOUR OR MORE SURFACES OR | Not Covered | | | ALL |
| D2390 | RESIN-BASED COMPOSITE CROWN, AI | Not Covered | | | ALL |
| D2391 | RESIN-BASED COMPOSITE - ONE SURI | Not Covered | | | ALL |
| D2392 | RESIN-BASED COMPOSITE - TWO SUR | Not Covered | | | ALL |
| D2393 | RESIN-BASED COMPOSITE - THREE SU | Not Covered | | | ALL |
| D2394 | RESIN-BASED COMPOSITE - FOUR OR | Not Covered | | | ALL |
| D2410 | GOLD FOIL-ONE SURFACE | Not Covered | | | ALL |
| D2420 | GOLD FOIL-TWO SURFACES | Not Covered | | | ALL |
| D2430 | GOLD FOIL-THREE SURFACES | Not Covered | | | ALL |
| D2510 | INLAY-METALLIC-ONE SURFACE | Not Covered | | | ALL |
| D2520 | INLAY-METALLIC-TWO SURFACES | Not Covered | | | ALL |
| D2530 | INLAY-METALLIC-THREE OR MORE SUI | Not Covered | | | ALL |
| D2542 | ONLAY-METALLIC-TWO SURFACES | Not Covered | | | ALL |
| D2543 | ONLAY - METALLIC - THREE SURFACES | Not Covered | | | ALL |
| D2544 | ONLAY - METALLIC - FOUR OR MORE S | Not Covered | | | ALL |
| D2610 | INLAY-PORCELAIN/CERAMIC-ONE SUR | Not Covered | | | ALL |
| D2620 | INLAY-PORCELAIN/CERAMIC-TWO SUR | Not Covered | | | ALL |
| D2630 | INLAY-PORCELAIN/CERAMIC-THREE O | Not Covered | | | ALL |
| D2642 | ONLAY - PORCELAIN/CERAMIC - TWO S | Not Covered | | | ALL |
| D2643 | ONLAY - PORCELAIN/CERAMIC - THRE | Not Covered | | | ALL |
| D2644 | ONLAY - PORCELAIN/CERAMIC - FOUR | Not Covered | | | ALL |
| D2650 | INLAY - RESIN-BASED COMPOSITE - ON | Not Covered | | | ALL |
| D2651 | INLAY - RESIN-BASED COMPOSITE - TW | Not Covered | | | ALL |
| D2652 | INLAY - RESIN-BASED COMPOSITE - TH | Not Covered | | | ALL |
| D2662 | ONLAY - RESIN-BASED COMPOSITE - T | Not Covered | | | ALL |
| D2663 | ONLAY - RESIN-BASED COMPOSITE - T | Not Covered | | | ALL |
| D2664 | ONLAY - - RESIN-BASED COMPOSITE - | Not Covered | | | ALL |
| D2710 | CROWN - RESIN-BASED COMPOSITE (I | Not Covered | | | ALL |
| D2712 | CROWN - 3/4 RESIN-BASED COMPOSIT | Not Covered | | | ALL |
| D2720 | CROWN-RESIN WITH HIGH NOBLE MET | Not Covered | | | ALL |
| D2721 | CROWN-RESIN WITH PREDOMINANTLY | Not Covered | | | ALL |
| D2722 | CROWN-RESIN WITH NOBLE METAL | Not Covered | | | ALL |
| D2740 | CROWN-PORCELAIN/CERAMIC SUBSTI | Not Covered | | | ALL |
| D2750 | CROWN-PORCELAIN FUSED TO HIGH N | Not Covered | | | ALL |
| D2751 | CROWN-PROCELAIN FUSED TO PREDO | Not Covered | | | ALL |
| D2752 | CROWN-PORCELAIN FUSED TO NOBLE | Not Covered | | | ALL |
| D2753 | Crown - porcelain fused to titanium and tit | Not Covered | | | ALL |
| D2780 | CROWN - 3/4 CAST HIGH NOBLE META | Not Covered | | | ALL |
| D2781 | CROWN - 3/4 CAST PREDOMINANTLY B | Not Covered | | | ALL |
| D2782 | CROWN - 3/4 CAST NOBLE METAL | Not Covered | | | ALL |
| D2783 | CROWN - 3/4 PORCELAIN/CERAMIC | Not Covered | | | ALL |
| D2790 | CROWN-FULL CAST HIGH NOBLE META | Not Covered | | | ALL |
| D2791 | CROWN-FULL CAST PREDOMINANTLY | Not Covered | | | ALL |
| D2792 | CROWN-FULL CAST NOBLE METAL | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D2794 | CROWN-TITANIUM | Not Covered | | | ALL |
| D2799 | PROVISIONAL CROWN | Not Covered | | | ALL |
| D2910 | RECEMENT INLAY, ONLAY OR PARTIAL | Not Covered | | | ALL |
| D2915 | RECEMENT CAST OR PREFABRICATED | Not Covered | | | ALL |
| D2920 | RECEMENT CROWN | Not Covered | | | ALL |
| D2921 | Reattach tooth fragment | Not Covered | | | ALL |
| D2929 | Prefab porc/ceram crown pri | Not Covered | | | ALL |
| D2930 | PREFABRICATED STAINLESS STEEL C | Not Covered | | | ALL |
| D2931 | PREFABRICATED STAINLESS STEEL C | Not Covered | | | ALL |
| D2932 | PREFABRICATED RESIN CROWN | Not Covered | | | ALL |
| D2933 | PREFABRICATED STAINLESS STEEL C | Not Covered | | | ALL |
| D2934 | PREFABRICATED ESTHETIC COATED S | Not Covered | | | ALL |
| D2940 | SEDATIVE FILLING | Not Covered | | | ALL |
| D2941 | Int therapeutic restoration | Not Covered | | | ALL |
| D2949 | Restorative foundation | Not Covered | | | ALL |
| D2950 | CORE BUILD-UP, INCLUDING ANY PINS | Not Covered | | | ALL |
| D2951 | PIN RETENTION-PER TOOTH, IN ADDIT | Not Covered | | | ALL |
| D2952 | POST AND CORE IN ADDITION TO CRO | Not Covered | | | ALL |
| D2953 | EACH ADDITIONAL INDIRECTLY FABRI | Not Covered | | | ALL |
| D2954 | PREFABRICATED POST AND CORE IN A | Not Covered | | | ALL |
| D2955 | POST REMOVAL (NOT IN CONJUCTION | Not Covered | | | ALL |
| D2957 | EACH ADDITIONAL PREFABRICATED P | Not Covered | | | ALL |
| D2960 | LABIAL VENEER (LAMINATE)-CHAIRSID | Not Covered | | | ALL |
| D2961 | LABIAL VENEER (RESIN LAMINATE)-LA | Not Covered | | | ALL |
| D2962 | LABIAL VENEER (PORCELAIN LAMINAT | Not Covered | | | ALL |
| D2971 | ADDITIONAL PROCEDURES TO CONST | Not Covered | | | ALL |
| D2975 | COPING | Not Covered | | | ALL |
| D2976 | band stabilization - per tooth | Not Covered | | | ALL |
| D2980 | CROWN REPAIR, BY REPORT | Not Covered | | | ALL |
| D2981 | Inlay repair | Not Covered | | | ALL |
| D2982 | Onlay repair | Not Covered | | | ALL |
| D2983 | Veneer repair | Not Covered | | | ALL |
| D2989 | excavation of a tooth resulting in the deter | Not Covered | | | ALL |
| D2990 | Resin infiltration of lesion | Not Covered | | | ALL |
| D2991 | application of hydroxyapatite regeneration | Not Covered | | | ALL |
| D2999 | UNSPECIFIED RESTORATIVE PROCED | Not Covered | | | ALL |
| D3110 | PULP CAP-DIRECT (EXCLUDING FINAL | Not Covered | | | ALL |
| D3120 | PULP CAP-INDIRECT (EXCLUDING FIN | Not Covered | | | ALL |
| D3220 | THERAPEUTIC PULPOTOMY (EXCLUDI | Not Covered | | | ALL |
| D3221 | PULPAL DEBRIDEMENT, PRIMARY AND | Not Covered | | | ALL |
| D3222 | PARTIAL PULPOTOMY FOR APEXOGEN | Not Covered | | | ALL |
| D3230 | PULPAL THERAPY (RESORBABLE FILL | Not Covered | | | ALL |
| D3240 | PULPAL THERAPY (RESORBABLE FILL | Not Covered | | | ALL |
| D3310 | ANTERIOR (EXCLUDING FINAL RESTOR | Not Covered | | | ALL |
| D3320 | BICUSPID (EXCLUDING FINAL RESTOR | Not Covered | | | ALL |
| D3330 | MOLAR (EXCLUDING FINAL RESTORAT | Not Covered | | | ALL |
| D3331 | TREATMENT OF ROOT CANAL OBSTRU | Not Covered | | | ALL |
| D3332 | INCOMPLETE ENDODONTIC THERAPY; | Not Covered | | | ALL |
| D3333 | INTERNAL ROOT REPAIR OF PERFORA | Not Covered | | | ALL |
| D3346 | RETREATMENT OF PREVIOUS ROOT C | Not Covered | | | ALL |
| D3347 | RETREATMENT OF PREVIOUS ROOT C | Not Covered | | | ALL |
| D3348 | RETREATMENT OF PREVIOUS ROOT C | Not Covered | | | ALL |
| D3351 | APEXIFICATION/RECALCIFICATION-INIT | Not Covered | | | ALL |
| D3352 | APEXIFICATION/RECALCIFICATION-INT | Not Covered | | | ALL |
| D3353 | APEXIFICATION/RECALCIFICATION-FIN | Not Covered | | | ALL |
| D3355 | Pulpal regeneration initial | Not Covered | | | ALL |
| D3356 | Pulpal regeneration interim | Not Covered | | | ALL |
| D3357 | Pulpal regeneration complete | Not Covered | | | ALL |
| D3410 | APICOECTOMY/PERIRADICULAR SURG | Not Covered | | | ALL |
| D3421 | APICOECTOMY/PERIRADICULAR SURG | Not Covered | | | ALL |
| D3425 | APICOECTOMY/PERIRADICULAR SURG | Not Covered | | | ALL |
| D3426 | APICOECTOMY/PERIRADICULAR SURG | Not Covered | | | ALL |
| D3427 | Periradicular surgery | Not Covered | | | ALL |
| D3428 | Bone graft peri per tooth | Not Covered | | | ALL |
| D3429 | Bone graft peri each addl | Not Covered | | | ALL |
| D3430 | RETROGRADE FILLING-PER ROOT | Not Covered | | | ALL |
| D3431 | Biological materials | Not Covered | | | ALL |
| D3432 | Guided tissue regeneration | Not Covered | | | ALL |
| D3450 | ROOT AMPUTATION-PER ROOT | Not Covered | | | ALL |
| D3460 | ENDODONTIC ENDOSSEOUS IMPLANT | Not Covered | | | ALL |
| D3470 | INTENTIONAL REPLANTATION (INCLUD | Not Covered | | | ALL |
| D3910 | SURGICAL PROCEDURE FOR ISOLATIC | Not Covered | | | ALL |
| D3911 | Intraorifice barrier | Not Covered | | | ALL |
| D3920 | HEMISECTION (INCLUDING ANY ROOT | Not Covered | | | ALL |
| D3921 | Decoronation or submergence of an erupt | Not Covered | | | ALL |
| D3950 | CANAL PREPARATION AND FITTING OF | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D3999 | UNSPECIFIED ENDODONTIC PROCEDU | Not Covered | | | ALL |
| D4210 | GINGIVECTOMY OR GINGIVOPLASTY - | Not Covered | | | ALL |
| D4211 | GINGIVECTOMY OR GINGIVOPLASTY - | Not Covered | | | ALL |
| D4212 | Gingivectomy/plasty rest | Not Covered | | | ALL |
| D4230 | ANATOMICAL CROWN EXPOSURE - FO | Not Covered | | | ALL |
| D4231 | ANATOMICAL CROWN EXPOSURE - ON | Not Covered | | | ALL |
| D4240 | GINGIVAL FLAP PROCEDURE, INCLUDI | Not Covered | | | ALL |
| D4241 | GINGIVAL FLAP PROCEDURE, INCLUDI | Not Covered | | | ALL |
| D4245 | APICALLY POSITIONED FLAP | Not Covered | | | ALL |
| D4249 | CLINICAL CROWN LENGTHENING-HAR | Not Covered | | | ALL |
| D4260 | OSSEOUS SURGERY (INCLUDING FLAF | Not Covered | | | ALL |
| D4261 | BONE REPLACEMENT GRAFT - FIRST S | Not Covered | | | ALL |
| D4263 | BONE REPLACEMENT GRAFT - EACH A | Not Covered | | | ALL |
| D4264 | BIOLOGIC MATERIALS TO AID IN SOFT | Not Covered | | | ALL |
| D4265 | GUIDED TISSUE REGENERATION - RES | Not Covered | | | ALL |
| D4266 | GUIDED TISSUE REGENERATION - NON | Not Covered | | | ALL |
| D4267 | SURGICAL REVISION PROCEDURE, PE | Not Covered | | | ALL |
| D4268 | PEDICLE SOFT TISSUE GRAFT PROCE | Not Covered | | | ALL |
| D4270 | FREE SOFT TISSUE GRAFT PROCEDUF | Not Covered | | | ALL |
| D4271 | SUBEPITHELIAL CONNECTIVE TISSUE | Not Covered | | | ALL |
| D4273 | DISTAL OR PROXIMAL WEDGE PROCE | Not Covered | | | ALL |
| D4274 | SOFT TISSUE ALLOGRAFT | Not Covered | | | ALL |
| D4275 | COMBINED CONNECTIVE TISSUE AND | Not Covered | | | ALL |
| D4276 | PROVISIONAL SPLINTING-INTRACORO | Not Covered | | | ALL |
| D4277 | Soft tissue graft firsttooth | Not Covered | | | ALL |
| D4278 | Soft tissue graft addl tooth | Not Covered | | | ALL |
| D4286 | removal of non-resorbable barrier | Not Covered | | | ALL |
| D4322 | Splint – intra-coronal; natural teeth or pros | Not Covered | | | ALL |
| D4323 | Splint – extra-coronal; natural teeth or pro | Not Covered | | | ALL |
| D4341 | PERIODONTAL SCALING AND ROOT PL | Not Covered | | | ALL |
| D4342 | FULL MOUTH DEBRIDEMENT TO ENAB | Not Covered | | | ALL |
| D4355 | LOCALIZED DELIVERY OF ANTIMICROE | Not Covered | | | ALL |
| D4381 | PERIODONTAL MAINTENANCE | Not Covered | | | ALL |
| D4910 | UNSCHEDULED DRESSING CHANGE (E | Not Covered | | | ALL |
| D4920 | UNSPECIFIED PERIODONTAL PROCED | Not Covered | | | ALL |
| D4921 | Gingival irrigation per quad | Not Covered | | | ALL |
| D4999 | COMPLETE DENTURE - MAXILLARY | Not Covered | | | ALL |
| D5110 | COMPLETE DENTURE - MANDIBULAR | Not Covered | | | ALL |
| D5120 | IMMEDIATE DENTURE - MAXILLARY | Not Covered | | | ALL |
| D5130 | IMMEDIATE DENTURE - MANDIBULAR | Not Covered | | | ALL |
| D5140 | UPPER PARTIAL-RESIN BASE (INCLUDI | Not Covered | | | ALL |
| D5211 | LOWER PARTIAL-RESIN BASE (INCLUD | Not Covered | | | ALL |
| D5212 | MAXILLARY PARTIAL DENTURE - CAST | Not Covered | | | ALL |
| D5213 | MAXILLARY PARTIAL DENTURE - CAST | Not Covered | | | ALL |
| D5214 | MANDIBULAR PARTIAL DENTURE - CAS | Not Covered | | | ALL |
| D5225 | MAXILLARY PARTIAL DENTURE - FLEXI | Not Covered | | | ALL |
| D5226 | MANDIBULAR PARTIAL DENTURE - FLE | Not Covered | | | ALL |
| D5227 | Immediate maxillary partial denture - flexib | Not Covered | | | ALL |
| D5228 | Immediate mandibular partial denture - fle | Not Covered | | | ALL |
| D5284 | Removable unilateral partial denture - one | Not Covered | | | ALL |
| D5286 | Removable unilateral partial denture - one | Not Covered | | | ALL |
| D5410 | ADJUST COMPLETE DENTURE - MAXIL | Not Covered | | | ALL |
| D5411 | ADJUST COMPLETE DENTURE - MAXIL | Not Covered | | | ALL |
| D5421 | ADJUST COMPLETE DENTURE - MAND | Not Covered | | | ALL |
| D5422 | ADJUST PARTIAL DENTURE - MAXILLAI | Not Covered | | | ALL |
| D5520 | REPAIR BROKEN COMPLETE DENTURE | Not Covered | | | ALL |
| D5630 | REPAIR CAST FRAMEWORK | Not Covered | | | ALL |
| D5640 | REPAIR OR REPLACE BROKEN CLASP | Not Covered | | | ALL |
| D5650 | REPLACE BROKEN TEETH-PER TOOTH | Not Covered | | | ALL |
| D5660 | ADD TOOTH TO EXISTING PARTIAL DE | Not Covered | | | ALL |
| D5670 | ADD CLASP TO EXISTING PARTIAL DEN | Not Covered | | | ALL |
| D5671 | REPLACE ALL TEETH AND ACRYLIC ON | Not Covered | | | ALL |
| D5710 | REPLACE ALL TEETH AND ACRYLIC ON | Not Covered | | | ALL |
| D5711 | REBASE COMPLETE MAXILLARY DENT | Not Covered | | | ALL |
| D5720 | REBASE COMPLETE MANDIBULAR DEN | Not Covered | | | ALL |
| D5721 | REBASE MAXILLARY PARTIAL DENTUR | Not Covered | | | ALL |
| D5725 | Rebase hybrid prosthesis | Not Covered | | | ALL |
| D5730 | REBASE MANDIBULAR PARTIAL DENTU | Not Covered | | | ALL |
| D5731 | RELINE COMPLETE MAXILLARY DENTU | Not Covered | | | ALL |
| D5740 | RELINE LOWER COMPLETE MANDIBUL | Not Covered | | | ALL |
| D5741 | RELINE MAXILLARY PARTIAL DENTURE | Not Covered | | | ALL |
| D5750 | RELINE MANDIBULAR PARTIAL DENTU | Not Covered | | | ALL |
| D5751 | RELINE COMPLETE MAXILLARY DENTU | Not Covered | | | ALL |
| D5760 | RELINE COMPLETE MANDIBULAR DEN | Not Covered | | | ALL |
| D5761 | RELINE MAXILLARY PARTIAL DENTURE | Not Covered | | | ALL |
| D5765 | Soft liner for complete or partial removable | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D5810 | RELINE MANDIBULAR PARTIAL DENTU | Not Covered | | | ALL |
| D5811 | INTERIM COMPLETE DENTURE (MAXIL | Not Covered | | | ALL |
| D5820 | INTERIM COMPLETE DENTURE (MAND | Not Covered | | | ALL |
| D5821 | INTERIM PARTIAL DENTURE (MAXILLAR | Not Covered | | | ALL |
| D5850 | INTERIM PARTIAL DENTURE (MANDIBU | Not Covered | | | ALL |
| D5851 | TISSUE CONDITIONING, MAXILLARY | Not Covered | | | ALL |
| D5860 | TISSUE CONDITIONING, MANDIBULAR | Not Covered | | | ALL |
| D5861 | OVERDENTURE-COMPLETE, BY REPOR | Not Covered | | | ALL |
| D5862 | OVERDENTURE-PARTIAL, BY REPORT | Not Covered | | | ALL |
| D5863 | Overdenture complete max | Not Covered | | | ALL |
| D5864 | Overdenture partial max | Not Covered | | | ALL |
| D5865 | Overdenture complete mandib | Not Covered | | | ALL |
| D5866 | Overdenture partial mandib | Not Covered | | | ALL |
| D5867 | REPLACEMENT OF REPLACEABLE PAR | Not Covered | | | ALL |
| D5875 | MODIFICATION OF REMOVABLE PROST | Not Covered | | | ALL |
| D5899 | MODIFICATION OF REMOVABLE PROST | Not Covered | | | ALL |
| D5911 | UNSPECIFIED REMOVABLE PROSTHOD | Not Covered | | | ALL |
| D5912 | FACIAL MOULAGE (SECTIONAL) | Not Covered | | | ALL |
| D5913 | FACIAL MOULAGE (COMPLETE) | Not Covered | | | ALL |
| D5914 | NASAL PROSTHESIS | Not Covered | | | ALL |
| D5915 | AURICULAR PROSTHESIS | Not Covered | | | ALL |
| D5916 | ORBITAL PROSTHESIS | Not Covered | | | ALL |
| D5919 | OCULAR PROSTHESIS | Not Covered | | | ALL |
| D5922 | FACIAL PROSTHESIS | Not Covered | | | ALL |
| D5923 | NASAL SEPTAL PROSTHESIS | Not Covered | | | ALL |
| D5924 | OCULAR PROSTHESIS, INTERIM | Not Covered | | | ALL |
| D5925 | CRANIAL PROSTHESIS | Not Covered | | | ALL |
| D5926 | FACIAL AUGMENTATION IMPLANT PRO | Not Covered | | | ALL |
| D5927 | NASAL PROSTHESIS, REPLACEMENT | Not Covered | | | ALL |
| D5928 | AURICULAR PROSTHESIS, REPLACEM | Not Covered | | | ALL |
| D5929 | ORBITAL PROSTHESIS, REPLACEMENT | Not Covered | | | ALL |
| D5931 | FACIAL PROSTHESIS, REPLACEMENT | Not Covered | | | ALL |
| D5932 | OBTURATOR PROSTHESIS, SURGICAL | Not Covered | | | ALL |
| D5933 | OBTURATOR PROSTHESIS, DEFINITIVE | Not Covered | | | ALL |
| D5934 | OBTURATOR PROSTHESIS, MODIFICAT | Not Covered | | | ALL |
| D5935 | MANDIBULAR RESECTION PROSTHESI | Not Covered | | | ALL |
| D5936 | MANDIBULAR RESECTION PROSTHESI | Not Covered | | | ALL |
| D5937 | OBTURATOR/PROSTHESIS, INTERIM | Not Covered | | | ALL |
| D5951 | TRISMUS APPLIANCE (NOT FOR TM TR | Not Covered | | | ALL |
| D5952 | FEEDING AID | Not Covered | | | ALL |
| D5953 | SPEECH AID PROSTHESIS, PEDIATRIC | Not Covered | | | ALL |
| D5954 | SPEECH AID PROSTHESIS, ADULT | Not Covered | | | ALL |
| D5955 | PALATAL AUGMENTATION PROSTHESI | Not Covered | | | ALL |
| D5958 | PALATAL LIFT PROSTHESIS, DEFINITIV | Not Covered | | | ALL |
| D5959 | PALATAL LIFT PROSTHESIS, INTERIM | Not Covered | | | ALL |
| D5960 | PALATAL LIFT PROSTHESIS, MODIFICA | Not Covered | | | ALL |
| D5982 | SPEECH AID PROSTHESIS, MODIFICAT | Not Covered | | | ALL |
| D5983 | SURGICAL STENT | Not Covered | | | ALL |
| D5984 | RADIATION CARRIER | Not Covered | | | ALL |
| D5985 | RADIATION SHIELD | Not Covered | | | ALL |
| D5986 | RADIATION CONE LOCATOR | Not Covered | | | ALL |
| D5987 | FLUORIDE GEL CARRIER | Not Covered | | | ALL |
| D5988 | COMMISSURE SPLINT | Not Covered | | | ALL |
| D5991 | TOPICAL MEDICAMENT CARRIER | Not Covered | | | ALL |
| D5992 | Adjust max prost appliance | Not Covered | | | ALL |
| D5993 | Main/clean max prosthesis | Not Covered | | | ALL |
| D5994 | Peridontal medicament | Not Covered | | | ALL |
| D5999 | SURGICAL SPLINT | Not Covered | | | ALL |
| D6010 | UNSPECIFIED MAXILLOFACIAL PROSTI | Not Covered | | | ALL |
| D6011 | Second stage implant surgery | Not Covered | | | ALL |
| D6012 | SURGICAL PLACEMENT OF INTERIM IM | Not Covered | | | ALL |
| D6013 | Surgical place mini implant | Not Covered | | | ALL |
| D6040 | ABUTMENT PLACEMENT OR SUBSTITU | Not Covered | | | ALL |
| D6050 | SURGICAL PLACEMENT: EPOSTEAL IM | Not Covered | | | ALL |
| D6051 | Interim abutment | Not Covered | | | ALL |
| D6052 | Semi precision attach abut | Not Covered | | | ALL |
| D6053 | SURGICAL PLACEMENT: TRANSOSTEA | Not Covered | | | ALL |
| D6054 | IMPLANT/ABUTMENT SUPPORTED REM | Not Covered | | | ALL |
| D6055 | IMPLANT/ABUTMENT SUPPORTED REM | Not Covered | | | ALL |
| D6056 | DENTAL IMPLANT SUPPORTED CONNE | Not Covered | | | ALL |
| D6057 | PREFABRICATED ABUTMENT - INCLUD | Not Covered | | | ALL |
| D6058 | CUSTOM ABUTMENT - INCLUDES PLAC | Not Covered | | | ALL |
| D6059 | ABUTMENT SUPPORTED PORCELAIN/C | Not Covered | | | ALL |
| D6060 | ABUTMENT SUPPORTED PORCELAIN F | Not Covered | | | ALL |
| D6061 | ABUTMENT SUPPORTED PORCELAIN F | Not Covered | | | ALL |
| D6062 | ABUTMENT SUPPORTED PORCELAIN F | Not Covered | | | ALL |
| D6063 | ABUTMENT SUPPORTED CAST METAL | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D6064 | ABUTMENT SUPPORTED CAST METAL | Not Covered | | | ALL |
| D6065 | ABUTMENT SUPPORTED CAST METAL | Not Covered | | | ALL |
| D6066 | IMPLANT SUPPORTED PORCELAIN FUS | Not Covered | | | ALL |
| D6067 | IMPLANT SUPPORTED METAL CROWN | Not Covered | | | ALL |
| D6068 | IMPLANT SUPPORTED METAL CROWN | Not Covered | | | ALL |
| D6069 | ABUTMENT SUPPORTED RETAINER FO | Not Covered | | | ALL |
| D6070 | ABUTMENT SUPPORTED RETAINER FO | Not Covered | | | ALL |
| D6071 | ABUTMENT SUPPORTED RETAINER FO | Not Covered | | | ALL |
| D6072 | ABUTMENT SUPPORTED RETAINER FO | Not Covered | | | ALL |
| D6073 | ABUTMENT SUPPORTED RETAINER FO | Not Covered | | | ALL |
| D6074 | ABUTMENT SUPPORTED RETAINER FO | Not Covered | | | ALL |
| D6075 | ABUTMENT SUPPORTED RETAINER FO | Not Covered | | | ALL |
| D6076 | IMPLANT SUPPORTED RETAINER FOR | Not Covered | | | ALL |
| D6077 | IMPLANT SUPPORT RETAINER FOR CA | Not Covered | | | ALL |
| D6078 | IMPLANT/ABUTMENT SUPPORTED FIXE | Not Covered | | | ALL |
| D6079 | IMPLANT/ABUTMENT SUPPORTED FIXE | Not Covered | | | ALL |
| D6080 | IMPLANT MAINTENANCE PROCEDUDRI | Not Covered | | | ALL |
| D6082 | Implant supported crown - porcelain fused | Not Covered | | | ALL |
| D6083 | Implant supported crown - porcelain fused | Not Covered | | | ALL |
| D6084 | Implant supported crown - porcelain fused | Not Covered | | | ALL |
| D6086 | Implant supported crown - predominantly I | Not Covered | | | ALL |
| D6087 | Implant supported crown - noble alloys | Not Covered | | | ALL |
| D6088 | Implant supported crown - titanium and tita | Not Covered | | | ALL |
| D6089 | accessing and retorquing loose implant sc | Not Covered | | | ALL |
| D6090 | PROSTHESIS AND ABUTMEN REINSER | Not Covered | | | ALL |
| D6091 | REPLACEMENT OF SEMI-PRECISION O | Not Covered | | | ALL |
| D6092 | RECEMENT IMPLANT/ABUTMENT SUPF | Not Covered | | | ALL |
| D6093 | RECEMENT IMPLANT/ABUTMENT SUPF | Not Covered | | | ALL |
| D6094 | ABUTMENT SUPPORTED CROWN - (TIT | Not Covered | | | ALL |
| D6095 | ABUTMENT SUPPORTED CROWN - (TIT | Not Covered | | | ALL |
| D6097 | Abutment supported crown - porcelain fus | Not Covered | | | ALL |
| D6098 | Implant supported retainer - porcelain fuse | Not Covered | | | ALL |
| D6099 | Implant supported retainer for fpd - porcel | Not Covered | | | ALL |
| D6100 | REPAIR IMPLANT ABUTMENT, BY REPC | Not Covered | | | ALL |
| D6101 | Debridement of a periimplant | Not Covered | | | ALL |
| D6102 | Debridement & contouring | Not Covered | | | ALL |
| D6103 | Bone graft repair perimplant | Not Covered | | | ALL |
| D6104 | Bone graft time of implant | Not Covered | | | ALL |
| D6105 | removal of implant body not requiring bon | Not Covered | | | ALL |
| D6106 | guided tissue regeneration - resorbable ba | Not Covered | | | ALL |
| D6107 | guided tissue regeneration - non-resorbab | Not Covered | | | ALL |
| D6110 | Implnt/abut remov dent max | Not Covered | | | ALL |
| D6111 | Implnt/abut remov dent mand | Not Covered | | | ALL |
| D6112 | Imp/abut rem dent part max | Not Covered | | | ALL |
| D6113 | Imp/abut rem dent part mand | Not Covered | | | ALL |
| D6114 | Implnt/abut fixed dent max | Not Covered | | | ALL |
| D6115 | Implnt/abut fixed dent mand | Not Covered | | | ALL |
| D6116 | Imp/abut fixed dent part max | Not Covered | | | ALL |
| D6117 | Imp/abut fixed dent part man | Not Covered | | | ALL |
| D6120 | Implant supported retainer - porcelain fuse | Not Covered | | | ALL |
| D6121 | Implant supported retainer for metal fpd - | Not Covered | | | ALL |
| D6122 | Implant supported retainer for metal fpd - | Not Covered | | | ALL |
| D6123 | Implant supported retainer for metal fpd - | Not Covered | | | ALL |
| D6190 | RADIOGRAPHIC/SURGICAL IMPLANT IN | Not Covered | | | ALL |
| D6194 | ABUTMENT SUPPORTED RETAINER CR | Not Covered | | | ALL |
| D6195 | Abutment supported retainer - porcelain fu | Not Covered | | | ALL |
| D6197 | replacement of restorative material used t | Not Covered | | | ALL |
| D6198 | Remove interim implant component | Not Covered | | | ALL |
| D6199 | ABUTMENT SUPPORTED RETAINER CR | Not Covered | | | ALL |
| D6205 | PONTIC - INDIRECT RESIN BASED COM | Not Covered | | | ALL |
| D6210 | UNSPECIFIED IMPLANT PROCEDURE, I | Not Covered | | | ALL |
| D6211 | PONTIC-CAST HIGH NOBLE METAL | Not Covered | | | ALL |
| D6212 | PONTIC-CAST PREDOMINANTLY BASE | Not Covered | | | ALL |
| D6214 | PONTIC - TITANIUM | Not Covered | | | ALL |
| D6240 | PONTIC - TITANIUM | Not Covered | | | ALL |
| D6241 | PONTIC-PORCELAIN FUSED TO HIGH N | Not Covered | | | ALL |
| D6242 | PONTIC-PORCELAIN FUSED TO PREDC | Not Covered | | | ALL |
| D6243 | Pontic - porcelain fused to titanium and tita | Not Covered | | | ALL |
| D6245 | PONTIC-PORCELAIN FUSED TO NOBLE | Not Covered | | | ALL |
| D6250 | PONTIC - PORCELAIN/CERAMIC | Not Covered | | | ALL |
| D6251 | PONTIC-RESIN WITH HIGH NOBLE MET | Not Covered | | | ALL |
| D6252 | PONTIC-RESIN WITH PREDOMINANTLY | Not Covered | | | ALL |
| D6253 | PONTIC-RESIN WITH NOBLE METAL | Not Covered | | | ALL |
| D6545 | PROVISIONAL PONTIC | Not Covered | | | ALL |
| D6548 | RETAINER-CAST METAL FOR RESIN BC | Not Covered | | | ALL |
| D6549 | Resin retainer | Not Covered | | | ALL |
| D6600 | RETAINER - PORCELAIN/CERAMIC FOR | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D6601 | INLAY-PORCELAIN/CERAMIC, TWO SUF | Not Covered | | | ALL |
| D6602 | INLAY - PORCELAIN/CERAMIC, THREE | Not Covered | | | ALL |
| D6603 | INLAY - CAST HIGH NOBLE METAL, TW | Not Covered | | | ALL |
| D6604 | INLAY - CAST HIGH NOBLE METAL, THF | Not Covered | | | ALL |
| D6605 | INLAY - CAST PREDOMINANTLY BASE I | Not Covered | | | ALL |
| D6606 | INLAY - CAST PREDOMINANTLY BASE I | Not Covered | | | ALL |
| D6607 | INLAY - CAST NOBLE METAL, TWO SUF | Not Covered | | | ALL |
| D6608 | INLAY - CAST NOBLE METAL, THREE O | Not Covered | | | ALL |
| D6609 | ONLAY - PORCELAIN/CERAMIC, TWO S | Not Covered | | | ALL |
| D6610 | ONLAY - PORCELAIN/CERAMIC, THREE | Not Covered | | | ALL |
| D6611 | ONLAY - CAST HIGH NOBLE METAL, TW | Not Covered | | | ALL |
| D6612 | ONLAY - CAST HIGH NOBLE METAL, TH | Not Covered | | | ALL |
| D6613 | ONLAY - CAST PREDOMINANTLY BASE | Not Covered | | | ALL |
| D6614 | ONLAY - CAST PREDOMINANTLY BASE | Not Covered | | | ALL |
| D6615 | ONLAY - CAST NOBLE METAL, TWO SU | Not Covered | | | ALL |
| D6624 | INLAY - TITANIUM | Not Covered | | | ALL |
| D6634 | ONLAY - TITANIUM | Not Covered | | | ALL |
| D6710 | CROWN - INDIRECT RESIN BASED COM | Not Covered | | | ALL |
| D6720 | CROWN - INDIRECT RESIN BASED COM | Not Covered | | | ALL |
| D6721 | CROWN-RESIN WITH HIGH NOBLE MET | Not Covered | | | ALL |
| D6722 | CROWN-RESIN WITH PREDOMINANTLY | Not Covered | | | ALL |
| D6740 | CROWN-RESIN WITH NOBLE METAL | Not Covered | | | ALL |
| D6750 | CROWN - PORCELAIN/CERAMIC | Not Covered | | | ALL |
| D6751 | CROWN-PORCELAIN FUSED TO HIGH N | Not Covered | | | ALL |
| D6752 | CROWN-PORCELAIN FUSED TO PREDO | Not Covered | | | ALL |
| D6753 | Retainer crown - porcelain fused to titaniu | Not Covered | | | ALL |
| D6780 | CROWN-PORCELAIN FUSED TO NOBLE | Not Covered | | | ALL |
| D6781 | CROWN-3/4 CAST HIGH NOBLE METAL | Not Covered | | | ALL |
| D6782 | CROWN - 3/4 CAST PREDOMINANTLY B | Not Covered | | | ALL |
| D6783 | CROWN - 3/4 CAST NOBLE METAL | Not Covered | | | ALL |
| D6784 | Retainer crown 3/4 - titanium and titanium | Not Covered | | | ALL |
| D6790 | CROWN - 3/4 PORCELAIN/CERAMIC | Not Covered | | | ALL |
| D6791 | CROWN-FULL CAST HIGH NOBLE META | Not Covered | | | ALL |
| D6792 | CROWN-FULL CAST PREDOMINANTLY | Not Covered | | | ALL |
| D6793 | CROWN-FULL CAST NOBLE METAL | Not Covered | | | ALL |
| D6794 | CROWN - TITANIUM | Not Covered | | | ALL |
| D6920 | CROWN - TITANIUM | Not Covered | | | ALL |
| D6930 | CONNECTOR BAR | Not Covered | | | ALL |
| D6940 | RECEMENT BRIDGE | Not Covered | | | ALL |
| D6950 | STRESS BREAKER | Not Covered | | | ALL |
| D6970 | POST AND CORE IN ADDITION TO FIXE | Not Covered | | | ALL |
| D6972 | CAST POST AS PART OF BRIDGE RETA | Not Covered | | | ALL |
| D6973 | PREFABRICATED POST AND CORE IN A | Not Covered | | | ALL |
| D6975 | CORE BUILD UP FOR RETAINER, INCLU | Not Covered | | | ALL |
| D6976 | COPING-METAL | Not Covered | | | ALL |
| D6977 | EACH ADDITIONAL INDIRECTLY FABRIC | Not Covered | | | ALL |
| D6980 | EACH ADDITIONAL PREFABRICATED P | Not Covered | | | ALL |
| D6985 | BRIDGE REPAIR, BY REPORT | Not Covered | | | ALL |
| D6999 | PEDIATRIC PARTIAL DENTURE, FIXED | Not Covered | | | ALL |
| D7111 | UNSPECIFIED FIXED PROSTHODONTIC | Not Covered | | | ALL |
| D7140 | EXTRACTION, CORONAL REMNANTS - | Not Covered | | | ALL |
| D7210 | SURGICAL REMOVAL OF ERUPTED TO | Not Covered | | | ALL |
| D7220 | AND REMOVAL OF BONE AND/OR SECT | Not Covered | | | ALL |
| D7230 | REMOVAL OF IMPACTED TOOTH-SOFT | Not Covered | | | ALL |
| D7240 | REMOVAL OF IMPACTED TOOTH-PART | Not Covered | | | ALL |
| D7241 | REMOVAL OF IMPACTED TOOTH-COMP | Not Covered | | | ALL |
| D7250 | REMOVAL OF IMPACTED TOOTH-COMP | Not Covered | | | ALL |
| D7251 | Coronectomy | Not Covered | | | ALL |
| D7260 | SURGICAL REMOVAL OF RESIDUAL TO | Not Covered | | | ALL |
| D7261 | ORAL ANTRAL FISTULA CLOSURE | Not Covered | | | ALL |
| D7270 | TOOTH RE-IMPLANTATION AND/OR ST | Not Covered | | | ALL |
| D7272 | TOOTH TRANSPLANTATION (INCLUDES | Not Covered | | | ALL |
| D7280 | SPLINTING AND/OR STABILIZATION) | Not Covered | | | ALL |
| D7282 | SURGICAL EXPOSURE OF IMPACTED C | Not Covered | | | ALL |
| D7283 | PLACEMENT OF DEVICE TO FACILITAT | Not Covered | | | ALL |
| D7284 | excisional biopsy of minor salivary glands | Not Covered | | | ALL |
| D7285 | PLACEMENT OF DEVICE TO FACILITAT | Not Covered | | | ALL |
| D7286 | BIOPSY OF ORAL TISSUE - HARD (BON | Not Covered | | | ALL |
| D7287 | BIOPSY OF ORAL TISSUE - SOFT | Not Covered | | | ALL |
| D7288 | BRUSH BIOPSY - TRANSEPITHELIAL SA | Not Covered | | | ALL |
| D7290 | BRUSH BIOPSY - TRANSEPITHELIAL SA | Not Covered | | | ALL |
| D7291 | SURGICAL REPOSITIONING OF TEETH | Not Covered | | | ALL |
| D7292 | SURGICAL PLACEMENT: TEMPORARY | Not Covered | | | ALL |
| D7293 | SURGICAL PLACEMENT: TEMPORARY | Not Covered | | | ALL |
| D7294 | SURGICAL PLACEMENT: TEMPORARY | Not Covered | | | ALL |
| D7295 | Bone harvest,auto graft proc | Not Covered | | | ALL |
| D7298 | Removal of temporary anchorage device [ | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D7299 | Removal of temporary anchorage device, | Not Covered | | | ALL |
| D7300 | Removal of temporary anchorage device v | Not Covered | | | ALL |
| D7310 | ALVEOLOPLASTY IN CONJUNCTION W | Not Covered | | | ALL |
| D7311 | ALVEOLOPLASTY IN CONJUNCTION W | Not Covered | | | ALL |
| D7320 | ALVEOLOPLASTY NOT IN CONJUNCTIC | Not Covered | | | ALL |
| D7321 | ALVEOLOPLASTY NOT IN CONJUNCTIC | Not Covered | | | ALL |
| D7340 | VESTIBULOPLASTY-RIDGE EXTENSION | Not Covered | | | ALL |
| D7350 | VESTIBULOPLASTY-RIDGE EXTENSION | Not Covered | | | ALL |
| D7410 | HYPERTROPHIED AND HYPERPLASTIC | Not Covered | | | ALL |
| D7411 | EXCISION OF BENIGN LESION UP TO 1 | Not Covered | | | ALL |
| D7412 | EXCISION OF BENIGN LESION GREATE | Not Covered | | | ALL |
| D7413 | EXCISION OF BENIGN LESION, COMPL | Not Covered | | | ALL |
| D7414 | EXCISION OF MALIGNANT LESION UP T | Not Covered | | | ALL |
| D7415 | EXCISION OF MALIGNANT LESION GRE | Not Covered | | | ALL |
| D7440 | EXCISION OF MALIGNANT LESION, CO | Not Covered | | | ALL |
| D7441 | EXCISION OF MALIGNANT TUMOR-LES | Not Covered | | | ALL |
| D7450 | EXCISION OF MALIGNANT TUMOR-LES | Not Covered | | | ALL |
| D7451 | REMOVAL OF BENIGN ODONTOGENIC | Not Covered | | | ALL |
| D7460 | REMOVAL OF BENIGN ODONTOGENIC | Not Covered | | | ALL |
| D7461 | REMOVAL OF NONODONTOGENIC CYS | Not Covered | | | ALL |
| D7465 | DESTRUCTION OF LESION(S) BY PHYS | Not Covered | | | ALL |
| D7471 | DESTRUCTION OF LESION(S) BY PHYS | Not Covered | | | ALL |
| D7472 | REMOVAL OF LATERAL EXOSTOSIS (M | Not Covered | | | ALL |
| D7473 | REMOVAL OF TORUS PALATINUS | Not Covered | | | ALL |
| D7485 | REMOVAL OF TORUS MANDIBULARIS | Not Covered | | | ALL |
| D7490 | SURGICAL REDUCTION OF OSSEOUS T | Not Covered | | | ALL |
| D7509 | marsupialization of odontogenic cyst | Not Covered | | | ALL |
| D7510 | RADICAL RESECTION OF MAXILLA OR | Not Covered | | | ALL |
| D7511 | INCISION AND DRAINAGE OF ABSCESS | Not Covered | | | ALL |
| D7520 | (INCLUDES DRAINAGE OF MULTIPLE F/ | Not Covered | | | ALL |
| D7521 | INCISION AND DRAINAGE OF ABSCESS | Not Covered | | | ALL |
| D7530 | (INCLUDES DRAINAGE OF MULTIPLE F/ | Not Covered | | | ALL |
| D7540 | REMOVAL OF FOREIGN BODY FROM M | Not Covered | | | ALL |
| D7550 | REMOVAL OF REACTION-PRODUCING | Not Covered | | | ALL |
| D7560 | PARTIAL OSTECTOMY/SEQUESTRECT | Not Covered | | | ALL |
| D7610 | MAXILLARY SINUSOTOMY FOR REMOV | Not Covered | | | ALL |
| D7620 | MAXILLA-OPEN REDUCTION (TEETH IM | Not Covered | | | ALL |
| D7630 | MAXILLA-CLOSED REDUCTION (TEETH | Not Covered | | | ALL |
| D7640 | MANDIBLE-OPEN REDUCTION (TEETH | Not Covered | | | ALL |
| D7650 | MANDIBLE-CLOSED REDUCTION (TEET | Not Covered | | | ALL |
| D7660 | MALAR AND/OR ZYGOMATIC ARCH-OP | Not Covered | | | ALL |
| D7670 | MALAR AND/OR ZYGOMATIC ARCH-CL | Not Covered | | | ALL |
| D7671 | ALVEOLUS - CLOSED REDUCTION, MA | Not Covered | | | ALL |
| D7680 | FACIAL BONES-COMPLICATED REDUC | Not Covered | | | ALL |
| D7710 | MAXILLA-OPEN REDUCTION | Not Covered | | | ALL |
| D7720 | MAXILLA-OPEN REDUCTION | Not Covered | | | ALL |
| D7730 | MAXILLA-CLOSED REDUCTION | Not Covered | | | ALL |
| D7740 | MANDIBLE-OPEN REDUCTION | Not Covered | | | ALL |
| D7750 | MANDIBLE-CLOSED REDUCTION | Not Covered | | | ALL |
| D7760 | MALAR AND/OR ZYGOMATIC ARCH-OP | Not Covered | | | ALL |
| D7770 | MALAR AND/OR ZYGOMATIC ARCH-CL | Not Covered | | | ALL |
| D7771 | ALVEOLUS - OPEN REDUCTION STABIL | Not Covered | | | ALL |
| D7780 | FACIAL BONES-COMPLICATED REDUC | Not Covered | | | ALL |
| D7810 | OPEN REDUCTION OF DISLOCATION | Not Covered | | | ALL |
| D7820 | CLOSED REDUCTION OF DISLOCATION | Not Covered | | | ALL |
| D7830 | MANIPULATION UNDER ANESTHESIA | Not Covered | | | ALL |
| D7840 | CONDYLECTOMY | Not Covered | | | ALL |
| D7850 | SURGICAL DISCECTOMY; WITH/WITHO | Not Covered | | | ALL |
| D7852 | DISC REPAIR | Not Covered | | | ALL |
| D7854 | SYNOVECTOMY | Not Covered | | | ALL |
| D7856 | MYOTOMY | Not Covered | | | ALL |
| D7858 | JOINT RECONSTRUCTION | Not Covered | | | ALL |
| D7860 | ARTHROTOMY | Not Covered | | | ALL |
| D7865 | ARTHROPLASTY | Not Covered | | | ALL |
| D7870 | ARTHROCENTESIS | Not Covered | | | ALL |
| D7871 | NON-ARTHROSCOPIC LYSIS AND LAVA | Not Covered | | | ALL |
| D7872 | ARTHROSCOPY-DIAGNOSIS, WITH OR | Not Covered | | | ALL |
| D7873 | ARTHROSCOPY-SURGICAL: LAVAGE A | Not Covered | | | ALL |
| D7874 | ARTHROSCOPY-SURGICAL: DISC REPC | Not Covered | | | ALL |
| D7875 | ARTHROSCOPY-SURGICAL: SYNOVEC | Not Covered | | | ALL |
| D7876 | ARTHROSCOPY-SURGICAL: DISCECTO | Not Covered | | | ALL |
| D7877 | ARTHROSCOPY-SURGICAL: DEBRIDEM | Not Covered | | | ALL |
| D7880 | OCCLUSAL ORTHOTIC APPLIANCE | Not Covered | | | ALL |
| D7899 | UNSPECIFIED TMD THERAPY, BY REPC | Not Covered | | | ALL |
| D7910 | SUTURE OF RECENT SMALL WOUNDS | Not Covered | | | ALL |
| D7911 | COMPLICATED SUTURE-UP TO 5 CM | Not Covered | | | ALL |
| D7912 | COMPLICATED SUTURE-GREATER THA | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D7920 | SKIN GRAFT (IDENTIFY DEFECT COVE | Not Covered | | | ALL |
| D7921 | Collect & appl blood product | Not Covered | | | ALL |
| D7922 | Placement of intra-socket biological dress | Not Covered | | | ALL |
| D7939 | indexing for osteotomy using dynamic rob | Not Covered | | | ALL |
| D7940 | OSTEOPLASTY-FOR ORTHOGNATHIC D | Yes | | | ALL ( Except MCWRAP) |
| D7940 | OSTEOPLASTY-FOR ORTHOGNATHIC D | No | | | MCWRAP |
| D7941 | OSTEOTOMY - MANDIBULAR RAMI | Not Covered | | | ALL |
| D7943 | OSTEOTOMY - MANDIBULAR RAMI WIT | Not Covered | | | ALL |
| D7944 | OSTEOTOMY-SEGMENTED OR SUBAPI | Not Covered | | | ALL |
| D7945 | OSTEOTOMY-BODY OF MANDIBLE | Not Covered | | | ALL |
| D7946 | LEFORT I (MAXILLA-TOTAL) | Not Covered | | | ALL |
| D7947 | LEFORT I (MAXILLA-SEGMENTED) | Not Covered | | | ALL |
| D7948 | LEFORT II OR LEFORT III (OSTEOPLAS | Not Covered | | | ALL |
| D7949 | LEFORT II OR LEFORT III-WITH BONE G | Not Covered | | | ALL |
| D7950 | OSSEOUS, OSTEOPERIOSTEAL, OR CA | Not Covered | | | ALL |
| D7951 | SINUS AUGMENTATION WITH BONE OF | Not Covered | | | ALL |
| D7952 | Sinus augmentation vertical | Not Covered | | | ALL |
| D7953 | BONE REPLACEMENT GRAFT FOR RID | Not Covered | | | ALL |
| D7955 | REPAIR OF MAXILLOFACIAL SOFT AND | Not Covered | | | ALL |
| D7956 | guided tissue regeneration, edentulous ar | Not Covered | | | ALL |
| D7957 | guided tissue regeneration, edentulous ar | Not Covered | | | ALL |
| D7960 | FRENULECTOMY (FRENECTOMY OR FI | No | | | ALL |
| D7963 | FRENULOPLASTY | Not Covered | | | ALL |
| D7970 | EXCISION OF HYPERPLASTIC TISSUE-I | Not Covered | | | ALL |
| D7971 | EXCISION OF PERICORONAL GINGIVA | Not Covered | | | ALL |
| D7972 | SURGICAL REDUCTION OF FIBROUS T | Not Covered | | | ALL |
| D7980 | SIALOLITHOTOMY | Not Covered | | | ALL |
| D7981 | EXCISION OF SALIVARY GLAND, BY RE | Not Covered | | | ALL |
| D7982 | SIALODOCHOPLASTY | Not Covered | | | ALL |
| D7983 | CLOSURE OF SALIVARY FISTULA | Not Covered | | | ALL |
| D7990 | EMERGENCY TRACHEOTOMY | Not Covered | | | ALL |
| D7991 | CORONOIDECTOMY | Not Covered | | | ALL |
| D7995 | SYNTHETIC GRAFT-MANDIBLE OR FAC | Not Covered | | | ALL |
| D7996 | IMPLANT-MANDIBLE FOR AUGMENTAT | Not Covered | | | ALL |
| D7997 | APPLIANCE REMOVAL (NOT BY DENTIS | Not Covered | | | ALL |
| D7998 | INTRAORAL PLACEMENT OF A FIXATIC | Not Covered | | | ALL |
| D7999 | UNSPECIFIED ORAL SURGERY PROCE | Not Covered | | | ALL |
| D8010 | LIMITED ORTHODONTIC TREATMENT C | Not Covered | | | ALL |
| D8020 | LIMITED ORTHODONTIC TREATMENT C | Not Covered | | | ALL |
| D8030 | LIMITED ORTHODONTIC TREATMENT C | Not Covered | | | ALL |
| D8040 | LIMITED ORTHODONTIC TREATMENT C | Not Covered | | | ALL |
| D8070 | COMPREHENSIVE ORTHODONTIC TRE | Not Covered | | | ALL |
| D8080 | COMPREHENSIVE ORTHODONTIC TRE | Not Covered | | | ALL |
| D8210 | REMOVABLE APPLIANCE THERAPY | Not Covered | | | ALL |
| D8220 | FIXED APPLIANCE THERAPY | Not Covered | | | ALL |
| D8660 | PRE-ORTHODONTIC VISIT | Not Covered | | | ALL |
| D8670 | PERIODIC ORTHODONTIC TREATMENT | Not Covered | | | ALL |
| D8680 | ORTHODONTIC RETENTION (REMOVAL | Not Covered | | | ALL |
| D8690 | ORTHODONTIC TREATMENT (ALTERNA | Not Covered | | | ALL |
| D8696 | Repair of orthodontic appliance - maxillary | Not Covered | | | ALL |
| D8697 | Repair of orthodontic appliance - mandibu | Not Covered | | | ALL |
| D8698 | Re-cement or re-bond fixed retainer - max | Not Covered | | | ALL |
| D8699 | Re-cement or re-bond fixed retainer - mar | Not Covered | | | ALL |
| D8701 | Repair of fixed retainer, includes reattachr | Not Covered | | | ALL |
| D8702 | Repair of fixed retainer, includes reattachr | Not Covered | | | ALL |
| D8703 | Replacement of lost or broken retainer - m | Not Covered | | | ALL |
| D8704 | Replacement of lost or broken retainer - m | Not Covered | | | ALL |
| D8999 | UNSPECIFIED ORTHODONTIC PROCED | Not Covered | | | ALL |
| D9110 | PALLIATIVE (EMERGENCY) TREATMEN | Not Covered | | | ALL |
| D9120 | FIXED PARTIAL DENTURE SECTIONING | Not Covered | | | ALL |
| D9210 | LOCAL ANESTHESIA N0T IN CONJUNC | Not Covered | | | ALL |
| D9211 | REGIONAL BLOCK ANESTHESIA | Not Covered | | | ALL |
| D9212 | TRIGEMINAL DIVISION BLOCK ANESTH | Not Covered | | | ALL |
| D9215 | LOCAL ANESTHESIA | Not Covered | | | ALL |
| D9219 | Eval for deep sed/gen anesth | Not Covered | | | ALL |
| D9222 | DEEP SEDATION/GENERAL ANESTHES | Yes | | | ALL ( Except MCWRAP) |
| D9222 | DEEP SEDATION/GENERAL ANESTHES | No | | | MCWRAP |
| D9223 | Deep sedation/general anesthesia — eac | Yes | | | ALL ( Except MCWRAP) |
| D9223 | Deep sedation/general anesthesia — eac | No | | | MCWRAP |
| D9230 | ANALGESIA, ANXIOLYSIS, INHALATION | Not Covered | | | ALL |
| D9242 | INTRAVENOUS CONSCIOUS SEDATION | Not Covered | | | ALL |
| D9310 | CONSULTATION - DIAGNOSTIC SERVIC | Not Covered | | | ALL |
| D9410 | HOUSE/EXTENDED CARE FACILITY CA | Not Covered | | | ALL |
| D9420 | HOSPITAL CALL | Not Covered | | | ALL |
| D9430 | OFFICE VISIT FOR OBSERVATION (DUF | Not Covered | | | ALL |
| D9440 | OFFICE VISIT-AFTER REGULARLY SCH | Not Covered | | | ALL |
| D9450 | CASE PRESENTATION, DETAILED AND | Not Covered | | | ALL |
| D9610 | THERAPEUTIC PARENTERAL DRUG, SI | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D9612 | THERAPEUTIC PARENTERAL DRUGS, | Not Covered | | | ALL |
| D9630 | OTHER DRUGS AND/OR MEDICAMENTS | Not Covered | | | ALL |
| D9910 | APPLICATION OF DESENSITIZING MED | Not Covered | | | ALL |
| D9911 | APPLICATION OF DESENSITIZING RESI | Not Covered | | | ALL |
| D9912 | Pre-visit patient screening | Not Covered | | | ALL |
| D9920 | BEHAVIOR MANAGEMENT, BY REPORT | Not Covered | | | ALL |
| D9930 | TREATMENT OF COMPLICATIONS (POS | Not Covered | | | ALL |
| D9938 | fabrication of a custom removable clear pl | Not Covered | | | ALL |
| D9939 | placement of a custom removable clear pl | Not Covered | | | ALL |
| D9941 | FABRICATION OF ATHLETIC MOUTHGU | Not Covered | | | ALL |
| D9942 | REPAIR AND/OR RELINE OF OCCLUSAL | Not Covered | | | ALL |
| D9947 | Custom sleep apnea appliance fabrication | No | | | ALL |
| D9948 | Adjustment of custom sleep apnea appliar | No | | | ALL |
| D9949 | Repair of custom sleep apnea appliance | No | | | ALL |
| D9950 | OCCLUSION ANALYSIS-MOUNTED CAS | Not Covered | | | ALL |
| D9951 | OCCLUSAL ADJUSTMENT-LIMITED | Not Covered | | | ALL |
| D9952 | OCCLUSAL ADJUSTMENT-COMPLETE | Not Covered | | | ALL |
| D9953 | reline custom sleep apnea appliance (indi | Not Covered | | | ALL |
| D9954 | fabrication and delivery of oral appliance t | Not Covered | | | ALL |
| D9955 | oral appliance therapy (OAT) titration visit | Not Covered | | | ALL |
| D9956 | administration of home sleep apnea test | Not Covered | | | ALL |
| D9957 | screening for sleep related breathing disor | Not Covered | | | ALL |
| D9970 | ENAMEL MICROABRASION | Not Covered | | | ALL |
| D9971 | ODONTOPLASTY 1 - 2 TEETH; INCLUDE | Not Covered | | | ALL |
| D9972 | EXTERNAL BLEACHING - PER ARCH | Not Covered | | | ALL |
| D9973 | EXTERNAL BLEACHING - PER TOOTH | Not Covered | | | ALL |
| D9974 | INTERNAL BLEACHING - PER TOOTH | Not Covered | | | ALL |
| D9975 | External bleaching home app | Not Covered | | | ALL |
| D9985 | Sales tax | Not Covered | | | ALL |
| D9986 | Missed appointment | Not Covered | | | ALL |
| D9987 | Cancelled appointment | Not Covered | | | ALL |
| D9997 | Dental case management - patients with s | Not Covered | | | ALL |
| D9999 | UNSPECIFIED ADJUNCTIVE PROCEDUI | Not Covered | | | ALL |
| E0485 | ORAL DEVICE/APPLIANCE USED TO RE | Not Covered | | | ALL |
| E0486 | ORAL DEVICE/APPLIANCE USED TO RE | No | | | ALL |
| E0616 | IMPLANTABLE CARDIAC EVENT RECOR | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| E0616 | IMPLANTABLE CARDIAC EVENT RECOR | No | | | MCWRAP |
| E0765 | FDA APPROVED NERVE STIMULATOR, | Not Covered | | | ALL (Except MA) |
| E0765 | FDA APPROVED NERVE STIMULATOR, | No | | | MA |
| E0782 | INFUSION PUMP, IMPLANTABLE, NON-F | No | | | ALL |
| E0783 | INFUSION PUMP SYSTEM, IMPLANTABI | No | | | ALL |
| E0785 | IMPLANTABLE INTRASPINAL (EPIDURA | No | | | ALL |
| E0786 | IMPLANTABLE PROGRAMMABLE INFUS | No | | | ALL |
| E2104 | Home blood glucose monitor for use with | No | | | ALL |
| G0008 | ADMINISTRATION OF INFLUENZA VIRU | No | | | ALL |
| G0009 | ADMINISTRATION OF PNEUMOCOCCAL | No | | | ALL |
| G0010 | ADMINISTRATION OF HEPATITIS B VAC | No | | | ALL |
| G0011 | Hiv prep counsel, md 15-30m | No | | | ALL |
| G0012 | Injection of hiv prep drug | No | | | ALL |
| G0013 | Hiv prep counsel, clin staff | No | | | ALL |
| G0017 | Psychotherapy for crisis furnished in an ap | No | | | ALL |
| G0018 | Psychotherapy for crisis furnished in an ap | No | | | ALL |
| G0019 | Comm hlth intg svs sdoh 60mn | No | | | ALL |
| G0022 | Comm hlth intg svs add 30 m | No | | | ALL |
| G0023 | Pin service 60m per month | No | | | ALL |
| G0024 | Pin srv add 30 min pr m | No | | | ALL |
| G0027 | SEMEN ANALYSIS; PRESENCE AND/OR | Yes | | | ALL (Except MCWRAP) |
| G0027 | SEMEN ANALYSIS; PRESENCE AND/OR | No | | | MCWRAP |
| G0029 | Tobacco screening not performed or toba | Not Covered | INFO | | ALL |
| G0030 | Patient screened for tobacco use and rece | Not Covered | INFO | | ALL |
| G0031 | Palliative care services given to patient an | Not Covered | INFO | | ALL |
| G0032 | Two or more antipsychotic prescriptions o | Not Covered | INFO | | ALL |
| G0033 | Two or more benzodiazepine prescriptions | Not Covered | INFO | | ALL |
| G0034 | Patients receiving palliative care during th | Not Covered | INFO | | ALL |
| G0035 | Patient has any emergency department er | Not Covered | INFO | | ALL |
| G0036 | Patient or care partner decline assessmer | Not Covered | INFO | | ALL |
| G0037 | On date of encounter, patient is not able t | Not Covered | INFO | | ALL |
| G0038 | Clinician determines patient does not requ | Not Covered | INFO | | ALL |
| G0039 | Patient not referred, reason not otherwise | Not Covered | INFO | | ALL |
| G0040 | Patient already receiving physical/occupat | Not Covered | INFO | | ALL |
| G0041 | Patient and/or care partner decline referra | Not Covered | INFO | | ALL |
| G0042 | Referral to physical, occupational, speech | Not Covered | INFO | | ALL |
| G0043 | Patients with mechanical prosthetic heart | Not Covered | INFO | | ALL |
| G0044 | Patients with moderate or severe mitral st | Not Covered | INFO | | ALL |
| G0045 | Clinical follow-up and mrs score assessed | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0046 | Clinical follow-up and mrs score not asses | Not Covered | INFO | | ALL |
| G0047 | Pediatric patient with minor blunt head tra | Not Covered | INFO | | ALL |
| G0048 | Patients who receive palliative care servic | Not Covered | INFO | | ALL |
| G0049 | With maintenance hemodialysis (in-center | Not Covered | INFO | | ALL |
| G0050 | Patients with a catheter that have limited l | Not Covered | INFO | | ALL |
| G0051 | Patients under hospice care in the current | Not Covered | INFO | | ALL |
| G0052 | Patients on peritoneal dialysis for any port | Not Covered | INFO | | ALL |
| G0053 | Advancing rheumatology patient care mip | Not Covered | INFO | | ALL |
| G0054 | Coordinating stroke care to promote preve | Not Covered | INFO | | ALL |
| G0055 | Advancing care for heart disease mips val | Not Covered | INFO | | ALL |
| G0057 | Proposed adopting best practices and pro | Not Covered | INFO | | ALL |
| G0058 | Improving care for lower extremity joint re | Not Covered | INFO | | ALL |
| G0059 | Patient safety and support of positive expe | Not Covered | INFO | | ALL |
| G0060 | Allergy/immunology mips specialty set | Not Covered | INFO | | ALL |
| G0061 | Anesthesiology mips specialty set | Not Covered | INFO | | ALL |
| G0062 | Audiology mips specialty set | Not Covered | INFO | | ALL |
| G0063 | Cardiology mips specialty set | Not Covered | INFO | | ALL |
| G0064 | Certified nurse midwife mips specialty set | Not Covered | INFO | | ALL |
| G0065 | Chiropractic medicine mips specialty set | Not Covered | INFO | | ALL |
| G0066 | Clinical social work mips specialty set | Not Covered | INFO | | ALL |
| G0067 | Dentistry mips specialty set | Not Covered | INFO | | ALL |
| G0068 | Professional services for the administratio | No | | | ALL |
| G0069 | Professional services for the administratio | No | | | ALL |
| G0070 | Professional services for the administratio | No | | | ALL |
| G0076 | Brief (20 minutes) care management hom | No | | | ALL |
| G0077 | Limited (30 minutes) care management hc | No | | | ALL |
| G0078 | Moderate (45 minutes) care management | No | | | ALL |
| G0079 | Comprehensive (60 minutes) care manag | No | | | ALL |
| G0080 | Extensive (75 minutes) care management | No | | | ALL |
| G0081 | Brief (20 minutes) care management hom | No | | | ALL |
| G0082 | Limited (30 minutes) care management hc | No | | | ALL |
| G0083 | Moderate (45 minutes) care management | No | | | ALL |
| G0084 | Comprehensive (60 minutes) care manag | No | | | ALL |
| G0085 | Extensive (75 minutes) care management | No | | | ALL |
| G0086 | Limited (30 minutes) care management hc | Not Covered | | | ALL |
| G0087 | Comprehensive (60 minutes) care manag | Not Covered | | | ALL |
| G0088 | Professional services, initial visit, for the a | No | | | ALL |
| G0089 | Professional services, initial visit, for the a | No | | | ALL |
| G0090 | Professional services, initial visit, for the a | No | | | ALL |
| G0101 | CERVICAL OR VAGINAL CANCER SCRE | No | | | ALL |
| G0102 | PROSTATE CANCER SCREENING; DIGI | No | | | ALL |
| G0103 | PROSTATE CANCER SCREENING; PRO | No | | | ALL |
| G0104 | COLORECTAL CANCER SCREENING; F | No | | | ALL |
| G0105 | COLORECTAL CANCER SCREENING; C | No | | | ALL |
| G0108 | DIABETES OUTPATIENT SELF-MANAGE | No | | | ALL |
| G0109 | DIABETES OUTPATIENT SELF-MANAGE | No | | | ALL |
| G0117 | GLAUCOMA SCREENING FOR HIGH RIS | No | | | ALL |
| G0118 | GLAUCOMA SCREENING FOR HIGH RIS | No | | | ALL |
| G0121 | COLORECTAL CANCER SCREENING; C | No | | | ALL |
| G0123 | SCREENING CYTOPATHOLOGY, CERVI | No | | | ALL |
| G0124 | SCREENING CYTOPATHOLOGY, CERVI | No | | | ALL |
| G0127 | TRIMMING OF DYSTROPHIC NAILS, AN | No | * | | ALL |
| G0128 | DIRECT (FACE-TO-FACE WITH PATIENT | Not Covered | | | ALL |
| G0129 | OCCUPATIONAL THERAPY REQUIRING | No | | | ALL |
| G0130 | SINGLE ENERGY X-RAY ABSORPTIOME | No | | | ALL |
| G0136 | Administration of a standardized, evidence | No | | | ALL |
| G0137 | Intensive outpatient services; weekly bunc | Not Covered | | | ALL Except MA) |
| G0137 | Intensive outpatient services; weekly bunc | No | | | MA |
| G0138 | Intravenous infusion of cipaglucosidase al | No | | | ALL |
| G0140 | Nav srv peer sup 60 min pr m | No | | | ALL |
| G0141 | SCREENING CYTOPATHOLOGY SMEAR | No | | | ALL |
| G0143 | SCREENING CYTOPATHOLOGY, CERVI | No | | | ALL |
| G0144 | SCREENING CYTOPATHOLOGY, CERVI | No | | | ALL |
| G0145 | SCREENING CYTOPATHOLOGY, CERVI | No | | | ALL |
| G0146 | Nav srv peer sup add 30 pr m | No | | | ALL |
| G0147 | SCREENING CYTOPATHOLOGY SMEAR | No | | | ALL |
| G0148 | SCREENING CYTOPATHOLOGY SMEAR | No | | | ALL |
| G0151 | SERVICES PERFORMED BY A QUALIFIE | No | | | ALL |
| G0152 | SERVICES PERFORMED BY A QUALIFIE | No | | | ALL |
| G0153 | SERVICES PERFORMED BY A QUALIFIE | No | | | ALL |
| G0155 | SERVICES OF CLINICAL SOCIAL WORK | No | | | ALL |
| G0156 | SERVICES OF HOME HEALTH AIDE IN H | No | | | ALL |
| G0157 | SERVICES PERFORMED BY A QUALIFIE | No | | | ALL |
| G0158 | SERVICES PERFORMED BY A QUALIFIE | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0159 | SERVICES PERFORMED BY A QUALIFIE | No | | | ALL |
| G0160 | SERVICES PERFORMED BY A QUALIFIE | No | | | ALL |
| G0161 | SERVICES PERFORMED BY A QUALIFIE | No | | | ALL |
| G0162 | SKILLED SERVICES BY A REGISTERED | No | | | ALL |
| G0163 | SKILLED SERVICES OF A LICENSED NU | No | | | ALL |
| G0164 | SKILLED SERVICES OF A LICENSED NU | No | | | ALL |
| G0166 | EXTERNAL COUNTERPULSATION, PER | No | | | ALL |
| G0168 | WOUND CLOSURE UTILIZING TISSUE A | No | | | ALL |
| G0175 | SCHEDULED INTERDISCIPLINARY TEAI | Not Covered | | | ALL |
| G0179 | MD RECERTIFICATION, HAA PATIENT | Not Covered | | | ALL (Except MA, MCWRAP) |
| G0179 | MD RECERTIFICATION, HAA PATIENT | No | | | MA, MCWRAP |
| G0180 | PHYSICIAN CERTIFICATION SERVICES | No | | | ALL |
| G0181 | PHYSICIAN SUPERVISION OF A PATIEN | No | | | ALL |
| G0182 | PHYSICIAN SUPERVISION OF A PATIEN | No | | | ALL |
| G0183 | Quantitative software measurements of ca | No | | | ALL |
| G0186 | DESTRUCTION OF LOCALIZED LESION | No | | | ALL |
| G0219 | PET IMAGING WHOLE BODY; MELANOM | Not Covered | | | ALL |
| G0235 | PET IMAGING, ANY SITE, NOT OTHERW | Yes | | | ALL (Except MCWRAP) |
| G0235 | PET IMAGING, ANY SITE, NOT OTHERW | No | | | MCWRAP |
| G0237 | THERAPEUTIC PROCEDURES TO INCR | No | | | ALL |
| G0238 | THERAPEUTIC PROCEDURES TO IMPR | No | | | ALL |
| G0239 | THERAPEUTIC PROCEDURES TO IMPR | No | | | ALL |
| G0245 | INITIAL PHYSICIAN EVALUATION AND M | No | | | ALL |
| G0246 | FOLLOW-UP PHYSICIAN EVALUATION A | No | | | ALL |
| G0247 | ROUTINE FOOT CARE BY A PHYSICIAN | No | * | | ALL |
| G0248 | Demonstration, prior to initial use, of home | No | | | ALL |
| G0249 | Provision of test materials and equipment | No | | | ALL |
| G0250 | Physician review, interpretation, and patie | No | | | ALL |
| G0252 | PET IMAGING, FULL AND PARTIAL-RING | Not Covered | | | ALL |
| G0255 | Current Perception Threshold/Sensory Ne | Not Covered | | | ALL |
| G0257 | UNSCHEDULED OR EMERGENCY DIAL | No | | | ALL |
| G0259 | INJECTION PROCEDURE FOR SACROIL | Yes | CCN | | ALL (Except MCWRAP) |
| G0259 | INJECTION PROCEDURE FOR SACROIL | No | | | MCWRAP |
| G0260 | INJECTION PROCEDURE FOR SACROIL | Yes | CCN | | ALL (Except MCWRAP) |
| G0260 | INJECTION PROCEDURE FOR SACROIL | No | | | MCWRAP |
| G0268 | REMOVAL OF IMPACTED CERUMEN (O | No | | | ALL |
| G0269 | PLACEMENT OF OCCLUSIVE DEVICE IN | No | | | ALL |
| G0270 | MEDICAL NUTRITION THERAPY; REASS | No | | | ALL |
| G0271 | MEDICAL NUTRITION THERAPY, REASS | No | | | ALL |
| G0276 | Blinded procedure for lumbar stenosis, pe | Yes | | | ALL (Except MCWRAP) |
| G0276 | Blinded procedure for lumbar stenosis, pe | No | | | MCWRAP |
| G0277 | Hyperbaric oxygen under pressure, full bo | No | | | ALL |
| G0278 | ILIAC ARTERY ANGIOGRAPHY PERFOR | No | | | ALL |
| G0279 | Diagnostic digital breast tomosynthesis, u | No | | | ALL |
| G0281 | ELECTRICAL STIMULATION, (UNATTEN | No | | | ALL |
| G0282 | ELECTRICAL STIMULATION, (UNATTEN | Not Covered | | | ALL |
| G0283 | ELECTRICAL STIMULATION (UNATT | No | * | | ALL |
| G0288 | Reconstruction, computed tomographi | No | | | ALL |
| G0289 | SURGICAL, FOR REMOVAL OF LOOSE | Yes | TPC-MSK | | ALL (Except McWRAP) |
| G0289 | SURGICAL, FOR REMOVAL OF LOOSE | No | | | MCWRAP |
| G0293 | NONCOVERED SURGICAL PROCED | Not Covered | | | ALL |
| G0294 | NONCOVERED PROCEDURE(S) US | Not Covered | | | ALL |
| G0295 | ELECTROMAGNETIC STIMULATION | Not Covered | | | ALL |
| G0296 | Counseling visit to discuss need for lu | No | | | ALL |
| G0299 | Direct skilled nursing services of a registe | No | | | ALL |
| G0300 | Direct skilled nursing services of a license | No | | | ALL |
| G0302 | PRE-OPERATIVE PULMONARY SURGEI | No | | | ALL |
| G0303 | PRE-OPERATIVE PULMONARY SURGEI | No | | | ALL |
| G0304 | PRE-OPERATIVE PULMONARY SURGEI | No | | | ALL |
| G0305 | POST-DISCHARGE PULMONARY SURG | No | | | ALL |
| G0306 | COMPLETE CBC, AUTOMATED (HGB, H | No | | | ALL |
| G0307 | COMPLETE (CBC), AUTOMATED (HGB, | No | | | ALL |
| G0310 | Immunization counseling by a physician o | Not Covered | | | ALL |
| G0311 | Immunization counseling by a physician o | Not Covered | | | ALL |
| G0312 | Immunization counseling by a physician o | Not Covered | | | ALL |
| G0313 | Immunization counseling by a physician o | Not Covered | | | ALL |
| G0314 | Immunization counseling by a physician o | Not Covered | | | ALL |
| G0315 | Immunization counseling by a physician o | Not Covered | | | ALL |
| G0316 | Prolonged hospital inpatient or observatio | No | | | ALL |
| G0317 | Prolonged nursing facility evaluation and r | No | | | ALL |
| G0318 | Prolonged home or residence evaluation a | No | | | ALL |
| G0320 | Home health services furnished using syn | No | | | ALL |
| G0321 | Home health services furnished using syn | No | | | ALL |
| G0322 | The collection of physiologic data digitally | No | | | ALL |
| G0323 | Care management services for behaviora | No | | | ALL |
| G0327 | Colorectal cancer screening; blood-based | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0328 | COLORECTAL CANCER SCREENING; F | No | | | ALL |
| G0329 | ELECTROMAGNTIC TX FOR ULCER TC | No | | | ALL |
| G0330 | Facility services for dental rehabilitation pr | Yes | | | ALL (Except MCWRAP) |
| G0330 | Facility services for dental rehabilitation pr | No | | | MCWRAP |
| G0333 | PHARMACY DISPENSING FEE FOR INH | Not Covered | | | ALL (Except MA) |
| G0333 | PHARMACY DISPENSING FEE FOR INH | No | | | MA |
| G0339 | IMAGE GUIDED ROBOTIC LINEAR ACCE | No | | | ALL |
| G0340 | IMAGE GUIDED ROBOTIC LINEAR ACCE | No | | | ALL |
| G0341 | PERCUTANEOUS ISLET CELL TRANS | No | | | ALL |
| G0342 | LAPAROSCOPY ISLET CELL TRANS | No | | | ALL |
| G0343 | LAPAROTOMY ISLET CELL TRANSP | No | | | ALL |
| G0366 | ELECTROCARDIOGRAM, ROUTINE ECG | No | | | ALL |
| G0372 | PHYSICIAN SERVICE REQUIRED TO ES | No | | | ALL |
| G0378 | HOSPITAL OBSERVATION SERVICE, PE | No | | | ALL |
| G0379 | DIRECT ADMISSION OF PATIENT FOR H | No | | | ALL |
| G0380 | LEVEL 1 HOSPITAL EMERGENCY DEPA | No | | | ALL |
| G0381 | LEVEL 2 HOSPITAL EMERGENCY DEPA | No | | | ALL |
| G0382 | LEVEL 3 HOSPITAL EMERGENCY DEPA | No | | | ALL |
| G0383 | LEVEL 4 HOSPITAL EMERGENCY DEPA | No | | | ALL |
| G0384 | LEVEL 5 HOSPITAL EMERGENCY DEPA | No | | | ALL |
| G0390 | TRAUMA RESPONSE TEAM ASSOCIATE | No | | | ALL |
| G0396 | ALCOHOL AND/OR SUBSTANCE (OTHE | No | | | ALL |
| G0397 | ALCOHOL AND/OR SUBSTANCE (OTHE | No | | | ALL |
| G0398 | HOME SLEEP STUDY TEST (HST) W/TY | No | | | ALL |
| G0399 | HOME SLEEP TEST (HST) W/TYPE III PC | No | | | ALL |
| G0400 | HOME SLEEP TEST (HST) W/TYPE IV P | No | | | ALL |
| G0402 | INITIAL PREVENTIVE PHYSICAL EXAMI | Not Covered | | | ALL Except MA) |
| G0402 | INITIAL PREVENTIVE PHYSICAL EXAMI | No | | | MA |
| G0403 | ELECTROCARDIOGRAM, ROUTINE ECG | Not Covered | | | ALL Except MA) |
| G0403 | ELECTROCARDIOGRAM, ROUTINE ECG | No | | | MA |
| G0404 | ELECTROCARDIOGRAM, ROUTINE ECG | Not Covered | | | ALL Except MA) |
| G0404 | ELECTROCARDIOGRAM, ROUTINE ECG | No | | | MA |
| G0405 | ELECTROCARDIOGRAM, ROUTINE ECG | Not Covered | | | ALL Except MA) |
| G0405 | ELECTROCARDIOGRAM, ROUTINE ECG | No | | | MA |
| G0406 | FOLLOW-UP INPATIENT TELEHEALTH ( | No | | | ALL |
| G0407 | FOLLOW-UP INPATIENT TELEHEALTH ( | No | | | ALL |
| G0408 | FOLLOW-UP INPATIENT TELEHEALTH ( | No | | | ALL |
| G0412 | OPEN TREATMENT OF ILIAC SPINE(S), | No | | | ALL |
| G0413 | PERCUTANEOUS SKELETAL FIXATION | No | | | ALL |
| G0414 | OPEN TREATMENT OF ANTERIOR PELV | No | | | ALL |
| G0415 | OPEN TREATMENT OF POSTERIOR PE | No | | | ALL |
| G0416 | SURGICAL PATHOLOGY, GROSS AND M | No | | | ALL |
| G0420 | FACE-TO-FACE EDUCATIONAL SERVIC | No | | | ALL |
| G0421 | FACE-TO-FACE EDUCATIONAL SERVIC | No | | | ALL |
| G0422 | INTENSIVE CARDIAC REHABILITATION; | No | | | ALL |
| G0423 | INTENSIVE CARDIAC REHABILITATION; | No | | | ALL |
| G0425 | INITIAL INPATIENT TELEHEALTH CONS | No | | | ALL |
| G0426 | INITIAL INPATIENT TELEHEALTH CONS | No | | | ALL |
| G0427 | INITIAL INPATIENT TELEHEALTH CONS | No | | | ALL |
| G0428 | Collagen Meniscus Implant procedure for | Yes | TPC-MSK | | ALL (Except McWRAP) |
| G0428 | Collagen Meniscus Implant procedure for | No | | | MCWRAP |
| G0429 | Dermal Filler injection(s) for the treatment | Yes | | | ALL (Except McWRAP) |
| G0429 | Dermal Filler injection(s) for the treatment | No | | | MCWRAP |
| G0432 | Infectious agent antigen detection by enzy | No | | | ALL |
| G0433 | Infectious agent antigen detection by enzy | No | | | ALL |
| G0434 | DRUG SCREEN, OTHER THAN CHROMA | No | | | ALL |
| G0435 | Infectious agent antigen detection by rapid | No | | | ALL |
| G0438 | ANNUAL WELLNESS VISIT; INCLUDES A | No | | | ALL |
| G0439 | ANNUAL WELLNESS VISIT, INCLUDES A | No | | | ALL |
| G0442 | Annual alcohol misuse screening, 15 minu | No | | | ALL |
| G0443 | Brief face-to-face behavioral counseling fo | No | | | ALL |
| G0444 | Annual depression screening, 15 minutes | No | | | ALL |
| G0445 | High intensity behavioral counseling to pre | No | | | ALL |
| G0446 | Intensive behavioral therapy to reduce car | No | | | ALL |
| G0447 | Face-to-face behavioral counseling for ob | No | | | ALL |
| G0448 | INSERTION OR REPLACEMENT OF A PI | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| G0448 | INSERTION OR REPLACEMENT OF A PI | No | | | MCWRAP |
| G0449 | Annual face-to-face obesity screening, 15 | No | | | ALL |
| G0450 | Screening for sexually transmitted infectio | No | | | ALL |
| G0451 | DEVELOPMENT TESTING, WITH INTER | No | | | ALL |
| G0452 | Molecular pathology procedure; physician | No | | | ALL |
| G0453 | Continuous intraoperative neurophysiolog | No | | | ALL |
| G0454 | Physician documentation of face-to-face v | Not Covered | | | ALL (Except MA) |
| G0454 | Physician documentation of face-to-face v | No | | | MA |
| G0455 | Preparation with instillation of fecal microb | No | | | ALL |
| G0458 | Low dose rate (ldr) prostate brachytherapy | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0459 | TELEHEALTH INP PHARM MGMT | No | | | ALL |
| G0460 | Autologous prp for ulcers | Not Covered | INFO | | ALL (Except MA) |
| G0460 | Autologous prp for ulcers | Yes | | | MA |
| G0463 | Hospital outpatient clinic visit for assessm | No | | | ALL |
| G0465 | Autologous platelet rich plasma (prp) for d | Not Covered | | | ALL (Except MA) |
| G0465 | Autologous platelet rich plasma (prp) for d | Yes | | | MA |
| G0466 | A medically-necessary, face to face encou | No | | | ALL |
| G0467 | A medically-necessary, face to face encou | No | | | ALL |
| G0468 | A FQHC visit that includes an Initial Preve | No | | | ALL |
| G0469 | A medically-necessary, face-to-face menta | No | | | ALL |
| G0470 | A medically-necessary, face-to-face menta | No | | | ALL |
| G0471 | Collection of venous blood by venipunctur | No | | | ALL |
| G0472 | Hepatitis C antibody screening for individu | No | | | ALL |
| G0473 | Face-to-face behavioral counseling for ob | No | | | ALL |
| G0475 | HIV antigen/antibody, combination assay, scree | No | | | ALL |
| G0476 | Infectious agent detection by nucleic acid (DNA | No | | | ALL |
| G0480 | Drug test(s), definitive, utilizing drug identi | No | | | ALL |
| G0481 | Drug test(s), definitive, utilizing drug identi | No | | | ALL |
| G0482 | Drug test(s), definitive, utilizing drug identi | Not Covered | | | ALL (Except MA) |
| G0482 | Drug test(s), definitive, utilizing drug identi | No | | | MA |
| G0483 | Drug test(s), definitive, utilizing drug identi | Not Covered | | | ALL (Except MA) |
| G0483 | Drug test(s), definitive, utilizing drug identi | No | | | MA |
| G0490 | Face-to-face home health nursing visit by | No | | | ALL |
| G0491 | Dialysis procedure at a medicare certified | No | | | ALL |
| G0492 | Dialysis procedure with single evaluation b | No | | | ALL |
| G0493 | Skilled services of a registered nurse (rn) | No | | | ALL |
| G0494 | Skilled services of a licensed practical nur | No | | | ALL |
| G0495 | Skilled services of a registered nurse (rn), | No | | | ALL |
| G0496 | Skilled services of a licensed practical nur | No | | | ALL |
| G0498 | Chemotherapy administration, intravenous | No | | | ALL |
| G0499 | Hepatitis B screening in non-pregnant, hig | No | | | ALL |
| G0500 | Moderate sedation services provided by th | No | | | ALL |
| G0501 | Resource-intensive services for patients fo | No | | | ALL |
| G0506 | Comprehensive assessment of and care p | No | | | ALL |
| G0508 | Telehealth consultation, critical care, initia | No | | | ALL |
| G0509 | Telehealth consultation, critical care, subs | No | | | ALL |
| G0513 | Prolonged preventive service(s) (beyond t | No | | | ALL |
| G0514 | Prolonged preventive service(s) (beyond t | No | | | ALL |
| G0516 | Insertion of non-biodegradable drug delive | No | | | ALL |
| G0517 | Removal of non-biodegradable drug delive | No | | | ALL |
| G0518 | Removal with reinsertion, non-biodegrada | No | | | ALL |
| G0532 | Take-home supply of nasal nalmefene hyd | Not Covered | | | ALL (Except MA) |
| G0532 | Take-home supply of nasal nalmefene hyd | No | | | MA |
| G0533 | Medication assisted treatment, buprenorp | Not Covered | | | ALL (Except MA) |
| G0533 | Medication assisted treatment, buprenorp | No | | | MA |
| G0534 | Coordinated care and/or referral services, | Not Covered | | | ALL (Except MA) |
| G0534 | Coordinated care and/or referral services, | No | | | MA |
| G0535 | Patient navigational services, provided dir | Not Covered | | | ALL (Except MA) |
| G0535 | Patient navigational services, provided dir | No | | | MA |
| G0536 | Peer recovery support services, provided | Not Covered | | | ALL (Except MA) |
| G0536 | Peer recovery support services, provided | No | | | MA |
| G0537 | Administration of a standardized, evidence | No | | | ALL |
| G0538 | Atherosclerotic cardiovascular disease (as | No | | | ALL |
| G0538 | Atherosclerotic cardiovascular disease (as | No | | | ALL |
| G0539 | Caregiver training in behavior manageme | Not Covered | | | ALL (Except MA) |
| G0539 | Caregiver training in behavior manageme | No | | | MA |
| G0540 | Caregiver training in behavior manageme | Not Covered | | | ALL (Except MA) |
| G0540 | Caregiver training in behavior manageme | No | | | MA |
| G0541 | Caregiver training in direct care strategies | Not Covered | | | ALL (Except MA) |
| G0541 | Caregiver training in direct care strategies | No | | | MA |
| G0542 | Caregiver training in direct care strategies | Not Covered | | | ALL (Except MA) |
| G0542 | Caregiver training in direct care strategies | No | | | MA |
| G0543 | Group caregiver training in direct care stra | Not Covered | | | ALL (Except MA) |
| G0543 | Group caregiver training in direct care stra | No | | | MA |
| G0544 | Post discharge telephonic follow-up conta | No | | | ALL |
| G0545 | Visit complexity inherent to hospital inpatie | No | | | ALL |
| G0546 | Interprofessional telephone/internet/electr | Not Covered | | | ALL (Except MA) |
| G0546 | Interprofessional telephone/internet/electr | No | | | MA |
| G0547 | Interprofessional telephone/internet/electr | Not Covered | | | ALL (Except MA) |
| G0547 | Interprofessional telephone/internet/electr | No | | | MA |
| G0548 | Interprofessional telephone/internet/electr | Not Covered | | | ALL (Except MA) |
| G0548 | Interprofessional telephone/internet/electr | No | | | MA |
| G0549 | Interprofessional telephone/internet/electr | Not Covered | | | ALL (Except MA) |
| G0549 | Interprofessional telephone/internet/electr | No | | | MA |
| G0550 | Interprofessional telephone/internet/electr | Not Covered | | | ALL (Except MA) |
| G0550 | Interprofessional telephone/internet/electr | No | | | MA |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0551 | Interprofessional telephone/internet/electr | Not Covered | | | ALL (Except MA) |
| G0551 | Interprofessional telephone/internet/electr | No | | | MA |
| G0552 | Supply of digital mental health treatment d | No | | | ALL |
| G0553 | First 20 minutes of monthly treatment mar | No | | | ALL |
| G0554 | Each additional 20 minutes of monthly trea | No | | | ALL |
| G0555 | Provision of replacement patient electroni | No | | | ALL |
| G0556 | Advanced primary care management serv | No | | | ALL |
| G0557 | Advanced primary care management serv | No | | | ALL |
| G0558 | Advanced primary care management serv | Not Covered | | | ALL (Except MA) |
| G0558 | Advanced primary care management serv | No | | | MA |
| G0559 | Post-operative follow-up visit complexity ir | No | | | ALL |
| G0560 | Safety planning interventions, each 20 mir | No | | | ALL |
| G0561 | Tympanostomy with local or topical anesth | No | | | ALL |
| G0562 | Therapeutic radiology simulation-aided fie | No | | | ALL |
| G0563 | Stereotactic body radiation therapy, treatm | No | | | ALL |
| G0566 | 3d radiodensity-value bone imaging, algor | No | | | ALL |
| G0567 | Infectious agent detection by nucleic acid | No | | | ALL |
| G0659 | Drug test(s), definitive, utilizing drug identi | No | | | ALL |
| G0913 | IMPROVEMENT IN VISUAL FUNCTION A | Not Covered | INFO | | ALL |
| G0914 | PATIENT CARE SURVEY WAS NOT CON | Not Covered | INFO | | ALL |
| G0915 | IMPROVEMENT IN VISUAL FUNCTION N | Not Covered | INFO | | ALL |
| G0916 | SATISFACTION WITH CARE ACHIEVED | Not Covered | INFO | | ALL |
| G0917 | PATIENT SATISFACTION SURVEY WAS | Not Covered | INFO | | ALL |
| G0918 | SATISFACTION WITH CARE NOT ACHIE | Not Covered | INFO | | ALL |
| G1001 | Clinical decision support mechanism eviC | Not Covered | INFO | | ALL |
| G1002 | Clinical decision support mechanism Med | Not Covered | INFO | | ALL |
| G1003 | Clinical decision support mechanism Med | Not Covered | INFO | | ALL |
| G1004 | Clinical decision support mechanism Natio | Not Covered | INFO | | ALL |
| G1005 | Clinical decision support mechanism Natio | Not Covered | INFO | | ALL |
| G1006 | Clinical decision support mechanism Test | Not Covered | INFO | | ALL |
| G1007 | Clinicial decision support mechanism AIM | Not Covered | INFO | | ALL |
| G1008 | Clinical decision support mechanism Cran | Not Covered | INFO | | ALL |
| G1010 | Clnical decision support mechanism Stans | Not Covered | INFO | | ALL |
| G1011 | Clnical decision support mechanism, qual | Not Covered | INFO | | ALL |
| G1012 | Clinical decision support mechanism agile | Not Covered | INFO | | ALL |
| G1013 | Clinical decision support mechanism evid | Not Covered | INFO | | ALL |
| G1014 | Clinical decision support mechanism inve | Not Covered | INFO | | ALL |
| G1015 | Clinical decision support mechanism relia | Not Covered | INFO | | ALL |
| G1016 | Clinical decision support mechanism spee | Not Covered | INFO | | ALL |
| G1017 | Clinical decision support mechanism heal | Not Covered | INFO | | ALL |
| G1018 | Clinical decision support mechanism infin | Not Covered | INFO | | ALL |
| G1019 | Clinical decision support mechanism logic | Not Covered | INFO | | ALL |
| G1020 | Clinical decision support mechanism curb | Not Covered | INFO | | ALL |
| G1021 | Clinical decision support mechanism ehea | Not Covered | INFO | | ALL |
| G1022 | Clinical decision support mechanism inter | Not Covered | INFO | | ALL |
| G1023 | Clinical decision support mechanism pers | Not Covered | INFO | | ALL |
| G1024 | Clinical decision support mechanism radri | Not Covered | INFO | | ALL |
| G1025 | Patient-months where there are more thar | Not Covered | INFO | | ALL |
| G1026 | The number of adult patient-months in the | Not Covered | INFO | | ALL |
| G1027 | The number of adult patient-months in the | Not Covered | INFO | | ALL |
| G1028 | Take-home supply of nasal naloxone; | Not Covered | | | ALL (Except MA) |
| G1028 | Take-home supply of nasal naloxone; | No | | | MA |
| G2000 | Blinded administration of convulsive therapy p | Not Covered | | | ALL |
| G2001 | Brief (20 minutes) in-home visit for a new | Not Covered | | | ALL |
| G2002 | Limited (30 minutes) in-home visit for a ne | Not Covered | | | ALL |
| G2003 | Moderate (45 minutes) in-home visit for a | Not Covered | | | ALL |
| G2004 | Comprehensive (60 minutes) in-home visi | Not Covered | | | ALL |
| G2005 | Extensive (75 minutes) in-home visit for a | Not Covered | | | ALL |
| G2006 | Brief (20 minutes) in-home visit for an exis | Not Covered | | | ALL |
| G2007 | Limited (30 minutes) in-home visit for an e | Not Covered | | | ALL |
| G2008 | Moderate (45 minutes) in-home visit for ar | Not Covered | | | ALL |
| G2009 | Comprehensive (60 minutes) in-home visi | Not Covered | | | ALL |
| G2010 | Remote evaluation of recorded video and/or i | No | | | ALL |
| G2011 | Alcohol and/or substance (other than tobacco | No | | | ALL |
| G2013 | Extensive (75 minutes) in-home visit for ar | Not Covered | | | ALL |
| G2014 | Limited (30 minutes) care plan oversight. | Not Covered | | | ALL |
| G2015 | Comprehensive (60 mins) home care plan | Not Covered | | | ALL |
| G2020 | Services for high intensity clinical services | Not Covered | | | ALL |
| G2021 | Health care practitioners rendering treatm | Not Covered | INFO | | ALL |
| G2022 | A model participant (ambulance supplier/p | Not Covered | INFO | | ALL |
| G2025 | Payment for a telehealth distant site servic | No | | | ALL |
| G2058 | Chronic care management services, each | No | | | ALL |
| G2067 | Medication assisted treatment, methadone | Not Covered | | | ALL (Except MA) |
| G2067 | Medication assisted treatment, methadone | No | | | MA |
| G2068 | Medication assisted treatment, buprenorp | Not Covered | | | ALL (Except MA) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G2068 | Medication assisted treatment, buprenorp | No | | | MA |
| G2069 | Medication assisted treatment, buprenorp | Not Covered | | | ALL (Except MA) |
| G2069 | Medication assisted treatment, buprenorp | No | | | MA |
| G2073 | Medication assisted treatment, naltrexone | Not Covered | | | ALL (Except MA) |
| G2073 | Medication assisted treatment, naltrexone | No | | | MA |
| G2074 | Medication assisted treatment, weekly bur | Not Covered | | | ALL (Except MA) |
| G2074 | Medication assisted treatment, weekly bur | No | | | MA |
| G2075 | Medication assisted treatment, medicatior | Not Covered | | | ALL (Except MA) |
| G2075 | Medication assisted treatment, medicatior | No | | | MA |
| G2076 | Intake activities, including initial medical e | Not Covered | | | ALL (Except MA) |
| G2076 | Intake activities, including initial medical e | No | | | MA |
| G2077 | Periodic assessment; assessing periodica | Not Covered | | | ALL (Except MA) |
| G2077 | Periodic assessment; assessing periodica | No | | | MA |
| G2078 | Take-home supply of methadone; up to 7 | Not Covered | | | ALL (Except MA) |
| G2078 | Take-home supply of methadone; up to 7 | No | | | MA |
| G2079 | Take-home supply of buprenorphine (oral | Not Covered | | | ALL (Except MA) |
| G2079 | Take-home supply of buprenorphine (oral | No | | | MA |
| G2080 | Each additional 30 minutes of counseling | Not Covered | | | ALL (Except MA) |
| G2080 | Each additional 30 minutes of counseling | No | | | MA |
| G2082 | Office or other outpatient visit for the evalu | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| G2082 | Office or other outpatient visit for the evalu | No | | | MCWRAP |
| G2083 | Office or other outpatient visit for the evalu | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| G2083 | Office or other outpatient visit for the evalu | No | | | MCWRAP |
| G2086 | Office-based treatment for opioid use diso | No | | | ALL |
| G2087 | Office-based treatment for opioid use diso | No | | | ALL |
| G2088 | Office-based treatment for opioid use diso | No | | | ALL |
| G2089 | Most recent hemoglobin a1c (hba1c) level | Not Covered | INFO | | ALL |
| G2090 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2091 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2092 | Angiotensin converting enzyme (ace) inhib | Not Covered | INFO | | ALL |
| G2093 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G2094 | Documentation of patient reason(s) for no | Not Covered | INFO | | ALL |
| G2096 | Angiotensin converting enzyme (ace) inhib | Not Covered | INFO | | ALL |
| G2097 | Children with a competing diagnosis for up | Not Covered | INFO | | ALL |
| G2098 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2099 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2100 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2101 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2105 | Patients age 66 or older in institutional spe | Not Covered | INFO | | ALL |
| G2106 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2107 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2112 | Patient receiving <=5 mg daily prednisone | Not Covered | INFO | | ALL |
| G2113 | Patient receiving >5 mg daily prednisone ( | Not Covered | INFO | | ALL |
| G2114 | Patients 66-80 years of age with at least o | Not Covered | INFO | | ALL |
| G2115 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2116 | Patients 66 years of age and older with at | Not Covered | INFO | | ALL |
| G2117 | Patients 66-80 years of age with at least o | Not Covered | INFO | | ALL |
| G2118 | Patients 81 years of age and older with a ( | Not Covered | INFO | | ALL |
| G2119 | Within the past 2 years, calcium and/or vit | Not Covered | INFO | | ALL |
| G2120 | Within the past 2 years, calcium and/or vit | Not Covered | INFO | | ALL |
| G2121 | Psychosis, depression, anxiety, apathy, ar | Not Covered | INFO | | ALL |
| G2122 | Psychosis, depression, anxiety, apathy, ar | Not Covered | INFO | | ALL |
| G2123 | Patients 66-80 years of age and had at lea | Not Covered | INFO | | ALL |
| G2124 | Patients 66-80 years of age and had at lea | Not Covered | INFO | | ALL |
| G2125 | Patients 81 years of age and older with ev | Not Covered | INFO | | ALL |
| G2126 | Patients 66 years of age or older and had | Not Covered | INFO | | ALL |
| G2127 | Patients 66 years of age or older and had | Not Covered | INFO | | ALL |
| G2128 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G2129 | Procedure-related bp's not taken during a | Not Covered | INFO | | ALL |
| G2130 | Patients age 66 or older in institutional spe | Not Covered | INFO | | ALL |
| G2131 | Patients 81 years and older with a diagnos | Not Covered | INFO | | ALL |
| G2132 | Patients 66-80 years of age with at least o | Not Covered | INFO | | ALL |
| G2133 | Patients 66-80 years of age with at least o | Not Covered | INFO | | ALL |
| G2134 | Patients 66 years of age or older with at le | Not Covered | INFO | | ALL |
| G2135 | Patients 66 years of age or older with at le | Not Covered | INFO | | ALL |
| G2136 | Back pain measured by the visual analog | Not Covered | INFO | | ALL |
| G2137 | Back pain measured by the visual analog | Not Covered | INFO | | ALL |
| G2138 | Back pain as measured by the visual anal | Not Covered | INFO | | ALL |
| G2139 | Back pain measured by the visual analog | Not Covered | INFO | | ALL |
| G2140 | Leg pain measured by the visual analog s | Not Covered | INFO | | ALL |
| G2141 | Leg pain measured by the visual analog s | Not Covered | INFO | | ALL |
| G2142 | Functional status measured by the oswes | Not Covered | INFO | | ALL |
| G2143 | Functional status measured by the oswes | Not Covered | INFO | | ALL |
| G2144 | Functional status measured by the oswes | Not Covered | INFO | | ALL |
| G2145 | Functional status measured by the oswes | Not Covered | INFO | | ALL |
| G2146 | Leg pain as measured by the visual analo | Not Covered | INFO | | ALL |
| G2147 | Leg pain measured by the visual analog s | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G2148 | Performance met: multimodal pain manag | Not Covered | INFO | | ALL |
| G2149 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G2150 | Performance not met: multimodal pain ma | Not Covered | INFO | | ALL |
| G2151 | Patients with diagnosis of a degenerative | Not Covered | INFO | | ALL |
| G2152 | Performance met: the residual change sc | Not Covered | INFO | | ALL |
| G2153 | In hospice or using hospice services durin | Not Covered | INFO | | ALL |
| G2154 | Patient received at least one td vaccine or | Not Covered | INFO | | ALL |
| G2155 | Patient had history of at least one of the fo | Not Covered | INFO | | ALL |
| G2156 | Patient did not receive at least one td vac | Not Covered | INFO | | ALL |
| G2157 | Patients received both the 13-valent pneu | Not Covered | INFO | | ALL |
| G2158 | Patient had prior pneumococcal vaccine a | Not Covered | INFO | | ALL |
| G2159 | Patient did not receive both the 13-valent | Not Covered | INFO | | ALL |
| G2160 | Patient received at least one dose of the H | Not Covered | INFO | | ALL |
| G2161 | Patient had prior adverse reaction caused | Not Covered | INFO | | ALL |
| G2162 | Patient did not receive at least one dose o | Not Covered | INFO | | ALL |
| G2163 | Patient received an influenza vaccine on o | Not Covered | INFO | | ALL |
| G2164 | Patient had a prior influenza virus vaccine | Not Covered | INFO | | ALL |
| G2165 | Patient did not receive an influenza vaccir | Not Covered | INFO | | ALL |
| G2166 | Patient refused to participate at admissior | Not Covered | INFO | | ALL |
| G2167 | Performance not met: the residual change | Not Covered | INFO | | ALL |
| G2168 | Services performed by a physical therapis | No | | | ALL |
| G2169 | Services performed by an occupational th | No | | | ALL |
| G2172 | All inclusive payment for services related f | No | | | ALL |
| G2173 | Uri episodes where the patient had a com | Not Covered | INFO | | ALL |
| G2174 | Uri episodes when the patient had a new o | Not Covered | INFO | | ALL |
| G2175 | Episodes where the patient had a compet | Not Covered | INFO | | ALL |
| G2176 | Outpatient, ed, or observation visits that re | Not Covered | INFO | | ALL |
| G2177 | Acute bronchitis/bronchiolitis episodes wh | Not Covered | INFO | | ALL |
| G2178 | Clinician documented that patient was not | Not Covered | INFO | | ALL |
| G2179 | Clinician documented that patient had me | Not Covered | INFO | | ALL |
| G2180 | Clinician documented that patient was not | Not Covered | INFO | | ALL |
| G2181 | Bmi not documented due to medical reaso | Not Covered | INFO | | ALL |
| G2182 | Patient receiving first-time biologic diseas | Not Covered | INFO | | ALL |
| G2183 | Documentation patient unable to commun | Not Covered | INFO | | ALL |
| G2184 | Patient does not have a caregiver | Not Covered | INFO | | ALL |
| G2185 | Documentation caregiver is trained and ce | Not Covered | INFO | | ALL |
| G2186 | Patient /caregiver dyad has been referred | Not Covered | INFO | | ALL |
| G2187 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| G2188 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| G2189 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| G2190 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| G2191 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| G2192 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| G2193 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| G2194 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| G2195 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| G2196 | Patient identified as an unhealthy alcohol | Not Covered | INFO | | ALL |
| G2197 | Patient screened for unhealthy alcohol use | Not Covered | INFO | | ALL |
| G2199 | Patient not screened for unhealthy alcoho | Not Covered | INFO | | ALL |
| G2200 | Patient identified as an unhealthy alcohol | Not Covered | INFO | | ALL |
| G2202 | Patient did not receive brief counseling if i | Not Covered | INFO | | ALL |
| G2204 | Patients between 50 and 85 years of age | Not Covered | INFO | | ALL |
| G2205 | Patients with pregnancy during adjuvant tr | Not Covered | INFO | | ALL |
| G2206 | Patient received adjuvant treatment cours | Not Covered | INFO | | ALL |
| G2207 | Reason for not administering adjuvant trea | Not Covered | INFO | | ALL |
| G2208 | Patient did not receive adjuvant treatment | Not Covered | INFO | | ALL |
| G2209 | Patient refused to participate | Not Covered | INFO | | ALL |
| G2210 | Risk-adjusted functional status change res | Not Covered | INFO | | ALL |
| G2211 | Visit complexity inherent to evaluation and | No | | | ALL |
| G2212 | Prolonged office or other outpatient evalua | No | | | ALL |
| G2213 | Initiation of medication for the treatment o | No | | | ALL |
| G2214 | Initial or subsequent psychiatric collaborat | No | | | ALL |
| G2215 | Take-home supply of nasal naloxone (pro | Not Covered | | | ALL (Except MA) |
| G2215 | Take-home supply of nasal naloxone (pro | No | | | MA |
| G2216 | Take-home supply of injectable naloxone | Not Covered | | | ALL (Except MA) |
| G2216 | Take-home supply of injectable naloxone | No | | | MA |
| G2250 | Remote assessment of recorded video an | No | | | ALL |
| G2251 | Brief communication technology-based se | No | | | ALL |
| G2252 | Brief communication technology-based se | No | | | ALL |
| G3002 | Chronic pain management and treatment, | No | | | ALL |
| G3003 | Each additional 15 minutes of chronic pain | No | | | ALL |
| G4000 | Dermatology mips specialty set | Not Covered | INFO | | ALL |
| G4001 | Diagnostic radiology mips specialty set | Not Covered | INFO | | ALL |
| G4002 | Electrophysiology cardiac specialist mips s | Not Covered | INFO | | ALL |
| G4003 | Emergency medicine mips specialty set | Not Covered | INFO | | ALL |
| G4004 | Endocrinology mips specialty set | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G4005 | Family medicine mips specialty set | Not Covered | INFO | | ALL |
| G4006 | Gastro-enterology mips specialty set | Not Covered | INFO | | ALL |
| G4007 | General surgery mips specialty set | Not Covered | INFO | | ALL |
| G4008 | Geriatrics mips specialty set | Not Covered | INFO | | ALL |
| G4009 | Hospitalists mips specialty set | Not Covered | INFO | | ALL |
| G4010 | Infectious disease mips specialty set | Not Covered | INFO | | ALL |
| G4011 | Internal medicine mips specialty set | Not Covered | INFO | | ALL |
| G4012 | Interventional radiology mips specialty set | Not Covered | INFO | | ALL |
| G4013 | Mental/behavioral health mips specialty se | Not Covered | INFO | | ALL |
| G4014 | Nephrology mips specialty set | Not Covered | INFO | | ALL |
| G4015 | Neurology mips specialty set | Not Covered | INFO | | ALL |
| G4016 | Neurosurgical mips specialty set | Not Covered | INFO | | ALL |
| G4017 | Nutrition/dietician mips specialty set | Not Covered | INFO | | ALL |
| G4018 | Obstetrics/gynecology mips specialty set | Not Covered | INFO | | ALL |
| G4019 | Oncology/hematology mips specialty set | Not Covered | INFO | | ALL |
| G4020 | Ophthalmology mips specialty set | Not Covered | INFO | | ALL |
| G4021 | Orthopedic surgery mips specialty set | Not Covered | INFO | | ALL |
| G4022 | Otolaryngology mips specialty set | Not Covered | INFO | | ALL |
| G4023 | Pathology mips specialty set | Not Covered | INFO | | ALL |
| G4024 | Pediatrics mips specialty set | Not Covered | INFO | | ALL |
| G4025 | Physical medicine mips specialty set | Not Covered | INFO | | ALL |
| G4026 | Physical therapy/occupational therapy mip | Not Covered | INFO | | ALL |
| G4027 | Plastic surgery mips specialty set | Not Covered | INFO | | ALL |
| G4028 | Podiatry mips specialty set | Not Covered | INFO | | ALL |
| G4029 | Preventive medicine mips specialty set | Not Covered | INFO | | ALL |
| G4030 | Pulmonology mips specialty set | Not Covered | INFO | | ALL |
| G4031 | Radiation oncology mips specialty set | Not Covered | INFO | | ALL |
| G4032 | Rheumatology mips specialty set | Not Covered | INFO | | ALL |
| G4033 | Skilled nursing facility mips specialty set | Not Covered | INFO | | ALL |
| G4034 | Speech language pathology mips specialt | Not Covered | INFO | | ALL |
| G4035 | Thoracic surgery mips specialty set | Not Covered | INFO | | ALL |
| G4036 | Urgent care mips specialty set | Not Covered | INFO | | ALL |
| G4037 | Urology mips specialty set | Not Covered | INFO | | ALL |
| G4038 | Vascular surgery mips specialty set | Not Covered | INFO | | ALL |
| G6020 | Colonoscopy through stoma; with transen | No | | | ALL |
| G8395 | LEFT VENTRICULAR EJECTION FRACT | Not Covered | INFO | | ALL |
| G8396 | LEFT VENTRICULAR EJECTION FRACT | Not Covered | INFO | | ALL |
| G8397 | DILATED MACULAR OR FUNDUS EXAM | Not Covered | INFO | | ALL |
| G8398 | DILATED MACULAR OR FUNDUS EXAM | Not Covered | INFO | | ALL |
| G8399 | PATIENT WITH CENTRAL DUAL-ENERG | Not Covered | INFO | | ALL |
| G8400 | PATIENT WITH CENTRAL DUAL-ENERG | Not Covered | INFO | | ALL |
| G8404 | LOWER EXTREMITY NEUROLOGICAL E | Not Covered | INFO | | ALL |
| G8405 | LOWER EXTREMITY NEUROLOGICAL E | Not Covered | INFO | | ALL |
| G8410 | FOOTWEAR EVALUATION PERFORMED | Not Covered | INFO | | ALL |
| G8415 | FOOTWEAR EVALUATION WAS NOT PE | Not Covered | INFO | | ALL |
| G8416 | CLINICIAN DOCUMENTED THAT PATIEN | Not Covered | INFO | | ALL |
| G8417 | BMI >= 30 WAS CALCULATED AND A FO | Not Covered | INFO | | ALL |
| G8418 | BMI < 22 WAS CALCULATED AND A FOI | Not Covered | INFO | | ALL |
| G8419 | BMI >= 30 OR < 22 WAS CALCULATED, | Not Covered | INFO | | ALL |
| G8420 | BMI < 30 AND >= 22 WAS CALCULATED | Not Covered | INFO | | ALL |
| G8421 | BMI NOT CALCULATED | Not Covered | INFO | | ALL |
| G8427 | LIST OF CURRENT MEDICATIONS (INCL | Not Covered | INFO | | ALL |
| G8428 | CURRENT MEDICATIONS (INCLUDES P | Not Covered | INFO | | ALL |
| G8430 | DOCUMENTATION THAT PATIENT IS NO | Not Covered | INFO | | ALL |
| G8431 | DOCUMENTATION OF CLINICAL DEPRE | Not Covered | INFO | | ALL |
| G8432 | NO DOCUMENTATION OF CLINICAL DE | Not Covered | INFO | | ALL |
| G8433 | PATIENT NOT ELIGIBLE/NOT APPROPR | Not Covered | INFO | | ALL |
| G8442 | DOCUMENTATION THAT PATIENT IS NO | Not Covered | INFO | | ALL |
| G8450 | BETA-BLOCKER THERAPY PRESCRIBE | Not Covered | INFO | | ALL |
| G8451 | CLINICIAN DOCUMENTED PATIENT WIT | Not Covered | INFO | | ALL |
| G8452 | BETA-BLOCKER THERAPY NOT PRESC | Not Covered | INFO | | ALL |
| G8465 | HIGH RISK OF RECURRENCE OF PROS | Not Covered | INFO | | ALL |
| G8473 | ANGIOTENSIN CONVERTING ENZYME ( | Not Covered | INFO | | ALL |
| G8474 | ANGIOTENSIN CONVERTING ENZYME ( | Not Covered | INFO | | ALL |
| G8475 | ANGIOTENSIN CONVERTING ENZYME ( | Not Covered | INFO | | ALL |
| G8476 | MOST RECENT BLOOD PRESSURE HAS | Not Covered | INFO | | ALL |
| G8477 | MOST RECENT BLOOD PRESSURE HAS | Not Covered | INFO | | ALL |
| G8478 | BLOOD PRESSURE MEASUREMENT NO | Not Covered | INFO | | ALL |
| G8509 | DOCUMENTATION OF PAIN ASSESSME | Not Covered | INFO | | ALL |
| G8510 | NEGATIVE SCREEN FOR CLINICAL DEP | Not Covered | INFO | | ALL |
| G8511 | SCREEN FOR CLINICAL DEPRESSION U | Not Covered | INFO | | ALL |
| G8535 | NO DOCUMENTATION OF AN ELDER M | Not Covered | INFO | | ALL |
| G8536 | NO DOCUMENTATION OF AN ELDER M | Not Covered | INFO | | ALL |
| G8539 | DOCUMENTATION OF A CURRENT FUN | Not Covered | INFO | | ALL |
| G8540 | DOCUMENTATION THAT THE PATIENT | Not Covered | INFO | | ALL |
| G8541 | NO DOCUMENTATION OF A CURRENT | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G8542 | DOCUMENTATION OF A CURRENT FUN | Not Covered | INFO | | ALL |
| G8543 | DOCUMENTATION OF A CURRENT FUN | Not Covered | INFO | | ALL |
| G8559 | PATIENT REFERRED TO A PHYSICIAN ( | Not Covered | INFO | | ALL |
| G8560 | PATIENT HAS A HISTORY OF ACTIVE D | Not Covered | INFO | | ALL |
| G8561 | PATIENT IS NOT ELIGIBLE FOR THE RE | Not Covered | INFO | | ALL |
| G8562 | PATIENT DOES NOT HAVE A HISTORY | Not Covered | INFO | | ALL |
| G8563 | PATIENT NOT REFERRED TO A PHYSIC | Not Covered | INFO | | ALL |
| G8564 | PATIENT WAS REFERRED TO A PHYSIC | Not Covered | INFO | | ALL |
| G8565 | VERIFICATION AND DOCUMENTATION | Not Covered | INFO | | ALL |
| G8566 | PATIENT IS NOT ELIGIBLE FOR THE "RI | Not Covered | INFO | | ALL |
| G8567 | PATIENT DOES NOT HAVE VERIFICATIC | Not Covered | INFO | | ALL |
| G8568 | PATIENT WAS NOT REFERRED TO A PI | Not Covered | INFO | | ALL |
| G8569 | PROLONGED INTUBATION (>24 HRS) R | Not Covered | INFO | | ALL |
| G8570 | PROLONGED INTUBATION (>24 HRS) N | Not Covered | INFO | | ALL |
| G8571 | DEVELOPMENT OF DEEP STERNAL WC | Not Covered | INFO | | ALL |
| G8572 | NO DEEP STERNAL WOUND INFECTIOI | Not Covered | INFO | | ALL |
| G8573 | STROKE/CBA FOLLOWING ISOLATED C | Not Covered | INFO | | ALL |
| G8574 | NO STROKE/CVA FOLLOWING ISOLATE | Not Covered | INFO | | ALL |
| G8575 | DEVELOPED POSTOPERATIVE RENAL | Not Covered | INFO | | ALL |
| G8576 | NO POSTOPERATIVE RENAL INSUFFIC | Not Covered | INFO | | ALL |
| G8577 | REOPERATION REQUIRED DUE TO BLE | Not Covered | INFO | | ALL |
| G8578 | REOPERATION NOT REQUIRED DUE TC | Not Covered | INFO | | ALL |
| G8598 | ASPIRIN OR ANOTHER ANTITHROMBOT | Not Covered | INFO | | ALL |
| G8599 | ASPIRIN OR ANOTHER ANTITHROMBOT | Not Covered | INFO | | ALL |
| G8600 | IV T-PA INITIATED WITHIN THREE HOU | Not Covered | INFO | | ALL |
| G8601 | IV T-PA NOT INITIATED WITHIN THREE | Not Covered | INFO | | ALL |
| G8602 | IV T-PA NOT INITIATED WITHIN THREE | Not Covered | INFO | | ALL |
| G8627 | SURGICAL PROCEDURE PERFORMED | Not Covered | INFO | | ALL |
| G8628 | SURGICAL PROCEDURE NOT PERFOR | Not Covered | INFO | | ALL |
| G8633 | PHARMACOLOGIC THERAPY (OTHER T | Not Covered | INFO | | ALL |
| G8635 | PHARMACOLOGIC THERAPY FOR OSTI | Not Covered | INFO | | ALL |
| G8647 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8648 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8650 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8651 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8652 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8654 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8655 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8656 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8658 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8659 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8660 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8661 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8662 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8663 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8664 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8666 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8667 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8668 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8670 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8671 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8672 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8674 | RISK-ADJUSTED FUNCTIONAL STATUS | Not Covered | INFO | | ALL |
| G8694 | LEFT VENTRIUCULAR EJECTION FRAC | Not Covered | INFO | | ALL |
| G8708 | PATIENT NOT PRESCRIBED OR DISPEI | Not Covered | INFO | | ALL |
| G8709 | PATIENT PRESCRIBED OR DISPENSED | Not Covered | INFO | | ALL |
| G8710 | PATIENT PRESCRIBED OR DISPENSED | Not Covered | INFO | | ALL |
| G8711 | PRESCRIBED OR DISPENSED ANTIBIO | Not Covered | INFO | | ALL |
| G8712 | ANTIBIOTIC NOT PRESCRIBED OR DISI | Not Covered | INFO | | ALL |
| G8721 | PT CATEGORY (PRIMARY TUMOR), PN | Not Covered | INFO | | ALL |
| G8722 | MEDICAL REASON(S) DOCUMENTED F | Not Covered | INFO | | ALL |
| G8723 | SPECIMEN SITE IS OTHER THAN ANAT | Not Covered | INFO | | ALL |
| G8724 | PT CATEGORY, PN CATEGORY AND HI | Not Covered | INFO | | ALL |
| G8730 | PAIN ASSESSMENT DOCUMENTED AS | Not Covered | INFO | | ALL |
| G8731 | PAIN ASSESSMENT DOCUMENTED AS | Not Covered | INFO | | ALL |
| G8732 | NO DOCUMENTATION OF PAIN ASSESS | Not Covered | INFO | | ALL |
| G8733 | DOCUMENTATION OF A POSITIVE ELDI | Not Covered | INFO | | ALL |
| G8734 | ELDER MALTREATMENT SCREEN DOC | Not Covered | INFO | | ALL |
| G8735 | ELDER MALTREATMENT SCREEN DOC | Not Covered | INFO | | ALL |
| G8749 | ABSENCE OF SIGNS OF MELANOMA (C | Not Covered | INFO | | ALL |
| G8752 | MOST RECENT SYSTOLIC BLOOD PRE | Not Covered | INFO | | ALL |
| G8753 | MOST RECENT SYSTOLIC BLOOD PRE | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G8754 | MOST RECENT DIASTOLIC BLOOD PRE | Not Covered | INFO | | ALL |
| G8755 | MOST RECENT DIASTOLIC BLOOD PRE | Not Covered | INFO | | ALL |
| G8756 | NO DOCUMENTATION OF BLOOD PRES | Not Covered | INFO | | ALL |
| G8783 | BLOOD PRESSURE SCREENING PERF | Not Covered | INFO | | ALL |
| G8785 | BLOOD PRESSURE SCREENING NOT P | Not Covered | INFO | | ALL |
| G8797 | SPECIMEN SITE OTHER THAN ANATOM | Not Covered | INFO | | ALL |
| G8798 | SPECIMEN SITE OTHER THAN ANATOM | Not Covered | INFO | | ALL |
| G8806 | PERFORMANCE OF TRANS-ABDOMINA | Not Covered | INFO | | ALL |
| G8807 | TRANS-ABDOMINAL OR TRANS-VAGINA | Not Covered | INFO | | ALL |
| G8808 | PERFORMANCE OF TRANS-ABDOMINA | Not Covered | INFO | | ALL |
| G8809 | RH-IMMUNOGLOBULIN (RHOGAM) ORD | Not Covered | INFO | | ALL |
| G8810 | R-IMMUNOGLOBULIN (RHOGAM) NOT C | Not Covered | INFO | | ALL |
| G8811 | DOCUMENTATION RH-IMMUNOGLOBUL | Not Covered | INFO | | ALL |
| G8815 | STATIN THERAPY NOT PRESCRIBED F | Not Covered | INFO | | ALL |
| G8816 | STATIN MEDICATION PRESCRIBED AT | Not Covered | INFO | | ALL |
| G8817 | STATIN THERAPY NOT PRESCRIBED A | Not Covered | INFO | | ALL |
| G8826 | PATIENT DISCHARGE TO HOME NO LA | Not Covered | INFO | | ALL |
| G8833 | PATIENT NOT DISCHARGE TO HOME B | Not Covered | INFO | | ALL |
| G8834 | PATIENT DISCHARGED TO HOME NO L | Not Covered | INFO | | ALL |
| G8838 | PATIENT NOT DISCHARGED TO HOME | Not Covered | INFO | | ALL |
| G8839 | SLEEP APNEA SYMPTOMS ASSESSED, | Not Covered | INFO | | ALL |
| G8840 | DOCUMENTATION OF REASON(S) FOR | Not Covered | INFO | | ALL |
| G8841 | SLEEP APNEA SYMPTOMS NOT ASSES | Not Covered | INFO | | ALL |
| G8842 | APNEA HYPOPNEA INDEX (AHI) OR RE | Not Covered | INFO | | ALL |
| G8843 | DOCUMENTATION OF REASON(S) FOR | Not Covered | INFO | | ALL |
| G8844 | APNEA HYPOPNA INDEX (AHI) OR RESI | Not Covered | INFO | | ALL |
| G8845 | POSITIVE AIRWAY PRESSURE THERAF | Not Covered | INFO | | ALL |
| G8846 | MODERATE OR SEVERE OBSTRUCTIVE | Not Covered | INFO | | ALL |
| G8849 | DOCUMENTATION OF REASON(S) FOR | Not Covered | INFO | | ALL |
| G8850 | POSITIVE AIRWAY PRESSURE THERAF | Not Covered | INFO | | ALL |
| G8851 | OBJECTIVE MEASUREMENT OF ADHER | Not Covered | INFO | | ALL |
| G8852 | POSITIVE AIRWAY PRESSURE THERAF | Not Covered | INFO | | ALL |
| G8854 | DOCUMENTATION OF REASON(S) FOR | Not Covered | INFO | | ALL |
| G8855 | OBJECTIVE MEASUREMENT OF ADHER | Not Covered | INFO | | ALL |
| G8856 | REFERRAL TO A PHYSICIAN FOR AN O | Not Covered | INFO | | ALL |
| G8857 | PATIENT IS NOT ELIGIBLE FOR THE RE | Not Covered | INFO | | ALL |
| G8858 | REFERRAL TO A PHYSICIAN FOR AN O | Not Covered | INFO | | ALL |
| G8863 | PATIENTS NOT ASSESSED FOR RISK C | Not Covered | INFO | | ALL |
| G8864 | PNEUMOCOCCAL VACCINE ADMINISTE | Not Covered | INFO | | ALL |
| G8865 | DOCUMENTATION OF MEDICAL REASC | Not Covered | INFO | | ALL |
| G8866 | DOCUMENTATION OF PATIENT REASO | Not Covered | INFO | | ALL |
| G8867 | PNEUMOCOCCAL VACCINE NOT ADMIN | Not Covered | INFO | | ALL |
| G8869 | PATIENT HAS DOCUMENTED IMMUNITY | Not Covered | INFO | | ALL |
| G8872 | EXCISED TISSUE EVALUATED BY IMAG | Not Covered | INFO | | ALL |
| G8873 | PATIENTS WITH NEEDLE LOCALIZATIO | Not Covered | INFO | | ALL |
| G8874 | EXCISED TISSUE NOT EVALUATED BY | Not Covered | INFO | | ALL |
| G8875 | CLINICIAN DIAGNOSED BREAST CANCI | Not Covered | INFO | | ALL |
| G8876 | DOCUMENTATION OF REASON(S) FOR | Not Covered | INFO | | ALL |
| G8877 | CLINICIAN DID NOT ATTEMPT TO ACHI | Not Covered | INFO | | ALL |
| G8878 | SENTINEL LYMPH NODE BIOPSY PROC | Not Covered | INFO | | ALL |
| G8880 | DOCUMENTATION OF REASON(S) SEN | Not Covered | INFO | | ALL |
| G8881 | STAGE OF BREAST CANCER IS GREAT | Not Covered | INFO | | ALL |
| G8882 | SENTINEL LYMPH NODE BIOPSY PROC | Not Covered | INFO | | ALL |
| G8907 | Patient documented not to have experienc | Not Covered | INFO | | ALL |
| G8908 | Patient documented to have received a bu | Not Covered | INFO | | ALL |
| G8909 | Patient documented not to have received | Not Covered | INFO | | ALL |
| G8910 | Patient documented to have experienced | Not Covered | INFO | | ALL |
| G8911 | Patient documented not to have experienc | Not Covered | INFO | | ALL |
| G8912 | Patient documented to have experienced | Not Covered | INFO | | ALL |
| G8913 | Patient documented not to have experienc | Not Covered | INFO | | ALL |
| G8914 | Patient documented to have experienced | Not Covered | INFO | | ALL |
| G8915 | Patient documented not to have experienc | Not Covered | INFO | | ALL |
| G8916 | Patient with preoperative order for IV antib | Not Covered | INFO | | ALL |
| G8917 | Patient with preoperative order for IV antib | Not Covered | INFO | | ALL |
| G8918 | Patient without preoperative order for IV a | Not Covered | INFO | | ALL |
| G8923 | Left ventricular ejection fraction (lvef) < 40 | Not Covered | INFO | | ALL |
| G8924 | Spirometry test results demonstrate fev1/f | Not Covered | INFO | | ALL |
| G8934 | Left ventricular ejection fraction (lvef) <40 | Not Covered | INFO | | ALL |
| G8935 | Clinician prescribed angiotensin convertin | Not Covered | INFO | | ALL |
| G8936 | Clinician documented that patient was not | Not Covered | INFO | | ALL |
| G8937 | Clinician did not prescribe angiotensin cor | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G8939 | Pain assessment documented, follow-up p | Not Covered | INFO | | ALL |
| G8942 | Documented functional outcomes assessr | Not Covered | INFO | | ALL |
| G8944 | Ajcc melanoma cancer stage 0 through iic | Not Covered | INFO | | ALL |
| G8946 | Minimally invasive biopsy method attempt | Not Covered | INFO | | ALL |
| G8950 | Pre-hypertensive or hypertensive blood pr | Not Covered | INFO | | ALL |
| G8952 | Pre-hypertensive or hypertensive blood pr | Not Covered | INFO | | ALL |
| G8954 | Complete and appropriate patient data we | Not Covered | INFO | | ALL |
| G8955 | Most recent assessment of adequacy of v | Not Covered | INFO | | ALL |
| G8956 | Patient receiving maintenance hemodialys | Not Covered | INFO | | ALL |
| G8958 | Assessment of adequacy of volume mana | Not Covered | INFO | | ALL |
| G8959 | Clinician treating major depressive disorde | Not Covered | INFO | | ALL |
| G8960 | Clinician treating major depressive disorde | Not Covered | INFO | | ALL |
| G8961 | Cardiac stress imaging test primarily perfo | Not Covered | INFO | | ALL |
| G8962 | Cardiac stress imaging test performed on | Not Covered | INFO | | ALL |
| G8967 | Warfarin or another oral anticoagulant tha | Not Covered | INFO | | ALL |
| G8968 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G8969 | Documentation of patient reason(s) for no | Not Covered | INFO | | ALL |
| G8970 | No risk factors or one moderate risk factor | Not Covered | INFO | | ALL |
| G8974 | Hemoglobin level measurement not docur | Not Covered | INFO | | ALL |
| G8975 | Documentation of medical reason(s) for pa | Not Covered | INFO | | ALL |
| G8976 | Most recent hemoglobin (hgb) level >= 10 | Not Covered | INFO | | ALL |
| G9001 | COORDINATED CARE FEE, INITIAL RAT | No | | | ALL |
| G9002 | COORDINATED CARE FEE, MAINTENAN | No | | | ALL |
| G9003 | COORDINATED CARE FEE, RISK ADJUS | Not Covered | INFO | | ALL |
| G9004 | COORDINATED CARE FEE, RISK ADJUS | Not Covered | INFO | | ALL |
| G9005 | COORDINATED CARE FEE, RISK ADJUS | Not Covered | INFO | | ALL |
| G9006 | COORDINATED CARE FEE, HOME MON | Not Covered | INFO | | ALL |
| G9007 | COORDINATED CARE FEE, SCHEDULE | No | | | ALL |
| G9008 | COORDINATED CARE FEE, PHYSICIAN | No | | | ALL |
| G9009 | COORDINATED CARE FEE, RISK ADJUS | Not Covered | INFO | | ALL |
| G9010 | COORDINATED CARE FEE, RISK ADJUS | Not Covered | INFO | | ALL |
| G9011 | COORDINATED CARE FEE, RISK ADJUS | Not Covered | INFO | | ALL |
| G9012 | OTHER SPECIFIED CASE MANAGEMEN | No | | | ALL |
| G9013 | ESRD DEMO BASIC BUNDLE LEVEL I | Not Covered | INFO | | ALL |
| G9014 | ESRD DEMO EXPANDED BUNDLE INCL | Not Covered | INFO | | ALL |
| G9016 | SMOKING CESSATION COUNSELING, IN | Not Covered | INFO | | ALL |
| G9050 | ONCOLOGY; PRIMARY FOCUS OF VISIT | Not Covered | INFO | | ALL |
| G9051 | ONCOLOGY; PRIMARY FOCUS OF VISIT | Not Covered | INFO | | ALL |
| G9052 | ONCOLOGY; PRIMARY FOCUS OF VISIT | Not Covered | INFO | | ALL |
| G9053 | ONCOLOGY; PRIMARY FOCUS OF VISIT | Not Covered | INFO | | ALL |
| G9054 | ONCOLOGY; PRIMARY FOCUS OF VISIT | Not Covered | INFO | | ALL |
| G9055 | ONCOLOGY; PRIMARY FOCUS OF VISIT | Not Covered | INFO | | ALL |
| G9056 | ONCOLOGY; PRACTICE GUIDELINES; M | Not Covered | INFO | | ALL |
| G9057 | ONCOLOGY; PRACTICE GUIDELINES; M | Not Covered | INFO | | ALL |
| G9058 | ONCOLOGY; PRACTICE GUIDELINES; M | Not Covered | INFO | | ALL |
| G9059 | ONCOLOGY; PRACTICE GUIDELINES; M | Not Covered | INFO | | ALL |
| G9060 | ONCOLOGY; PRACTICE GUIDELINES; M | Not Covered | INFO | | ALL |
| G9061 | ONCOLOGY; PRACTICE GUIDELINES; P | Not Covered | INFO | | ALL |
| G9062 | ONCOLOGY; PRACTICE GUIDELINES; M | Not Covered | INFO | | ALL |
| G9063 | ONCOLOGY; DISEASE STATUS; LIMITE | Not Covered | INFO | | ALL |
| G9064 | ONCOLOGY; DISEASE STATUS; LIMITE | Not Covered | INFO | | ALL |
| G9065 | ONCOLOGY; DISEASE STATUS; LIMITE | Not Covered | INFO | | ALL |
| G9066 | ONCOLOGY; DISEASE STATUS; LIMITE | Not Covered | INFO | | ALL |
| G9067 | ONCOLOGY; DISEASE STATUS; LIMITE | Not Covered | INFO | | ALL |
| G9068 | ONCOLOGY; DISEASE STATUS; LIMITE | Not Covered | INFO | | ALL |
| G9069 | ONCOLOGY; DISEASE STATUS; SMALL | Not Covered | INFO | | ALL |
| G9070 | ONCOLOGY; DISEASE STATUS; SMALL | Not Covered | INFO | | ALL |
| G9071 | ONCOLOGY; DISEASE STATUS; INVASI | Not Covered | INFO | | ALL |
| G9072 | ONCOLOGY; DISEASE STATUS; INVASI | Not Covered | INFO | | ALL |
| G9073 | ONCOLOGY; DISEASE STATUS; INVASI | Not Covered | INFO | | ALL |
| G9074 | ONCOLOGY; DISEASE STATUS; INVASI | Not Covered | INFO | | ALL |
| G9075 | ONCOLOGY; DISEASE STATUS; INVASI | Not Covered | INFO | | ALL |
| G9077 | ONCOLOGY; DISEASE STATUS; PROST | Not Covered | INFO | | ALL |
| G9078 | ONCOLOGY; DISEASE STATUS; PROST | Not Covered | INFO | | ALL |
| G9079 | ONCOLOGY; DISEASE STATUS; PROST | Not Covered | INFO | | ALL |
| G9080 | ONCOLOGY; DISEASE STATUS; PROST | Not Covered | INFO | | ALL |
| G9083 | ONCOLOGY; DISEASE STATUS; PROST | Not Covered | INFO | | ALL |
| G9084 | ONCOLOGY; DISEASE STATUS; COLON | Not Covered | INFO | | ALL |
| G9085 | ONCOLOGY; DISEASE STATUS; COLON | Not Covered | INFO | | ALL |
| G9086 | ONCOLOGY; DISEASE STATUS; COLON | Not Covered | INFO | | ALL |
| G9087 | ONCOLOGY; DISEASE STATUS; COLON | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9088 | ONCOLOGY; DISEASE STATUS; COLON | Not Covered | INFO | | ALL |
| G9089 | ONCOLOGY; DISEASE STATUS; COLON | Not Covered | INFO | | ALL |
| G9090 | ONCOLOGY; DISEASE STATUS; RECTA | Not Covered | INFO | | ALL |
| G9091 | ONCOLOGY; DISEASE STATUS; RECTA | Not Covered | INFO | | ALL |
| G9092 | ONCOLOGY; DISEASE STATUS; RECTA | Not Covered | INFO | | ALL |
| G9093 | ONCOLOGY; DISEASE STATUS; RECTA | Not Covered | INFO | | ALL |
| G9094 | ONCOLOGY; DISEASE STATUS; RECTA | Not Covered | INFO | | ALL |
| G9095 | ONCOLOGY; DISEASE STATUS; RECTA | Not Covered | INFO | | ALL |
| G9096 | ONCOLOGY; DISEASE STATUS; ESOPH | Not Covered | INFO | | ALL |
| G9097 | ONCOLOGY; DISEASE STATUS; ESOPH | Not Covered | INFO | | ALL |
| G9098 | ONCOLOGY; DISEASE STATUS; ESOPH | Not Covered | INFO | | ALL |
| G9099 | ONCOLOGY; DISEASE STATUS; ESOPH | Not Covered | INFO | | ALL |
| G9100 | ONCOLOGY; DISEASE STATUS; GASTR | Not Covered | INFO | | ALL |
| G9101 | ONCOLOGY; DISEASE STATUS; GASTR | Not Covered | INFO | | ALL |
| G9102 | ONCOLOGY; DISEASE STATUS; GASTR | Not Covered | INFO | | ALL |
| G9103 | ONCOLOGY; DISEASE STATUS; GASTR | Not Covered | INFO | | ALL |
| G9104 | ONCOLOGY; DISEASE STATUS; GASTR | Not Covered | INFO | | ALL |
| G9105 | ONCOLOGY; DISEASE STATUS; PANCR | Not Covered | INFO | | ALL |
| G9106 | ONCOLOGY; DISEASE STATUS; PANCR | Not Covered | INFO | | ALL |
| G9107 | ONCOLOGY; DISEASE STATUS; PANCR | Not Covered | INFO | | ALL |
| G9108 | ONCOLOGY; DISEASE STATUS; PANCR | Not Covered | INFO | | ALL |
| G9109 | ONCOLOGY; DISEASE STATUS; HEAD / | Not Covered | INFO | | ALL |
| G9110 | ONCOLOGY; DISEASE STATUS; HEAD / | Not Covered | INFO | | ALL |
| G9111 | ONCOLOGY; DISEASE STATUS; HEAD / | Not Covered | INFO | | ALL |
| G9112 | ONCOLOGY; DISEASE STATUS; HEAD / | Not Covered | INFO | | ALL |
| G9113 | ONCOLOGY; DISEASE STATUS; OVARI/ | Not Covered | INFO | | ALL |
| G9114 | ONCOLOGY; DISEASE STATUS; OVARI/ | Not Covered | INFO | | ALL |
| G9115 | ONCOLOGY; DISEASE STATUS; OVARI/ | Not Covered | INFO | | ALL |
| G9116 | ONCOLOGY; DISEASE STATUS; OVARI/ | Not Covered | INFO | | ALL |
| G9117 | ONCOLOGY; DISEASE STATUS; OVARI/ | Not Covered | INFO | | ALL |
| G9123 | ONCOLOGY; DISEASE STATUS; NON-H | Not Covered | INFO | | ALL |
| G9124 | ONCOLOGY; DISEASE STATUS; NON-H | Not Covered | INFO | | ALL |
| G9125 | ONCOLOGY; DISEASE STATUS; NON-H | Not Covered | INFO | | ALL |
| G9126 | ONCOLOGY; DISEASE STATUS; OVARI/ | Not Covered | INFO | | ALL |
| G9128 | ONCOLOGY; DISEASE STATUS; LIMITE | Not Covered | INFO | | ALL |
| G9129 | ONCOLOGY; DISEASE STATUS; CHRON | Not Covered | INFO | | ALL |
| G9130 | ONCOLOGY; DISEASE STATUS; LIMITE | Not Covered | INFO | | ALL |
| G9131 | ONCOLOGY; DISEASE STATUS: INVASI | Not Covered | INFO | | ALL |
| G9132 | ONCOLOGY; DISEASE STATUS: PROST | Not Covered | INFO | | ALL |
| G9133 | ONCOLOGY; DISEASE STATUS: PROST | Not Covered | INFO | | ALL |
| G9134 | ONCOLOGY; DISEASE STATUS: NON-H | Not Covered | INFO | | ALL |
| G9135 | ONCOLOGY; DISEASE STATUS: NON-H | Not Covered | INFO | | ALL |
| G9136 | ONCOLGOY; DISEASE STATUS: NON-H | Not Covered | INFO | | ALL |
| G9137 | ONCOLOGY; DISEASE STATUS: NON-H | Not Covered | INFO | | ALL |
| G9138 | ONCOLOGY; DISEASE STATUS:  NON-H | Not Covered | INFO | | ALL |
| G9139 | ONCOLOGY; DISEASE STATUS: CHRON | Not Covered | INFO | | ALL |
| G9140 | FRONTIER EXTENDED STAY CLINIC DE | Not Covered | | | ALL |
| G9143 | Warfarin responsiveness testing by genet | Yes | | | ALL (Except McWRAP) |
| G9143 | Warfarin responsiveness testing by genet | No | | | MCWRAP |
| G9147 | Outpatient Intravenous Insulin Treatment ( | Not Covered | | | ALL |
| G9148 | Medical Home Level I | Not Covered | INFO | | ALL |
| G9149 | Medical Home Level II | Not Covered | INFO | | ALL |
| G9150 | Medical Home Level III | Not Covered | INFO | | ALL |
| G9151 | MAPCP demo State | Not Covered | INFO | | ALL |
| G9152 | MAPCP demo community | Not Covered | INFO | | ALL |
| G9153 | MAPCP demo physician | Not Covered | INFO | | ALL |
| G9156 | EVALUATION FOR WHEELCHAIR REQU | Not Covered | INFO | | ALL |
| G9157 | TRANSESOPHAGEAL DOPPLER USED | No | | | ALL |
| G9187 | BUNDLED PAYMENT FOR CARE IMPRO | Not Covered | | | ALL (Except MA) |
| G9187 | BUNDLED PAYMENT FOR CARE IMPRO | No | | | MA |
| G9188 | Beta-blocker therapy not prescribed, reas | Not Covered | | | ALL |
| G9189 | Beta-blocker therapy prescribed or curren | Not Covered | | | ALL |
| G9190 | Documentation of medical reason(s) for n | Not Covered | | | ALL |
| G9191 | Documentation of patient reason(s) for no | Not Covered | | | ALL |
| G9212 | Dsm-ivtm criteria for major depressive dis | Not Covered | | | ALL |
| G9213 | Dsm-iv-tr criteria for major depressive dis | Not Covered | | | ALL |
| G9223 | Pneumocystis jiroveci pneumonia prophyl | Not Covered | | | ALL |
| G9225 | Foot exam was not performed, reason not | Not Covered | | | ALL |
| G9226 | Foot examination performed (includes exa | Not Covered | | | ALL |
| G9227 | Functional outcome assessment documer | Not Covered | | | ALL |
| G9228 | Chlamydia, gonorrhea and syphilis screen | Not Covered | | | ALL |
| G9230 | Chlamydia, gonorrhea, and syphilis not sc | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9231 | Documentation of end stage renal disease | Not Covered | | | ALL |
| G9232 | Clinician treating major depressive disorde | Not Covered | | | ALL |
| G9239 | Documentation of reasons for patient initia | Not Covered | | | ALL |
| G9240 | Patient whose mode of vascular access is | Not Covered | | | ALL |
| G9241 | Patient whose mode of vascular access is | Not Covered | | | ALL |
| G9242 | Documentation of viral load equal to or gre | Not Covered | | | ALL |
| G9243 | Documentation of viral load less than 200 | Not Covered | | | ALL |
| G9246 | Patient did not have at least one medical v | Not Covered | | | ALL |
| G9247 | Patient had at least one medical visit in ea | Not Covered | | | ALL |
| G9254 | Documentation of patient discharged to ho | Not Covered | | | ALL |
| G9255 | Documentation of patient discharged to ho | Not Covered | | | ALL |
| G9256 | Documentation of patient death following | Not Covered | | | ALL |
| G9257 | Documentation of patient stroke following | Not Covered | | | ALL |
| G9258 | Documentation of patient stroke following | Not Covered | | | ALL |
| G9259 | Documentation of patient survival and abs | Not Covered | | | ALL |
| G9260 | Documentation of patient death following | Not Covered | | | ALL |
| G9261 | Documentation of patient survival and abs | Not Covered | | | ALL |
| G9262 | Documentation of patient death in the hos | Not Covered | | | ALL |
| G9263 | Documentation of patient survival in the ho | Not Covered | | | ALL |
| G9264 | Documentation of patient receiving mainte | Not Covered | | | ALL |
| G9265 | Patient receiving maintenance hemodialys | Not Covered | | | ALL |
| G9266 | Patient receiving maintenance hemodialys | Not Covered | | | ALL |
| G9273 | Blood pressure has a systolic value of < 1 | Not Covered | | | ALL |
| G9274 | Blood pressure has a systolic value of =14 | Not Covered | | | ALL |
| G9275 | Documentation that patient is a current no | Not Covered | | | ALL |
| G9276 | Documentation that patient is a current tob | Not Covered | | | ALL |
| G9277 | Documentation that the patient is on daily | Not Covered | | | ALL |
| G9278 | Documentation that the patient is not on d | Not Covered | | | ALL |
| G9279 | Pneumococcal screening performed and d | Not Covered | | | ALL |
| G9280 | Pneumococcal vaccination not administer | Not Covered | | | ALL |
| G9281 | Screening performed and documentation | Not Covered | | | ALL |
| G9282 | Documentation of medical reason(s) for no | Not Covered | | | ALL |
| G9283 | Non small cell lung cancer biopsy and cyto | Not Covered | | | ALL |
| G9284 | Non small cell lung cancer biopsy and cyto | Not Covered | | | ALL |
| G9285 | Specimen site other than anatomic locatio | Not Covered | | | ALL |
| G9286 | Documentation of antibiotic regimen presc | Not Covered | | | ALL |
| G9287 | No antibiotic regimen prescribed within 7 d | Not Covered | | | ALL |
| G9288 | Documentation of medical reason(s) for no | Not Covered | | | ALL |
| G9289 | Non small cell lung cancer biopsy and cyto | Not Covered | | | ALL |
| G9290 | Non small cell lung cancer biopsy and cyto | Not Covered | | | ALL |
| G9291 | Specimen site other than anatomic locatio | Not Covered | | | ALL |
| G9292 | Documentation of medical reason(s) for no | Not Covered | | | ALL |
| G9293 | Pathology report does not include the pt c | Not Covered | | | ALL |
| G9294 | Pathology report includes the pt category | Not Covered | | | ALL |
| G9295 | Specimen site other than anatomic cutane | Not Covered | | | ALL |
| G9296 | Patients with documented shared decision | Not Covered | | | ALL |
| G9297 | Shared decision-making including discuss | Not Covered | | | ALL |
| G9298 | Patients who are evaluated for venous thr | Not Covered | | | ALL |
| G9299 | Patients who are not evaluated for venous | Not Covered | | | ALL |
| G9300 | Documentation of medical reason(s) for no | Not Covered | | | ALL |
| G9301 | Patients who had the prophylactic antibiot | Not Covered | | | ALL |
| G9302 | Prophylactic antibiotic not completely infus | Not Covered | | | ALL |
| G9303 | Operative report does not identify the pros | Not Covered | | | ALL |
| G9304 | Operative report identifies the prosthetic in | Not Covered | | | ALL |
| G9305 | Intervention for presence of leak of endolu | Not Covered | | | ALL |
| G9306 | Intervention for presence of leak of endolu | Not Covered | | | ALL |
| G9307 | No return to the operating room for a surg | Not Covered | | | ALL |
| G9308 | Unplanned return to the operating room fo | Not Covered | | | ALL |
| G9309 | No unplanned hospital readmission within | Not Covered | | | ALL |
| G9310 | Unplanned hospital readmission within 30 | Not Covered | | | ALL |
| G9311 | No surgical site infection | Not Covered | | | ALL |
| G9312 | Surgical site infection | Not Covered | | | ALL |
| G9313 | Amoxicillin, with or without clavulanate, no | Not Covered | | | ALL |
| G9314 | Amoxicillin, with or without clavulanate, no | Not Covered | | | ALL |
| G9315 | Documentation amoxicillin, with or without | Not Covered | | | ALL |
| G9316 | Documentation of patient-specific risk ass | Not Covered | | | ALL |
| G9317 | Documentation of patient-specific risk ass | Not Covered | | | ALL |
| G9318 | Imaging study named according to standa | Not Covered | | | ALL |
| G9319 | Imaging study not named according to sta | Not Covered | | | ALL |
| G9321 | Count of previous ct (any type of ct) and c | Not Covered | | | ALL |
| G9322 | Count of previous ct and cardiac nuclear m | Not Covered | | | ALL |
| G9326 | Ct studies performed not reported to a rad | Not Covered | | | ALL |
| G9327 | Ct studies performed reported to a radiatio | Not Covered | | | ALL |
| G9329 | Dicom format image data available to non | Not Covered | | | ALL |
| G9340 | Final report documented that dicom forma | Not Covered | | | ALL |
| G9341 | Search conducted for prior patient ct imag | Not Covered | | | ALL |
| G9342 | Search conducted for prior patient imaging | Not Covered | | | ALL |
| G9344 | Search for prior patient completed dicom f | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9345 | Follow-up recommendations according to | Not Covered | | | ALL |
| G9347 | Follow-up recommendations according to | Not Covered | | | ALL |
| G9351 | More than one ct scan of the paranasal si | Not Covered | | | ALL |
| G9352 | More than one ct scan of the paranasal si | Not Covered | | | ALL |
| G9353 | More than one ct scan of the paranasal si | Not Covered | | | ALL |
| G9354 | More than one ct scan of the paranasal si | Not Covered | | | ALL |
| G9355 | Elective delivery or early induction not per | Not Covered | | | ALL |
| G9356 | Elective delivery or early induction perform | Not Covered | | | ALL |
| G9357 | Post-partum screenings, evaluations and | Not Covered | | | ALL |
| G9358 | Post-partum screenings, evaluations and | Not Covered | | | ALL |
| G9361 | Medical indication for induction (documen | Not Covered | INFO | | ALL |
| G9364 | Sinusitis caused by, or presumed to be ca | Not Covered | | | ALL |
| G9365 | One high-risk medication ordered | Not Covered | | | ALL |
| G9366 | One high-risk medication not ordered | Not Covered | | | ALL |
| G9367 | At least two different high-risk medications | Not Covered | | | ALL |
| G9368 | At least two different high-risk medications | Not Covered | | | ALL |
| G9380 | Patient offered assistance with end of life | Not Covered | | | ALL |
| G9382 | Patient not offered assistance with end of | Not Covered | | | ALL |
| G9383 | Patient received screening for hcv infectio | Not Covered | | | ALL |
| G9384 | Documentation of medical reason(s) for n | Not Covered | | | ALL |
| G9385 | Documentation of patient reason(s) for no | Not Covered | | | ALL |
| G9386 | Screening for hcv infection not received w | Not Covered | | | ALL |
| G9389 | Unplanned rupture of the posterior capsul | Not Covered | | | ALL |
| G9390 | No unplanned rupture of the posterior cap | Not Covered | | | ALL |
| G9393 | Patient with an initial phq-9 score greater | Not Covered | | | ALL |
| G9394 | Patient who had a diagnosis of bipolar dis | Not Covered | | | ALL |
| G9395 | Patient with an initial phq-9 score greater | Not Covered | | | ALL |
| G9396 | Patient with an initial phq-9 score greater | Not Covered | | | ALL |
| G9402 | Patient received follow-up on the date of c | Not Covered | | | ALL |
| G9408 | Patients with cardiac tamponade and/or p | Not Covered | | | ALL |
| G9409 | Patients without cardiac tamponade and/c | Not Covered | | | ALL |
| G9410 | Patient admitted within 180 days, status p | Not Covered | | | ALL |
| G9411 | Patient not admitted within 180 days, statu | Not Covered | | | ALL |
| G9412 | Patient admitted within 180 days, status p | Not Covered | | | ALL |
| G9413 | Patient not admitted within 180 days, statu | Not Covered | | | ALL |
| G9414 | Patient had one dose of meningococcal va | Not Covered | | | ALL |
| G9415 | Patient did not have one dose of meningo | Not Covered | | | ALL |
| G9416 | Patient had one tetanus, diphtheria toxoid | Not Covered | | | ALL |
| G9417 | Patient did not have one tetanus, diphther | Not Covered | | | ALL |
| G9418 | Primary non-small cell lung cancer biopsy | Not Covered | | | ALL |
| G9419 | Documentation of medical reason(s) for n | Not Covered | | | ALL |
| G9420 | Specimen site other than anatomic locatic | Not Covered | | | ALL |
| G9421 | Primary non-small cell lung cancer biopsy | Not Covered | | | ALL |
| G9422 | Non-small cell lung cancer biopsy and cyt | Not Covered | | | ALL |
| G9423 | Documentation of medical reason(s) for n | Not Covered | | | ALL |
| G9424 | Specimen site other than anatomic locatic | Not Covered | | | ALL |
| G9425 | Non small cell lung cancer biopsy and cyt | Not Covered | | | ALL |
| G9426 | Improvement in median time from ed arriv | Not Covered | | | ALL |
| G9427 | Improvement in median time from ed arriv | Not Covered | | | ALL |
| G9428 | Pathology report includes the pt category | Not Covered | | | ALL |
| G9429 | Documentation of medical reason(s) for n | Not Covered | | | ALL |
| G9430 | Specimen site other than anatomic cutane | Not Covered | | | ALL |
| G9431 | Pathology report does not include the pt c | Not Covered | | | ALL |
| G9432 | Asthma well-controlled based on the act, | Not Covered | | | ALL |
| G9434 | Asthma not well-controlled based on the a | Not Covered | | | ALL |
| G9452 | Documentation of medical reason(s) for n | Not Covered | | | ALL |
| G9455 | Patient underwent abdominal imaging with | Not Covered | | | ALL |
| G9456 | Documentation of medical or patient reaso | Not Covered | | | ALL |
| G9457 | Patient did not undergo abdominal imagin | Not Covered | | | ALL |
| G9468 | Patient not receiving corticosteroids greate | Not Covered | | | ALL |
| G9469 | Patients who have received or are receivi | Not Covered | | | ALL |
| G9470 | Patients not receiving corticosteroids grea | Not Covered | | | ALL |
| G9471 | Within the past 2 years, central dual-energ | Not Covered | | | ALL |
| G9473 | Services performed by chaplain in the hos | Not Covered | | | ALL |
| G9474 | Services performed by dietary counselor i | Not Covered | | | ALL |
| G9475 | Services performed by other counselor in | Not Covered | | | ALL |
| G9476 | Services performed by volunteer in the ho | Not Covered | | | ALL |
| G9477 | Services performed by care coordinator in | Not Covered | | | ALL |
| G9478 | Services performed by other qualified ther | Not Covered | | | ALL |
| G9479 | Services performed by qualified pharmaci | Not Covered | | | ALL |
| G9480 | Admission to medicare care choice model | Not Covered | | | ALL |
| G9481 | Remote in-home visit for the evaluation ar | Not Covered | | | ALL |
| G9482 | Remote in-home visit for the evaluation ar | Not Covered | | | ALL |
| G9483 | Remote in-home visit for the evaluation ar | Not Covered | | | ALL |
| G9484 | Remote in-home visit for the evaluation ar | Not Covered | | | ALL |
| G9485 | Remote in-home visit for the evaluation ar | Not Covered | | | ALL |
| G9486 | Remote in-home visit for the evaluation ar | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9487 | Remote in-home visit for the evaluation ar | Not Covered | | | ALL |
| G9488 | Remote in-home visit for the evaluation ar | Not Covered | | | ALL |
| G9489 | Remote in-home visit for the evaluation ar | Not Covered | | | ALL |
| G9490 | Comprehensive Care for Joint Replaceme | Not Covered | | | ALL |
| G9497 | Seen pre-operatively by anesthesiologist c | Not Covered | | | ALL |
| G9498 | Antibiotic regimen prescribed | Not Covered | | | ALL |
| G9500 | Radiation exposure indices, exposure time | Not Covered | | | ALL |
| G9501 | Radiation exposure indices, exposure time | Not Covered | | | ALL |
| G9502 | Documentation of medical reason for not p | Not Covered | | | ALL |
| G9503 | Patient taking tamsulosin hydrochloride | Not Covered | | | ALL |
| G9504 | Documented reason for not assessing hep | Not Covered | | | ALL |
| G9505 | Antibiotic regimen prescribed within 10 da | Not Covered | | | ALL |
| G9507 | Documentation that the patient is on a sta | Not Covered | | | ALL |
| G9508 | Documentation that the patient is not on a | Not Covered | | | ALL |
| G9509 | Remission at twelve months as demonstra | Not Covered | | | ALL |
| G9510 | Remission at twelve months not demonstr | Not Covered | | | ALL |
| G9511 | Index date phq-9 score greater than 9 doc | Not Covered | | | ALL |
| G9512 | Individual had a pdc of 0.8 or greater | Not Covered | | | ALL |
| G9513 | Individual did not have a pdc of 0.8 or grea | Not Covered | | | ALL |
| G9514 | Patient required a return to the operating r | Not Covered | | | ALL |
| G9515 | Patient did not require a return to the oper | Not Covered | | | ALL |
| G9516 | Patient achieved an improvement in visua | Not Covered | | | ALL |
| G9517 | Patient did not achieve an improvement in | Not Covered | | | ALL |
| G9518 | Documentation of active injection drug use | Not Covered | | | ALL |
| G9519 | Patient achieves final refraction (spherical | Not Covered | | | ALL |
| G9520 | Patient does not achieve final refraction (s | Not Covered | | | ALL |
| G9521 | Total number of emergency department vi | Not Covered | | | ALL |
| G9522 | Total number of emergency department vi | Not Covered | | | ALL |
| G9523 | Patient discontinued from hemodialysis or | Not Covered | | | ALL |
| G9524 | Patient was referred to hospice care | Not Covered | | | ALL |
| G9525 | Documentation of patient reason(s) for no | Not Covered | | | ALL |
| G9526 | Patient was not referred to hospice care, r | Not Covered | | | ALL |
| G9529 | Patient with minor blunt head trauma had | Not Covered | | | ALL |
| G9530 | Patient presented within 24 hours of a min | Not Covered | | | ALL |
| G9531 | Patient has a valid reason for a head ct fo | Not Covered | | | ALL |
| G9532 | Patient's head injury occurred greater than | Not Covered | | | ALL |
| G9533 | Patient with minor blunt head trauma did r | Not Covered | | | ALL |
| G9537 | Documentation of system reason(s) for or | Not Covered | | | ALL |
| G9539 | Intent for potential removal at time of plac | Not Covered | | | ALL |
| G9540 | Patient alive 3 months post procedure | Not Covered | | | ALL |
| G9541 | Filter removed within 3 months of placeme | Not Covered | | | ALL |
| G9542 | Documented re-assessment for the appro | Not Covered | | | ALL |
| G9543 | Documentation of at least two attempts to | Not Covered | | | ALL |
| G9544 | Patients that do not have the filter remove | Not Covered | | | ALL |
| G9547 | Incidental ct finding: liver lesion = 0.5 cm, | Not Covered | | | ALL |
| G9548 | Final reports for abdominal imaging studie | Not Covered | | | ALL |
| G9549 | Documentation of medical reason(s) that f | Not Covered | | | ALL |
| G9550 | Final reports for abdominal imaging studie | Not Covered | | | ALL |
| G9551 | Final reports for abdominal imaging studie | Not Covered | | | ALL |
| G9552 | Incidental thyroid nodule < 1.0 cm noted in | Not Covered | | | ALL |
| G9553 | Prior thyroid disease diagnosis | Not Covered | | | ALL |
| G9554 | Final reports for ct or mri of the chest or n | Not Covered | | | ALL |
| G9555 | Documentation of medical reason(s) for n | Not Covered | | | ALL |
| G9556 | Final reports for ct or mri of the chest or n | Not Covered | | | ALL |
| G9557 | Final reports for ct or mri studies of the ch | Not Covered | | | ALL |
| G9558 | Patient treated with a beta-lactam antibiot | Not Covered | | | ALL |
| G9559 | Documentation of medical reason(s) for n | Not Covered | | | ALL |
| G9560 | Patient not treated with a beta-lactam anti | Not Covered | | | ALL |
| G9573 | Remission at six months as demonstrated | Not Covered | | | ALL |
| G9574 | Remission at six months not demonstrate | Not Covered | | | ALL |
| G9580 | Door to puncture time of less than 2 hours | Not Covered | | | ALL |
| G9582 | Door to puncture time of greater than 2 ho | Not Covered | | | ALL |
| G9593 | Pediatric patient with minor blunt head tra | Not Covered | | | ALL |
| G9594 | Patient presented within 24 hours of a min | Not Covered | | | ALL |
| G9595 | Patient has a valid reason for a head ct fo | Not Covered | | | ALL |
| G9597 | Pediatric patient with minor blunt head tra | Not Covered | | | ALL |
| G9598 | Aortic aneurysm 5.5 - 5.9 cm maximum di | Not Covered | | | ALL |
| G9599 | Aortic aneurysm 6.0 cm or greater maximu | Not Covered | | | ALL |
| G9600 | Symptomatic aaas that required urgent/en | Not Covered | | | ALL |
| G9601 | Patient discharge to home no later than p | Not Covered | | | ALL |
| G9602 | Patient not discharged to home by post-op | Not Covered | | | ALL |
| G9603 | Patient survey score improved from basel | Not Covered | | | ALL |
| G9605 | Patient survey score did not improve from | Not Covered | | | ALL |
| G9606 | Intraoperative cystoscopy performed to ev | Not Covered | | | ALL |
| G9607 | Patient is not eligible (e.g., patient death c | Not Covered | | | ALL |
| G9608 | Intraoperative cystoscopy not performed t | Not Covered | | | ALL |
| G9609 | Documentation of an order for anti-platele | Not Covered | | | ALL |
| G9610 | Documentation of medical reason(s) for n | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9611 | Order for anti-platelet agents or p2y12 ant | Not Covered | | | ALL |
| G9615 | Preoperative assessment documented | Not Covered | | | ALL |
| G9616 | Documentation of reason(s) for not docum | Not Covered | | | ALL |
| G9617 | Preoperative assessment not documented | Not Covered | | | ALL |
| G9621 | Patient identified as an unhealthy alcohol | Not Covered | | | ALL |
| G9622 | Patient not identified as an unhealthy alco | Not Covered | | | ALL |
| G9624 | Patient not screened for unhealthy alcoho | Not Covered | | | ALL |
| G9625 | Patient sustained bladder injury at the tim | Not Covered | | | ALL |
| G9626 | Patient is not eligible (e.g., gynecologic or | Not Covered | | | ALL |
| G9627 | Patient did not sustained bladder injury at | Not Covered | | | ALL |
| G9628 | Patient sustained major viscus injury at th | Not Covered | | | ALL |
| G9629 | Patient is not eligible (e.g., gynecologic or | Not Covered | | | ALL |
| G9630 | Patient did not sustain major viscus injury | Not Covered | | | ALL |
| G9637 | Final reports with documentation of one o | Not Covered | | | ALL |
| G9638 | Final reports without documentation of on | Not Covered | | | ALL |
| G9642 | Current cigarette smokers | Not Covered | | | ALL |
| G9643 | Elective surgery | Not Covered | | | ALL |
| G9644 | Patients who abstained from smoking prio | Not Covered | | | ALL |
| G9645 | Patients who did not abstain from smoking | Not Covered | | | ALL |
| G9646 | Patients with 90 day mrs score of 0 to 2 | Not Covered | | | ALL |
| G9648 | Patients with 90 day mrs score greater tha | Not Covered | | | ALL |
| G9649 | Psoriasis assessment tool documented m | Not Covered | | | ALL |
| G9651 | Psoriasis assessment tool documented no | Not Covered | | | ALL |
| G9654 | Monitored anesthesia care (mac) | Not Covered | | | ALL |
| G9655 | A transfer of care protocol or handoff tool/ | Not Covered | | | ALL |
| G9656 | Patient transferred directly from anesthetiz | Not Covered | | | ALL |
| G9658 | A transfer of care protocol or handoff tool/ | Not Covered | | | ALL |
| G9659 | Patients greater than 85 years of age who | Not Covered | | | ALL |
| G9660 | Documentation of medical reason(s) for a | Not Covered | | | ALL |
| G9661 | Patients greater than 85 years of age who | Not Covered | | | ALL |
| G9662 | Previously diagnosed or have an active di | Not Covered | | | ALL |
| G9663 | Any fasting or direct ldl-c laboratory test re | Not Covered | | | ALL |
| G9664 | Patients who are currently statin therapy u | Not Covered | | | ALL |
| G9665 | Patients who are not currently statin thera | Not Covered | | | ALL |
| G9674 | Patients with clinical ascvd diagnosis | Not Covered | | | ALL |
| G9675 | Patients who have ever had a fasting or di | Not Covered | | | ALL |
| G9676 | Patients aged 40 to 75 years at the beginn | Not Covered | | | ALL |
| G9678 | Oncology Care Model (OCM) Monthly Enh | Not Covered | | | ALL |
| G9679 | Onsite acute care treatment of a nursing f | No | | | ALL |
| G9680 | Onsite acute care treatment of a nursing f | No | | | ALL |
| G9681 | Onsite acute care treatment of a resident | No | | | ALL |
| G9682 | Onsite acute care treatment a nursing faci | No | | | ALL |
| G9683 | Onsite acute care treatment of a nursing f | No | | | ALL |
| G9684 | Onsite acute care treatment of a nursing f | No | | | ALL |
| G9685 | Evaluation and management of a benefici | No | | | ALL |
| G9687 | Hospice services provided to patient any t | Not Covered | INFO | | ALL |
| G9688 | Patients using hospice services any time | Not Covered | INFO | | ALL |
| G9689 | Patient admitted for performance of electi | Not Covered | INFO | | ALL |
| G9690 | Patient receiving hospice services any tim | Not Covered | INFO | | ALL |
| G9691 | Patient had hospice services any time dur | Not Covered | INFO | | ALL |
| G9692 | Hospice services received by patient any t | Not Covered | INFO | | ALL |
| G9693 | Patient use of hospice services any time | Not Covered | INFO | | ALL |
| G9694 | Hospice services utilized by patient any tir | Not Covered | INFO | | ALL |
| G9695 | Long-acting inhaled bronchodilator prescr | Not Covered | INFO | | ALL |
| G9696 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G9698 | Documentation of system reason(s) for no | Not Covered | INFO | | ALL |
| G9699 | Long-acting inhaled bronchodilator not pre | Not Covered | INFO | | ALL |
| G9700 | Patients who use hospice services any tim | Not Covered | INFO | | ALL |
| G9701 | Children who are taking antibiotics in the | Not Covered | INFO | | ALL |
| G9702 | Patients who use hospice services any tim | Not Covered | INFO | | ALL |
| G9703 | Children who are taking antibiotics in the | Not Covered | INFO | | ALL |
| G9704 | Ajcc breast cancer stage i: t1 mic or t1a d | Not Covered | INFO | | ALL |
| G9705 | Ajcc breast cancer stage i: t1b (tumor > 0. | Not Covered | INFO | | ALL |
| G9706 | Low (or very low) risk of recurrence, prost | Not Covered | INFO | | ALL |
| G9708 | Women who had a bilateral mastectomy | Not Covered | INFO | | ALL |
| G9709 | Hospice services used by patient any time | Not Covered | INFO | | ALL |
| G9710 | Patient was provided hospice services any | Not Covered | INFO | | ALL |
| G9711 | Patients with a diagnosis or past history of | Not Covered | INFO | | ALL |
| G9712 | Documentation of medical reason(s) for p | Not Covered | INFO | | ALL |
| G9713 | Patients who use hospice services any tim | Not Covered | INFO | | ALL |
| G9714 | Patient is using hospice services any time | Not Covered | INFO | | ALL |
| G9716 | Bmi is documented as being outside of no | Not Covered | INFO | | ALL |
| G9717 | Documentation stating the patient has an | Not Covered | INFO | | ALL |
| G9719 | Patient is not ambulatory, bed ridden, imm | Not Covered | INFO | | ALL |
| G9720 | Hospice services for patient occurred any | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9721 | Patient not ambulatory, bed ridden, immob | Not Covered | INFO | | ALL |
| G9722 | Documented history of renal failure or bas | Not Covered | INFO | | ALL |
| G9723 | Hospice services for patient received any | Not Covered | INFO | | ALL |
| G9724 | Patients who had documentation of use of | Not Covered | INFO | | ALL |
| G9726 | Patient refused to participate | Not Covered | INFO | | ALL |
| G9727 | Patient unable to complete the foto knee i | Not Covered | INFO | | ALL |
| G9728 | Patient refused to participate | Not Covered | INFO | | ALL |
| G9729 | Patient unable to complete the foto hip int | Not Covered | INFO | | ALL |
| G9730 | Patient refused to participate | Not Covered | INFO | | ALL |
| G9731 | Patient unable to complete the foto foot or | Not Covered | INFO | | ALL |
| G9732 | Patient refused to participate | Not Covered | INFO | | ALL |
| G9733 | Patient unable to complete the foto lumba | Not Covered | INFO | | ALL |
| G9734 | Patient refused to participate | Not Covered | INFO | | ALL |
| G9735 | Patient unable to complete the foto should | Not Covered | INFO | | ALL |
| G9736 | Patient refused to participate | Not Covered | INFO | | ALL |
| G9737 | Patient unable to complete the foto elbow | Not Covered | INFO | | ALL |
| G9738 | Patient refused to participate | Not Covered | INFO | | ALL |
| G9739 | Patient unable to complete the foto genera | Not Covered | INFO | | ALL |
| G9740 | Hospice services given to patient any time | Not Covered | INFO | | ALL |
| G9741 | Patients who use hospice services any tim | Not Covered | INFO | | ALL |
| G9744 | Patient not eligible due to active diagnosis | Not Covered | INFO | | ALL |
| G9745 | Documented reason for not screening or r | Not Covered | INFO | | ALL |
| G9746 | Patient has mitral stenosis or prosthetic he | Not Covered | INFO | | ALL |
| G9747 | Patient is undergoing palliative dialysis wit | Not Covered | INFO | | ALL |
| G9748 | Patient approved by a qualified transplant | Not Covered | INFO | | ALL |
| G9749 | Patient is undergoing palliative dialysis wit | Not Covered | INFO | | ALL |
| G9750 | Patient approved by a qualified transplant | Not Covered | INFO | | ALL |
| G9752 | Emergency surgery | Not Covered | INFO | | ALL |
| G9753 | Documentation of medical reason for not d | Not Covered | INFO | | ALL |
| G9754 | A finding of an incidental pulmonary nodul | Not Covered | INFO | | ALL |
| G9755 | Documentation of medical reason(s) that t | Not Covered | INFO | | ALL |
| G9756 | Surgical procedures that included the use | Not Covered | INFO | | ALL |
| G9757 | Surgical procedures that included the use | Not Covered | INFO | | ALL |
| G9758 | Patient in hospice and in terminal phase | Not Covered | INFO | | ALL |
| G9759 | History of preoperative posterior capsule r | Not Covered | INFO | | ALL |
| G9761 | Patients who use hospice services any tim | Not Covered | INFO | | ALL |
| G9762 | Patient had at least three hpv vaccines on | Not Covered | INFO | | ALL |
| G9763 | Patient did not have at least three hpv vac | Not Covered | INFO | | ALL |
| G9764 | Patient has been treated with an oral syste | Not Covered | INFO | | ALL |
| G9765 | Documentation that the patient declined th | Not Covered | INFO | | ALL |
| G9766 | Patients who are transferred from one inst | Not Covered | INFO | | ALL |
| G9767 | Hospitalized patients with newly diagnose | Not Covered | INFO | | ALL |
| G9768 | Patients who utilize hospice services any t | Not Covered | INFO | | ALL |
| G9769 | Patient had a bone mineral density test in | Not Covered | INFO | | ALL |
| G9770 | Peripheral nerve block (pnb) | Not Covered | INFO | | ALL |
| G9771 | At least 1 body temperature measuremen | Not Covered | INFO | | ALL |
| G9772 | Documentation of one of the following me | Not Covered | INFO | | ALL |
| G9773 | At least 1 body temperature measuremen | Not Covered | INFO | | ALL |
| G9775 | Patient received at least 2 prophylactic ph | Not Covered | INFO | | ALL |
| G9776 | Documentation of medical reason for not r | Not Covered | INFO | | ALL |
| G9777 | Patient did not receive at least 2 prophylac | Not Covered | INFO | | ALL |
| G9779 | Patients who are breastfeeding | Not Covered | INFO | | ALL |
| G9780 | Patients who have a diagnosis of rhabdom | Not Covered | INFO | | ALL |
| G9781 | Documentation of medical reason(s) for no | Not Covered | INFO | | ALL |
| G9782 | History of or active diagnosis of familial or | Not Covered | INFO | | ALL |
| G9784 | Pathologists/dermatopathologists providin | Not Covered | INFO | | ALL |
| G9785 | Pathology report diagnosing cutaneous ba | Not Covered | INFO | | ALL |
| G9786 | Pathology report diagnosing cutaneous ba | Not Covered | INFO | | ALL |
| G9787 | Patient alive as of the last day of the meas | Not Covered | INFO | | ALL |
| G9788 | Most recent bp is less than or equal to 140 | Not Covered | INFO | | ALL |
| G9789 | Blood pressure recorded during inpatient s | Not Covered | INFO | | ALL |
| G9790 | Most recent bp is greater than 140/90 mm | Not Covered | INFO | | ALL |
| G9791 | Most recent tobacco status is tobacco free | Not Covered | INFO | | ALL |
| G9792 | Most recent tobacco status is not tobacco | Not Covered | INFO | | ALL |
| G9793 | Patient is currently on a daily aspirin or oth | Not Covered | INFO | | ALL |
| G9794 | Documentation of medical reason(s) for no | Not Covered | INFO | | ALL |
| G9795 | Patient is not currently on a daily aspirin o | Not Covered | INFO | | ALL |
| G9796 | Patient is currently on a statin therapy | Not Covered | INFO | | ALL |
| G9797 | Patient is not on a statin therapy | Not Covered | INFO | | ALL |
| G9798 | Discharge(s) for ami between july 1 of the | Not Covered | INFO | | ALL |
| G9799 | Patients with a medication dispensing eve | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9800 | Patients who are identified as having an ir | Not Covered | INFO | | ALL |
| G9801 | Hospitalizations in which the patient was t | Not Covered | INFO | | ALL |
| G9802 | Patients who use hospice services any tim | Not Covered | INFO | | ALL |
| G9803 | Patient prescribed a 180-day course of tre | Not Covered | INFO | | ALL |
| G9804 | Patient was not prescribed a 180-day cou | Not Covered | INFO | | ALL |
| G9805 | Patients who use hospice services any tim | Not Covered | INFO | | ALL |
| G9806 | Patients who received cervical cytology or | Not Covered | INFO | | ALL |
| G9807 | Patients who did not receive cervical cytol | Not Covered | INFO | | ALL |
| G9812 | Patient died including all deaths occurring | Not Covered | INFO | | ALL |
| G9813 | Patient did not die within 30 days of the pr | Not Covered | INFO | | ALL |
| G9814 | Death occurring during hospitalization | Not Covered | INFO | | ALL |
| G9815 | Death did not occur during hospitalization | Not Covered | INFO | | ALL |
| G9816 | Death occurring 30 days post procedure | Not Covered | INFO | | ALL |
| G9817 | Death did not occur 30 days post procedu | Not Covered | INFO | | ALL |
| G9818 | Documentation of sexual activity | Not Covered | INFO | | ALL |
| G9819 | Patients who use hospice services any tim | Not Covered | INFO | | ALL |
| G9820 | Documentation of a chlamydia screening t | Not Covered | INFO | | ALL |
| G9821 | No documentation of a chlamydia screeni | Not Covered | INFO | | ALL |
| G9822 | Women who had an endometrial ablation | Not Covered | INFO | | ALL |
| G9823 | Endometrial sampling or hysteroscopy wit | Not Covered | INFO | | ALL |
| G9824 | Endometrial sampling or hysteroscopy wit | Not Covered | INFO | | ALL |
| G9825 | Her-2/neu negative or undocumented/unk | Not Covered | INFO | | ALL |
| G9826 | Patient transferred to practice after initiatic | Not Covered | INFO | | ALL |
| G9827 | Her2-targeted therapies not administered | Not Covered | INFO | | ALL |
| G9828 | Her2-targeted therapies administered duri | Not Covered | INFO | | ALL |
| G9829 | Breast adjuvant chemotherapy administer | Not Covered | INFO | | ALL |
| G9830 | Her-2/neu positive | Not Covered | INFO | | ALL |
| G9831 | Ajcc stage at breast cancer diagnosis = ii | Not Covered | INFO | | ALL |
| G9832 | Ajcc stage at breast cancer diagnosis = i ( | Not Covered | INFO | | ALL |
| G9833 | Patient transfer to practice after initiation c | Not Covered | INFO | | ALL |
| G9834 | Patient has metastatic disease at diagnos | Not Covered | INFO | | ALL |
| G9835 | Trastuzumab administered within 12 mont | Not Covered | INFO | | ALL |
| G9836 | Reason for not administering trastuzumab | Not Covered | INFO | | ALL |
| G9837 | Trastuzumab not administered within 12 n | Not Covered | INFO | | ALL |
| G9838 | Patient has metastatic disease at diagnos | Not Covered | INFO | | ALL |
| G9839 | Anti-egfr monoclonal antibody therapy | Not Covered | INFO | | ALL |
| G9840 | Kras gene mutation testing performed bef | Not Covered | INFO | | ALL |
| G9841 | Kras gene mutation testing not performed | Not Covered | INFO | | ALL |
| G9842 | Patient has metastatic disease at diagnos | Not Covered | INFO | | ALL |
| G9843 | Kras gene mutation | Not Covered | INFO | | ALL |
| G9844 | Patient did not receive anti-egfr monoclon | Not Covered | INFO | | ALL |
| G9845 | Patient received anti-egfr monoclonal anti | Not Covered | INFO | | ALL |
| G9846 | Patients who died from cancer | Not Covered | INFO | | ALL |
| G9847 | Patient received chemotherapy in the last | Not Covered | INFO | | ALL |
| G9848 | Patient did not receive chemotherapy in th | Not Covered | INFO | | ALL |
| G9849 | Patients who died from cancer | Not Covered | INFO | | ALL |
| G9850 | Patient had more than one emergency de | Not Covered | INFO | | ALL |
| G9851 | Patient had one or less emergency depart | Not Covered | INFO | | ALL |
| G9855 | Patients who died from cancer | Not Covered | INFO | | ALL |
| G9856 | Patient was not admitted to hospice | Not Covered | INFO | | ALL |
| G9857 | Patient admitted to hospice | Not Covered | INFO | | ALL |
| G9858 | Patient enrolled in hospice | Not Covered | INFO | | ALL |
| G9859 | Patients who died from cancer | Not Covered | INFO | | ALL |
| G9860 | Patient spent less than three days in hosp | Not Covered | INFO | | ALL |
| G9861 | Patient spent greater than or equal to thre | Not Covered | INFO | | ALL |
| G9862 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G9868 | Receipt and analysis of remote, asynchronous | No | | | ALL |
| G9869 | Receipt and analysis of remote, asynchronous | No | | | ALL |
| G9870 | Receipt and analysis of remote, asynchronous | No | | | ALL |
| G9871 | Behavioral counseling for diabetes preven | Not Covered | | | ALL (Except MA) |
| G9871 | Behavioral counseling for diabetes preven | No | | | MA |
| G9873 | First Medicare Diabetes Prevention Program ( | Not Covered | | | ALL (Except MA) |
| G9873 | First Medicare Diabetes Prevention Program ( | No | | | MA |
| G9874 | Four total Medicare Diabetes Prevention Prog | Not Covered | | | ALL (Except MA) |
| G9874 | Four total Medicare Diabetes Prevention Prog | No | | | MA |
| G9875 | Nine total Medicare Diabetes Prevention Prog | Not Covered | | | ALL (Except MA) |
| G9875 | Nine total Medicare Diabetes Prevention Prog | No | | | MA |
| G9876 | Two Medicare Diabetes Prevention Prgram (M | Not Covered | | | ALL (Except MA) |
| G9876 | Two Medicare Diabetes Prevention Prgram (M | No | | | MA |
| G9877 | Two Medicare Diabetes Prevention Prgram (M | Not Covered | | | ALL (Except MA) |
| G9877 | Two Medicare Diabetes Prevention Prgram (M | No | | | MA |
| G9878 | Two Medicare Diabetes Prevention Program (I | Not Covered | | | ALL (Except MA) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9878 | Two Medicare Diabetes Prevention Program ( | No | | | MA |
| G9879 | Two Medicare Diabetes Prevention Program ( | Not Covered | | | ALL (Except MA) |
| G9879 | Two Medicare Diabetes Prevention Program ( | No | | | MA |
| G9880 | The MDPP beneficiary achieved at least 5% we | Not Covered | | | ALL (Except MA) |
| G9880 | The MDPP beneficiary achieved at least 5% we | No | | | MA |
| G9881 | The MDPP beneficiary achieved at least 9% we | Not Covered | | | ALL (Except MA) |
| G9881 | The MDPP beneficiary achieved at least 9% we | No | | | MA |
| G9882 | Two Medicare Diabetes Prevention Progra | Not Covered | | | ALL (Except MA) |
| G9882 | Two Medicare Diabetes Prevention Progra | No | | | MA |
| G9883 | Two Medicare Diabetes Prevention Program ( | Not Covered | | | ALL (Except MA) |
| G9883 | Two Medicare Diabetes Prevention Program ( | No | | | MA |
| G9884 | Two Medicare Diabetes Prevention Program ( | Not Covered | | | ALL (Except MA) |
| G9884 | Two Medicare Diabetes Prevention Program ( | No | | | MA |
| G9885 | Two Medicare Diabetes Prevention Program ( | Not Covered | | | ALL (Except MA) |
| G9885 | Two Medicare Diabetes Prevention Program ( | No | | | MA |
| G9886 | Behavioral counseling for diabetes pre | Not Covered | | | ALL (Except MA) |
| G9886 | Behavioral counseling for diabetes pre | No | | | MA |
| G9887 | Behavioral counseling for diabetes pre | Not Covered | | | ALL (Except MA) |
| G9887 | Behavioral counseling for diabetes pre | No | | | MA |
| G9888 | Maintenance 5% wl from baseline wei | Not Covered | | | ALL (Except MA) |
| G9888 | Maintenance 5% wl from baseline wei | No | | | MA |
| G9890 | Bridge Payment: A one time payment for th | Not Covered | | | ALL (Except MA) |
| G9890 | Bridge Payment: A one time payment for th | No | | | MA |
| G9891 | MDPP session reported as a line-item on a clai | Not Covered | | | ALL (Except MA) |
| G9891 | MDPP session reported as a line-item on a clai | No | | | MA |
| G9894 | Androgen deprivation therapy prescribed/a | Not Covered | INFO | | ALL |
| G9895 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G9896 | Documentation of patient reason(s) for no | Not Covered | INFO | | ALL |
| G9897 | Patients who were not prescribed/adminis | Not Covered | INFO | | ALL |
| G9898 | Patient age 65 or older in institutinal speci | Not Covered | INFO | | ALL |
| G9899 | Screening, diagnostic, film, digital or digita | Not Covered | INFO | | ALL |
| G9900 | Screening, diagnostic, film, digital or digita | Not Covered | INFO | | ALL |
| G9901 | Patient age 65 or older in institutional spe | Not Covered | INFO | | ALL |
| G9902 | Patient screened for tobacco use and ider | Not Covered | INFO | | ALL |
| G9903 | Patient screened for tobacco use and ider | Not Covered | INFO | | ALL |
| G9905 | Patient not screened for tobacco use, reas | Not Covered | INFO | | ALL |
| G9906 | Patient identified as a tobacco user receiv | Not Covered | INFO | | ALL |
| G9908 | Patient identified as tobacco user did not r | Not Covered | INFO | | ALL |
| G9910 | Patients age 65 or older in institutional spe | Not Covered | INFO | | ALL |
| G9911 | Clinically node negative (t1n0m0 or t2n0m | Not Covered | INFO | | ALL |
| G9912 | Hepatitis b virus (hbv) status assessed an | Not Covered | INFO | | ALL |
| G9913 | Hepatitis b virus (hbv) status not assessed | Not Covered | INFO | | ALL |
| G9914 | Patient receiving an anti-tnf agent | Not Covered | INFO | | ALL |
| G9915 | No record of hbv results documented | Not Covered | INFO | | ALL |
| G9916 | Functional status performed once in the la | Not Covered | INFO | | ALL |
| G9917 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G9918 | Functional status not performed, reason n | Not Covered | INFO | | ALL |
| G9922 | Safety concerns screen provided and if po | Not Covered | INFO | | ALL |
| G9923 | Safety concerns screen provided and neg | Not Covered | INFO | | ALL |
| G9924 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G9925 | Safety concerns screening not provided, r | Not Covered | INFO | | ALL |
| G9926 | Safety concerns screening positive screer | Not Covered | INFO | | ALL |
| G9928 | Warfarin or another fda-approved anticoag | Not Covered | INFO | | ALL |
| G9929 | Patient with transient or reversible cause | Not Covered | INFO | | ALL |
| G9930 | Patients who are receiving comfort care o | Not Covered | INFO | | ALL |
| G9931 | Documentation of cha2ds2-vasc risk score | Not Covered | INFO | | ALL |
| G9933 | Adenoma(s) or colorectal cancer detected | Not Covered | INFO | | ALL |
| G9934 | Documentation that neoplasm detected is | Not Covered | INFO | | ALL |
| G9935 | Adenoma(s) or colorectal cancer not dete | Not Covered | INFO | | ALL |
| G9936 | Surveillance colonoscopy - personal histo | Not Covered | INFO | | ALL |
| G9937 | Diagnostic colonoscopy | Not Covered | INFO | | ALL |
| G9938 | Patients age 65 or older in institutional spe | Not Covered | INFO | | ALL |
| G9939 | Pathologists/dermatopathologists is the sa | Not Covered | INFO | | ALL |
| G9940 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| G9943 | Back pain was not measured by the visua | Not Covered | INFO | | ALL |
| G9945 | Patient had cancer, fracture or infection re | Not Covered | INFO | | ALL |
| G9946 | Back pain was not measured by the visua | Not Covered | INFO | | ALL |
| G9949 | Leg pain was not measured by the visual a | Not Covered | INFO | | ALL |
| G9954 | Patient exhibits 2 or more risk factors for p | Not Covered | INFO | | ALL |
| G9955 | Cases in which an inhalational anesthetic | Not Covered | INFO | | ALL |
| G9956 | Patient received combination therapy cons | Not Covered | INFO | | ALL |
| G9957 | Documentation of medical reason for not r | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9958 | Patient did not receive combination therap | Not Covered | INFO | | ALL |
| G9959 | Systemic antimicrobials not prescribed | Not Covered | INFO | | ALL |
| G9960 | Documentation of medical reason(s) for pı | Not Covered | INFO | | ALL |
| G9961 | Systemic antimicrobials prescribed | Not Covered | INFO | | ALL |
| G9962 | Embolization endpoints are documented s | Not Covered | INFO | | ALL |
| G9963 | Embolization endpoints are not document | Not Covered | INFO | | ALL |
| G9964 | Patient received at least one well-child vis | Not Covered | INFO | | ALL |
| G9965 | Patient did not receive at least one well-ch | Not Covered | INFO | | ALL |
| G9966 | Children who were screened for risk of de | Not Covered | INFO | | ALL |
| G9967 | Children who were not screened for risk o | Not Covered | INFO | | ALL |
| G9968 | Patient was referred to another provider o | Not Covered | INFO | | ALL |
| G9969 | Provider who referred the patient to anoth | Not Covered | INFO | | ALL |
| G9970 | Provider who referred the patient to anoth | Not Covered | INFO | | ALL |
| G9976 | Documentation of patient reason(s) for no | Not Covered | INFO | | ALL |
| G9977 | Dilated macular exam was not performed, | Not Covered | INFO | | ALL |
| G9978 | Remote in-home visit for the evaluation ar | Not Covered | INFO | | ALL |
| G9979 | Remote in-home visit for the evaluation ar | Not Covered | INFO | | ALL |
| G9980 | Remote in-home visit for the evaluation ar | Not Covered | INFO | | ALL |
| G9981 | Remote E/M new pt 45mins | Not Covered | INFO | | ALL |
| G9982 | Remote E/M new pt 60mins | Not Covered | INFO | | ALL |
| G9983 | Remote E/M est. pt 10mins | Not Covered | INFO | | ALL |
| G9984 | Remote E/M est. pt 15mins | Not Covered | INFO | | ALL |
| G9985 | Remote E/M est. pt 25mins | Not Covered | INFO | | ALL |
| G9986 | Remote E/M est. pt 40mins | Not Covered | INFO | | ALL |
| G9987 | Bundled Payments for Care Improvement | Not Covered | INFO | | ALL |
| G9988 | Palliative care services provided to patien | Not Covered | INFO | | ALL |
| G9992 | Palliative care services used by patient an | Not Covered | INFO | | ALL |
| G9993 | Patient was provided pallative care servic | Not Covered | INFO | | ALL |
| G9994 | Patient is using palliative care services an | Not Covered | INFO | | ALL |
| G9996 | Documentation stating the patient has rec | Not Covered | INFO | | ALL |
| G9997 | Documentation of patient pregnancy anyti | Not Covered | INFO | | ALL |
| G9998 | Documentation of medical reason(s) for a | Not Covered | INFO | | ALL |
| G9999 | Documentation of system reason(s) for an | Not Covered | INFO | | ALL |
| H1000 | Prenatal care, at-risk assessment | Not Covered | | | ALL |
| H1001 | Prenatal care, at-risk enhanced service; a | Not Covered | | | ALL |
| H1002 | Prenatal care, at risk enhanced service; c | Not Covered | | | ALL |
| H1003 | Prenatal care, at-risk enhanced service; e | Not Covered | | | ALL |
| H1004 | Prenatal care, at-risk enhanced service; fo | Not Covered | | | ALL |
| H1005 | Prenatal care, at-risk enhanced service pa | Not Covered | | | ALL |
| H1010 | NON-MEDICAL FAMILY PLANNING EDU | Not Covered | | | ALL |
| H2000 | Comprehensive multidisciplinary evaluatic | No | | | ALL |
| H2001 | Rehabilitation program, per 1/2 day | Yes | | | ALL (Except MCWRAP) |
| H2001 | Rehabilitation program, per 1/2 day | No | | | MCWRAP |
| H2040 | Coordinated specialty care, team-based, f | No | | | ALL |
| H2041 | Coordinated specialty care, team-based, f | No | | | ALL |
| J0013 | Esketamine, nasal spray, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J0013 | Esketamine, nasal spray, 1 mg | No | | | MCWRAP |
| J0120 | INJECTION, TETRACYCLINE, UP TO 250 | No | | | ALL |
| J0121 | Injection, omadacycline, 1 mg | No | | | ALL |
| J0122 | Injection, eravacycline, 1 mg | No | | | ALL |
| J0129 | INJECTION, ABATACEPT, PER 10 MG | Yes | PCM/ExGEN | * | ALL (Except McWrap) |
| J0129 | INJECTION, ABATACEPT, PER 10 MG | No | | | MCWRAP, MA |
| J0130 | INJECTION ABCIXIMAB, 10 MG | No | | | ALL |
| J0131 | INJECTION, ACETAMINOPHEN, 10 MG | No | | | ALL |
| J0132 | INJECTION, ACETYLCYSTEINE, 100 MG | No | | | ALL |
| J0133 | INJECTION, ACYCLOVIR, 5 MG | No | | | ALL |
| J0134 | Injection, acetaminophen (fresenius kabi) | No | | | ALL |
| J0136 | Injection, acetaminophen (b braun) not the | No | | | ALL |
| J0137 | Injection, acetaminophen (hikma) not ther | No | | | ALL |
| J0138 | Injection, acetaminophen 10 mg and ibupr | No | | | ALL |
| J0139 | Injection, adalimumab, 1 mg | Yes | SPC/ExGEN | BPF | ALL (Except McWRAP) |
| J0139 | Injection, adalimumab, 1 mg | No | | | MCWRAP |
| J0153 | Injection, adenosine, 1 mg (not to be usec | No | | | ALL |
| J0162 | Injection, epinephrine (fresenius), not ther | No | | | ALL |
| J0163 | Injection, epinephrine in sodium chloride ( | No | | | ALL |
| J0164 | Injection, epinephrine in sodium chloride ( | No | | | ALL |
| J0165 | Injection, epinephrine, not otherwise spec | No | | | ALL |
| J0166 | Injection, epinephrine (bpi), not therapeuti | No | | | ALL |
| J0167 | Injection, epinephrine (hospira), not therap | No | | | ALL |
| J0168 | Injection, epinephrine (international medic | No | | | ALL |
| J0169 | Injection, epinephrine (adrenalin), not ther | No | | | ALL |
| J0174 | Injection, lecanemab-irmb, 1 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| J0174 | Injection, lecanemab-irmb, 1 mg | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J0175 | Injection, donanemab-azbt, 2 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| J0175 | Injection, donanemab-azbt, 2 mg | No | | | MCWRAP |
| J0177 | Injection, aflibercept hd, 1 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| J0177 | Injection, aflibercept hd, 1 mg | No | | | MCWRAP |
| J0178 | INJECTION, AFLIBERCEPT, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J0178 | INJECTION, AFLIBERCEPT, 1 mg | No | | | MCWRAP |
| J0179 | Injection, brolucizumab-dbll, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J0179 | Injection, brolucizumab-dbll, 1 mg | No | | | MCWRAP |
| J0180 | INJECTION, AGALSIDASE BETA, 1 MG | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J0180 | INJECTION, AGALSIDASE BETA, 1 MG | No | | | MCWRAP, MA |
| J0184 | Injection, amisulpride, 1 mg | No | | | ALL |
| J0185 | Injection, aprepitant, 1 mg | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP, MA) |
| J0185 | Injection, aprepitant, 1 mg | No | | | MCWRAP, MA |
| J0202 | Injection, alemtuzumab, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0202 | Injection, alemtuzumab, 1 mg | No | | | MCWRAP, MA |
| J0206 | Injection, allopurinol sodium, 1 mg | No | | | ALL |
| J0207 | INJECTION, AMIFOSTINE, 500 MG | No | | | ALL |
| J0208 | Injection, sodium thiosulfate (pedmark), 1( | No | | | ALL |
| J0209 | Injection, sodium thiosulfate (hope), 100 n | No | | | ALL |
| J0210 | INJECTION, METHYLDOPATE HCL, UP | No | | | ALL |
| J0211 | Injection, sodium nitrite 3 mg and sodium | No | | | ALL |
| J0216 | Injection, alfentanil hydrochloride, 500 mic | No | | | ALL |
| J0217 | Injection, velmanase alfa-tycv, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0217 | Injection, velmanase alfa-tycv, 1 mg | No | | | MCWRAP, MA |
| J0218 | Injection, olipudase alfa-rpcp, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0218 | Injection, olipudase alfa-rpcp, 1 mg | No | | | MCWRAP, MA |
| J0219 | Injection, avalglucosidase alfa-ngpt, 4 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0219 | Injection, avalglucosidase alfa-ngpt, 4 mg | No | | | MCWRAP, MA |
| J0220 | INJECTION, AGLUCOSIDASE ALFA, 10 M | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0220 | INJECTION, AGLUCOSIDASE ALFA, 10 M | No | | | MCWRAP, MA |
| J0221 | INJECTION, ALGLUCOSIDASE ALFA, (LU | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0221 | INJECTION, ALGLUCOSIDASE ALFA, (LU | No | | | MCWRAP, MA |
| J0222 | Injection, Patisiran, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0222 | Injection, Patisiran, 0.1 mg | No | | | MCWRAP, MA |
| J0223 | Injection, givosiran, 0.5 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0223 | Injection, givosiran, 0.5 mg | No | | | MCWRAP, MA |
| J0224 | Injection, lumasiran, 0.5 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0224 | Injection, lumasiran, 0.5 mg | No | | | MCWRAP, MA |
| J0225 | Injection, vutrisiran, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J0225 | Injection, vutrisiran, 1 mg | No | | | MCWRAP |
| J0248 | Injection, remdesivir, 1 mg | No | | | ALL |
| J0256 | INJECTION, ALPHA 1 - PROTEINASE INI | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J0256 | INJECTION, ALPHA 1 - PROTEINASE INI | No | | | MCWRAP, MA |
| J0257 | INJECTION, ALPHA 1 PROTEINASE INH | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J0257 | INJECTION, ALPHA 1 PROTEINASE INH | No | | | MCWRAP, MA |
| J0270 | INJECTION, ALPROSTADIL, 1.25 MCG | No | | | ALL |
| J0275 | ALPROSTADIL URETHRAL SUPPOSITO | No | | | ALL |
| J0278 | INJECTION, AMIKACIN SULFATE, 100 M | No | | | ALL |
| J0280 | INJECTION, AMINOPHYLLIN, UP TO 250 | No | | | ALL |
| J0281 | Injection, aminocaproic acid, 1 gram | No | | | ALL |
| J0282 | INJECTION, AMIODARONE HYDROCHL( | No | | | ALL |
| J0283 | Injection, amiodarone hydrochloride (nexte | No | | | ALL |
| J0285 | INJECTION, AMPHOTERICIN B, 50 MG | No | | | ALL |
| J0287 | INJECTION, AMPHOTERICIN B LIPID CC | No | | | ALL |
| J0289 | INJECTION, AMPHOTERICIN B LIPOSOM | No | | | ALL |
| J0290 | INJECTION, AMPICILLIN SODIUM, 500 M | No | | | ALL |
| J0291 | Injection, plazomicin, 5 mg | No | | | ALL |
| J0295 | INJECTION, AMPICILLIN SODIUM/SULBA | No | | | ALL |
| J0300 | INJECTION, AMOBARBITAL, UP TO 125 | No | | | ALL |
| J0330 | INJECTION, SUCCINYLCHOLINE CHLOR | No | | | ALL |
| J0348 | Injection, anidulafungin, 1 mg | No | | | ALL |
| J0349 | Injection, rezafungin, 1 mg | No | | | ALL |
| J0360 | INJECTION, HYDRALAZINE HCL, UP TO | No | | | ALL |
| J0364 | INJECTION, APOMORPHINE HYDROCH | No | | | ALL |
| J0390 | INJECTION, CHLOROQUINE HYDROCHL | No | | | ALL |
| J0391 | Injection, artesunate, 1 mg | No | | | ALL |
| J0400 | INJECTION, ARIPIPRAZOLE, INTRAMUS | No | | | ALL |
| J0401 | Injection, aripiprazole, extended release, 1 | No | | | ALL |
| J0402 | Injection, aripiprazole (abilify asimtufii), 1 r | No | | | ALL |
| J0456 | INJECTION, AZITHROMYCIN, 500 MG | No | | | ALL |
| J0457 | Injection, aztreonam, 100 mg | No | | | ALL |
| J0458 | Injection, aztreonam/avibactam, 7.5 mg/2. | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J0461 | INJECTION, ATROPINE SULFATE, 0.01 I | No | | | ALL |
| J0462 | Injection, atropine sulfate, not therapeutica | No | | | ALL |
| J0470 | INJECTION, DIMERCAPROL, PER 100 M | No | | | ALL |
| J0475 | INJECTION, BACLOFEN, 10 MG | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0475 | INJECTION, BACLOFEN, 10 MG | No | | | MCWRAP, MA |
| J0476 | INJECTION, BACLOFEN, 50 MCG FOR IN | No | | | ALL |
| J0480 | INJECTION, BASILIXIMAB, 20 MG | No | | | ALL |
| J0485 | Injection, belatacept, 1 mg | No | | | ALL |
| J0490 | INJECTION, BELIMUMAB, 10 MG | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0490 | INJECTION, BELIMUMAB, 10 MG | No | | | MCWRAP, MA |
| J0491 | Injection, anifrolumab-fnia, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0491 | Injection, anifrolumab-fnia, 1 mg | No | | | MCWRAP, MA |
| J0500 | INJECTION, DICYCLOMINE HCL, UP TO | No | | | ALL |
| J0515 | INJECTION, BENZTROPINE MESYLATE, | No | | | ALL |
| J0517 | Injection, benralizumab, 1 mg (Prefilled Sy | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0517 | Injection, benralizumab, 1 mg | No | | | MCWRAP, MA |
| J0520 | INJECTION, BETHANECHOL CHLORIDE | No | | | ALL |
| J0525 | Injection, cefotetan disodium, 10 mg | No | | | ALL |
| J0558 | INJECTION, PENICILLIN G BENZATHINE | No | | | ALL |
| J0561 | INJECTION, PENICILLIN G BENZATHINE | No | | | ALL |
| J0565 | Injection, bezlotoxumab, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0565 | Injection, bezlotoxumab, 10 mg | No | | | MCWRAP, MA |
| J0567 | Injection, cerliponase alfa, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0567 | Injection, cerliponase alfa, 1 mg | No | | | MCWRAP, MA |
| J0570 | Buprenorphine implant, 74.2 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J0570 | Buprenorphine implant, 74.2 mg | No | | | MCWRAP, MA |
| J0571 | Buprenorphine, oral, 1 mg | No | | | ALL |
| J0572 | Buprenorphine/naloxone, oral, less than o | No | | | ALL |
| J0573 | Buprenorphine/naloxone, oral, greater tha | No | | | ALL |
| J0574 | Buprenorphine/naloxone, oral, greater tha | No | | | ALL |
| J0575 | Buprenorphine/naloxone, oral, greater tha | No | | | ALL |
| J0577 | Injection, buprenorphine extended-release | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J0577 | Injection, buprenorphine extended-release | No | | | MA, McWRAP |
| J0578 | Injection, buprenorphine extended-release | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J0578 | Injection, buprenorphine extended-release | No | | | MA, McWRAP |
| J0582 | Injection, bivalirudin (endo), not therapeut | No | | | ALL |
| J0583 | INJECTION, BIVALIRUDIN, 1 MG | No | | | ALL |
| J0584 | Injection, burosumab-twza 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0584 | Injection, burosumab-twza 1 mg | No | | | MCWRAP, MA |
| J0585 | BOTULINUM TOXIN TYPE A, PER UNIT | No | RMT | | ALL |
| J0586 | INJECTION, ABOBOTULINUMTOXINA, 5 | No | RMT | | ALL |
| J0587 | BOTULINUM TOXIN TYPE B, PER 100 U | No | RMT | | ALL |
| J0588 | INJECTION, INCOBOTULINUMTOXIN A, | No | RMT | | ALL |
| J0589 | Injection, daxibotulinumtoxina-lanm, 1 unit | Yes | RMT | | ALL (Except MCWRAP) |
| J0589 | Injection, daxibotulinumtoxina-lanm, 1 unit | No | | | MCWRAP |
| J0591 | Injection, deoxycholic acid, 1 mg | Not Covered | | | ALL |
| J0592 | INJECTION, BUPRENORPHINE HYDROC | No | | | ALL |
| J0593 | Injection, lanadelumab-flyo, 1 mg (code m | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J0593 | Injection, lanadelumab-flyo, 1 mg (code m | No | | | MCWRAP, MA |
| J0594 | INJECTION, BUSULFAN, 1 MG | No | | | ALL |
| J0595 | INJECTION, BUTORPHANOL TARTRATE | No | | | ALL |
| J0596 | Injection, c1 esterase inhibitor (recombina | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0596 | Injection, c1 esterase inhibitor (recombina | No | | | MCWRAP, MA |
| J0597 | INJECTION, C-1 ESTERASE INHIBITOR | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0597 | INJECTION, C-1 ESTERASE INHIBITOR | No | | | MCWRAP, MA |
| J0598 | INJECTION, C-1 ESTERASE INHIBITOR | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J0598 | INJECTION, C-1 ESTERASE INHIBITOR | No | | | MCWRAP, MA |
| J0599 | Injection, c-1 esterase inhibitor (human), ( | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J0599 | Injection, c-1 esterase inhibitor (human), ( | No | | | MCWRAP, MA |
| J0600 | INJECTION, EDETATE CALCIUM DISOD | No | | | ALL |
| J0601 | Sevelamer carbonate (renvela or therapeu | Not Covered | | | ALL (Except MA) |
| J0601 | Sevelamer carbonate (renvela or therapeu | No | | | MA |
| J0602 | Sevelamer carbonate (renvela or therapeu | Not Covered | | | ALL (Except MA) |
| J0602 | Sevelamer carbonate (renvela or therapeu | No | | | MA |
| J0603 | Sevelamer hydrochloride (renagel or thera | Not Covered | | | ALL (Except MA) |
| J0603 | Sevelamer hydrochloride (renagel or thera | No | | | MA |
| J0604 | Cinacalcet, oral, 1 mg, (for esrd on dialysis | Not Covered | | | ALL (Except MA) |
| J0604 | Cinacalcet, oral, 1 mg, (for esrd on dialysis | No | | | MA |
| J0605 | Sucroferric oxyhydroxide, oral, 5 mg (for e | Not Covered | | | ALL (Except MA) |
| J0605 | Sucroferric oxyhydroxide, oral, 5 mg (for e | No | | | MA |
| J0606 | Injection, etelcalcetide, 0.1 mg | No | | | ALL |
| J0607 | Lanthanum carbonate, oral, 5 mg (for esrd | Not Covered | | | ALL (Except MA) |
| J0607 | Lanthanum carbonate, oral, 5 mg (for esrd | No | | | MA |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J0608 | Lanthanum carbonate, oral, powder, 5 mg | Not Covered | | | ALL (Except MA) |
| J0608 | Lanthanum carbonate, oral, powder, 5 mg | No | | | MA |
| J0609 | Ferric citrate, oral, 3 mg ferric iron, (for es | Not Covered | | | ALL (Except MA) |
| J0609 | Ferric citrate, oral, 3 mg ferric iron, (for es | No | | | MA |
| J0612 | Injection, calcium gluconate, not otherwise | No | | | ALL |
| J0613 | Injection, calcium gluconate (wg critical ca | No | | | ALL |
| J0614 | Injection, treosulfan, 50 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J0614 | Injection, treosulfan, 50 mg | No | | | MCWRAP, MA |
| J0615 | Calcium acetate, oral, 23 mg (for esrd on | Not Covered | | | ALL (Except MA) |
| J0615 | Calcium acetate, oral, 23 mg (for esrd on | No | | | MA |
| J0616 | Injection, metoprolol tartrate, 1 mg | No | | | ALL |
| J0618 | Injection, calcium chloride, 2 mg | No | | | ALL |
| J0620 | INJECTION, CALCIUM GLYCEROPHOSP | No | | | ALL |
| J0630 | INJECTION, CALCITONIN SALMON, UP | No | | | ALL |
| J0636 | INJECTION, CALCITRIOL, 0.1 MCG | No | | | ALL |
| J0637 | INJECTION, CASPOFUNGIN ACETATE, | No | | | ALL |
| J0638 | INJECTION, CANAKINUMAB, 1 MG | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0638 | INJECTION, CANAKINUMAB, 1 MG | No | | | MCWRAP, MA |
| J0640 | INJECTION, LEUCOVORIN CALCIUM, PE | No | | | ALL |
| J0641 | INJECTION, LEVOLEUCOVORIN CALCIU | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0641 | INJECTION, LEVOLEUCOVORIN CALCIU | No | | | MCWRAP, MA |
| J0642 | Injection, levoleucovorin (khapzory), 0.5 m | Not covered | | | ALL (Except McWRAP, MA) |
| J0642 | Injection, levoleucovorin (khapzory), 0.5 m | No | | | MCWRAP, MA |
| J0650 | Injection, levothyroxine sodium, not otherv | No | | | ALL |
| J0651 | Injection, levothyroxine sodium (fresenius | No | | | ALL |
| J0652 | Injection, levothyroxine sodium (hikma) no | No | | | ALL |
| J0654 | Injection, liothyronine, 1 mcg | No | | | ALL |
| J0665 | Injection, bupivicaine, not otherwise speci | No | | | ALL |
| J0666 | Injection, bupivacaine liposome, 1 mg | No | | | ALL |
| J0668 | Instillation, bupivacaine and meloxicam, 1 | No | | | ALL |
| J0670 | INJECTION, MEPIVACAINE HYDROCHLO | No | | | ALL |
| J0675 | Injection, carboprost tromethamine, 0.1 m | No | | | ALL |
| J0681 | Injection, ceftobiprole medocaril sodium, 3 | No | | | ALL |
| J0688 | Injection, cefazolin sodium (hikma), not th | No | | | ALL |
| J0687 | Injection, cefazolin sodium (wg critical car | No | | | ALL |
| J0689 | Injection, cefazolin sodium (baxter), not th | No | | | ALL |
| J0690 | INJECTION, CEFAZOLIN SODIUM, 500 M | No | | | ALL |
| J0691 | Injection, lefamulin, 1 mg | No | | | ALL |
| J0692 | INJECTION, CEFEPIME HYDROCHLORI | No | | | ALL |
| J0694 | INJECTION, CEFOXITIN SODIUM, 1 GM | No | | | ALL |
| J0695 | Injection, ceftolozane 50 mg and tazobact | No | | | ALL |
| J0696 | INJECTION, CEFTRIAXONE SODIUM, PE | No | | | ALL |
| J0697 | INJECTION, STERILE CEFUROXIME SO | No | | | ALL |
| J0698 | INJECTION, CEFOTAXIME SODIUM, PER | No | | | ALL |
| J0699 | Injection, cefiderocol, 10 mg | No | | | ALL |
| J0701 | Injection, cefepime hydrochloride (baxter), | No | | | ALL |
| J0702 | INJECTION, BETAMETHASONE ACETAT | No | | | ALL |
| J0703 | Injection, cefepime hydrochloride (b braun | No | | | ALL |
| J0706 | INJECTION, CAFFEINE CITRATE, 5MG | No | | | ALL |
| J0712 | INJECTION, CEFTAROLINE FOSAMIL, 1( | No | | | ALL |
| J0713 | INJECTION, CEFTAZIDIME, PER 500 MG | No | | | ALL |
| J0714 | Injection, ceftazidime and avibactam, 0.5 g | No | | | ALL |
| J0716 | Injection, centruroides immune f(ab)2, up | No | | | ALL |
| J0717 | Injection, certolizumab pegol, 1 mg (code | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J0717 | Injection, certolizumab pegol, 1 mg (code | No | | | MCWRAP, MA |
| J0720 | INJECTION, CHLORAMPHENICOL SODI | No | | | ALL |
| J0725 | INJECTION, CHORIONIC GONADOTROP | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J0725 | INJECTION, CHORIONIC GONADOTROP | No | | | MCWRAP, MA |
| J0735 | INJECTION, CLONIDINE HYDROCHLOR | No | | | ALL |
| J0736 | Injection, clindamycin phosphate, 300 mg | No | | | ALL |
| J0737 | Injection, clindamycin phosphate (baxter), | No | | | ALL |
| J0738 | Injection, lenacapavir, 1 mg, fda approved | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J0738 | Injection, lenacapavir, 1 mg, fda approved | No | | | MCWRAP, MA |
| J0739 | Injection, cabotegravir, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0739 | Injection, cabotegravir, 1 mg | No | | | MCWRAP, MA |
| J0740 | INJECTION, CIDOFOVIR, 375 MG | No | | | ALL |
| J0741 | Injection, cabotegravir and rilpivirine, 2mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0741 | Injection, cabotegravir and rilpivirine, 2mg | No | | | MCWRAP, MA |
| J0742 | Injection, imipenem 4 mg, cilastatin 4 mg | No | | | ALL |
| J0743 | INJECTION, CILASTATIN SODIUM; IMIPE | No | | | ALL |
| J0744 | INJECTION, CIPROFLOXACIN FOR INTR | No | | | ALL |
| J0745 | INJECTION, CODEINE PHOSPHATE, PE | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J0750 | Emtricitabine 200mg and tenofovir disopro | only covered under pharmacy benefit | * | | ALL (Except MA) |
| J0750 | Emtricitabine 200mg and tenofovir disopro | No | | | MA |
| J0751 | Emtricitabine 200mg and tenofovir alafena | only covered under pharmacy benefit | * | | ALL (Except MA) |
| J0751 | Emtricitabine 200mg and tenofovir alafena | No | | | MA |
| J0752 | Oral, lenacapavir, 300 mg, fda approved p | only covered under pharmacy benefit | SPC/ExGEN | | ALL (Except MA) |
| J0752 | Oral, lenacapavir, 300 mg, fda approved p | No | | | MA |
| J0759 | Injection, clevidipine butyrate, 1 mg | No | | | ALL |
| J0770 | INJECTION, COLISTIMETHATE SODIUM | No | | | ALL |
| J0775 | INJECTION, COLLAGENASE, CLOSTRID | No | RMT | | ALL |
| J0780 | INJECTION, PROCHLORPERAZINE, UP | No | | | ALL |
| J0791 | Injection, crizanlizumab-tmca, 5 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0791 | Injection, crizanlizumab-tmca, 5 mg | No | | | MCWRAP, MA |
| J0799 | Fda approved prescription drug, only for u | only covered under pharmacy benefit | * | | ALL (Except MA) |
| J0799 | Fda approved prescription drug, only for u | No | | | MA |
| J0801 | Injection, corticotropin (acthar gel), up to 4 | Yes | PCM/ExGEN | | ALL (Except MA,MMP, PRICHO,MCWRAP) |
| J0801 | Injection, corticotropin (acthar gel), up to 4 | No | | | MA,MMP, PRICHO,MCWRAP |
| J0802 | Injection, corticotropin (ani), up to 40 units | Yes | PCM/ExGEN | | ALL (Except MA,MMP, PRICHO,MCWRAP) |
| J0802 | Injection, corticotropin (ani), up to 40 units | No | | | MA,MMP, PRICHO,MCWRAP |
| J0834 | INJECTION, COSYNTROPIN (CORTROS | No | | | ALL |
| J0840 | INJECTION, CROTALIDAE POLYVALENT | No | | | ALL |
| J0841 | Injection, crotalidae immune f(ab')2 (equine), | No | | | ALL |
| J0850 | INJECTION, CYTOMEGALOVIRUS IMMU | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0850 | INJECTION, CYTOMEGALOVIRUS IMMU | No | | | MCWRAP, MA |
| J0870 | Injection, imetelstat, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J0870 | Injection, imetelstat, 1 mg | No | | | MCWRAP, MA |
| J0872 | Injection, daptomycin (xellia), unrefrigerate | No | | | ALL |
| J0873 | Injection, daptomycin (xellia) not therapeu | No | | | ALL |
| J0874 | Injection, daptomycin (baxter), not therape | No | | | ALL |
| J0875 | Injection, dalbavancin, 5mg | No | | | ALL |
| J0877 | Injection, daptomycin (hospira), not therap | No | | | ALL |
| J0878 | INJECTION, DAPTOMYCIN, 1 MG | No | | | ALL |
| J0879 | Injection, difelikefalin, 0.1 microgram, (for | Yes | PCM/ExGEN | | ALL (Except MA, MMP, MCWRAP, PRICHO) |
| J0879 | Injection, difelikefalin, 0.1 microgram, (for | No | | | MA, MMP, MCWRAP, PRICHO |
| J0881 | INJECTION, DARBEPOETIN ALFA, 1 MIC | No | | | ALL |
| J0882 | INJECTION, DARBEPOETIN ALFA, 1 MIC | No | | | ALL |
| J0883 | Injection, argatroban, 1 mg (for non-esrd u | No | | | ALL |
| J0884 | Injection, argatroban, 1 mg (for esrd on dia | No | | | ALL |
| J0885 | INJECTION, EPOETIN ALFA, (FOR NON- | No | | | ALL |
| J0886 | INJECTION, EPOETIN ALFA, 1000 UNITS | No | | | ALL |
| J0887 | Injection, epoetin beta, 1 microgram, (for e | No | | | ALL |
| J0888 | Injectin, epoetin beta, 1 microgram, (for no | No | | | ALL |
| J0890 | Injection, peginesatide, 0. 1 mg (for esrd o | No | | | ALL |
| J0891 | Injection, argatroban (accord), not therape | No | | | ALL |
| J0892 | Injection, argatroban (accord), not therape | No | | | ALL |
| J0893 | Injection, decitabine (sun pharma) not the | No | | | ALL |
| J0894 | INJECTION, DECITABINE, 1 MG | No | | | ALL |
| J0895 | INJECTION, DEFEROXAMINE MESYLAT | No | | | ALL |
| J0896 | Injection, luspatercept-aamt, 0.25 mg | Yes | PCM/ExGEN | | ALL (Except Caid, MA, MCWRAP) |
| J0896 | Injection, luspatercept-aamt, 0.25 mg | No | | | MA, McWRAP |
| J0897 | INJECTION, DENOSUMAB, 1 MG | No | | | ALL |
| J0898 | Injection, argatroban (auromedics), not the | No | | | ALL |
| J0899 | Injection, argatroban (auromedics), not the | No | | | ALL |
| J0901 | Vadadustat, oral, 1 mg (for esrd on dialysi | Not Covered | | | ALL (Except MA) |
| J0901 | Vadadustat, oral, 1 mg (for esrd on dialysi | No | | | MA |
| J0911 | Instillation, taurolidine 1.35 mg and hepari | No | | | ALL |
| J0945 | INJECTION, BROMPHENIRAMINE MALE | No | | | ALL |
| J1000 | INJECTION, DEPO-ESTRADIOL CYPION | No | | | ALL |
| J1050 | Injection, medroxyprogesterone acetate, 1 | No | | | ALL |
| J1071 | Injection, testosterone cypionate, 1mg | No | | | ALL |
| J1072 | Injection, testosterone cypionate (azmiro), | No | | | ALL |
| J1073 | Testosterone pellet, implant, 75 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWrap) |
| J1073 | Testosterone pellet, implant, 75 mg | No | | | MA, MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J1095 | Injection, dexamethasone 9%, intraocular, | No | | | ALL |
| J1096 | Dexamethasone, lacrimal ophthalmic insert, 0.1 | No | | | ALL |
| J1097 | phenylephrine 10.16 mg/ml and ketorolac 2.88 r | No | | | ALL |
| J1100 | INJECTION, DEXAMETHASONE SODIUM | No | | | ALL |
| J1105 | Dexmedetomidine, oral, 1 mcg | Not Covered | Check w/Pharm | | ALL (Except MA) |
| J1105 | Dexmedetomidine, oral, 1 mcg | Yes | PCM/ExGEN | | MA |
| J1010 | Injection, methylprednisolone acetate, 1 m | No | | | ALL |
| J1110 | INJECTION, DIHYDROERGOTAMINE ME | No | | | ALL |
| J1120 | INJECTION, ACETAZOLAMIDE SODIUM, | No | | | ALL |
| J1130 | Injection, diclofenac sodium, 0.5 mg | No | | | ALL |
| J1160 | INJECTION, DIGOXIN, UP TO 0.5 MG | No | | | ALL |
| J1162 | INJECTION, DIGOXIN IMMUNE FAB (OV | No | | | ALL |
| J1163 | Injection, diltiazem hydrochloride, 0.5 mg | No | | | ALL |
| J1165 | INJECTION, PHENYTOIN SODIUM, PER | No | | | ALL |
| J1171 | Injection, hydromorphone, 0.1 mg | No | | | ALL |
| J1180 | INJECTION, DYPHYLLINE, UP TO 500 M | No | | | ALL |
| J1190 | INJECTION, DEXRAZOXANE HYDROCH | No | | | ALL |
| J1200 | INJECTION, DIPHENHYDRAMINE HCL, U | No | | | ALL |
| J1201 | Injection, cetirizine hydrochloride, 0.5 mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| J1201 | Injection, cetirizine hydrochloride, 0.5 mg | No | | | MA, McWRAP |
| J1202 | Miglustat, oral, 65 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J1202 | Miglustat, oral, 65 mg | No | | | MA, McWRAP |
| J1203 | Injection, cipaglucosidase alfa-atga, 5 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J1203 | Injection, cipaglucosidase alfa-atga, 5 mg | No | | | MA, McWRAP |
| J1205 | INJECTION, CHLOROTHIAZIDE SODIUM | No | | | ALL |
| J1212 | INJECTION, DMSO, DIMETHYL SULFOX | No | | | ALL |
| J1230 | INJECTION, METHADONE HCL, UP TO 1 | No | | | ALL |
| J1240 | INJECTION, DIMENHYDRINATE, UP TO | No | | | ALL |
| J1245 | INJECTION, DIPYRIDAMOLE, PER 10 MC | No | | | ALL |
| J1246 | Injection, dinutuximab, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J1246 | Injection, dinutuximab, 0.1 mg | No | | | MA, McWRAP |
| J1250 | INJECTION, DOBUTAMINE HYDROCHLO | No | | | ALL |
| J1260 | INJECTION, DOLASETRON MESYLATE, | No | | | ALL |
| J1265 | INJECTION, DOPAMINE HCL, 40 MG | No | | | ALL |
| J1270 | INJECTION, DOXERCALCIFEROL, 1 MC | No | | | ALL |
| J1271 | Injection, doxycycline hyclate, 1 mg | No | | | ALL |
| J1290 | INJECTION, ECALLANTIDE, 1 MG | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| J1290 | INJECTION, ECALLANTIDE, 1 MG | No | | | MA, McWRAP |
| J1299 | Injection, eculizumab, 2 mg | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP) |
| J1299 | Injection, eculizumab, 2 mg | No | | | MCWRAP |
| J1301 | Injection, edaravone, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J1301 | Injection, edaravone, 1 mg | No | | | MCWRAP, MA |
| J1302 | Injection, sutimlimab-jome, 10 mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| J1302 | Injection, sutimlimab-jome, 10 mg | No | | | MA, McWRAP |
| J1303 | Injection, ravulizumab-cwvz, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J1303 | Injection, ravulizumab-cwvz, 10 mg | No | | | MCWRAP |
| J1304 | Injection, tofersen, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J1304 | Injection, tofersen, 1 mg | No | | | MA, McWRAP |
| J1305 | Injection, evinacumab-dgnb, 5mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J1305 | Injection, evinacumab-dgnb, 5mg | No | | | MCWRAP |
| J1306 | Injection, inclisiran, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J1306 | Injection, inclisiran, 1 mg | No | | | MCWRAP |
| J1307 | Injection, crovalimab-akkz, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J1307 | Injection, crovalimab-akkz, 10 mg | No | | | MCWRAP |
| J1308 | Injection, famotidine, 0.25 mg | No | | | ALL |
| J1320 | INJECTION, AMITRIPTYLINE HCL, UP TO | No | | | ALL |
| J1322 | Injection, elosulfase alfa, 1mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| J1322 | Injection, elosulfase alfa, 1mg | No | | | MA, McWRAP |
| J1323 | Injection, elranatamab-bcmm, 1 mg | No | | | ALL |
| J1324 | INJECTION, ENFUVIRTIDE, 1 MG | No | | | ALL |
| J1325 | INJECTION, EPOPROSTENOL, 0.5 MG | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| J1325 | INJECTION, EPOPROSTENOL, 0.5 MG | No | | | MA, McWRAP |
| J1326 | Injection, zolbetuximab-clzb, 2 mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| J1326 | Injection, zolbetuximab-clzb, 2 mg | No | | | MA, McWRAP |
| J1327 | INJECTION, EPTIFIBATIDE, 5 MG | No | | | ALL |
| J1335 | INJECTION, ERTAPENEM SODIUM, 500 | No | | | ALL |
| J1364 | INJECTION, ERYTHROMYCIN LACTOBIO | No | | | ALL |
| J1370 | Injection, esomeprazole sodium, 1 mg | No | | | ALL |
| J1380 | INJECTION, ESTRADIOL VALERATE, UP | No | | | ALL |
| J1410 | INJECTION, ESTROGEN CONJUGATED | No | | | ALL |
| J1411 | Injection, etranacogene dezaparvovec-drlb | Yes | RMT | | ALL (Except McWRAP) |
| J1411 | Injection, etranacogene dezaparvovec-drlb | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J1412 | Injection, valoctocogene roxaparvovec-rvc | Yes | RMT | | ALL (Except McWRAP) |
| J1412 | Injection, valoctocogene roxaparvovec-rvc | No | | | McWRAP |
| J1413 | Injection, delandistrogene moxeparvovec- | Yes | RMT | | ALL (Except McWRAP) |
| J1413 | Injection, delandistrogene moxeparvovec- | No | | | McWRAP |
| J1414 | Injection, fidanacogene elaparvovec-dzkt, | Yes | RMT | | ALL (Except MCWRAP) |
| J1414 | Injection, fidanacogene elaparvovec-dzkt, | No | | | MCWRAP |
| J1426 | Injection, casimersen, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J1426 | Injection, casimersen, 10 mg | No | | | MCWRAP, MA |
| J1427 | Injection, viltolarsen, 10 mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| J1427 | Injection, viltolarsen, 10 mg | No | | | MA, MCWRAP |
| J1429 | Injection, golodirsen, 10 mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| J1429 | Injection, golodirsen, 10 mg | No | | | MA, McWRAP |
| J1430 | INJECTION, ETHANOLAMINE OLEATE, 1 | No | | | ALL |
| J1434 | Injection, fosaprepitant (focinvez), 1 mg | No | | | ALL |
| J1435 | INJECTION, ESTRONE, PER 1 MG | No | | | ALL |
| J1436 | INJECTION, ETIDRONATE DISODIUM, P | No | | | ALL |
| J1437 | 'Injection, ferric derisomaltose, 10 mg | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP, MA) |
| J1437 | 'Injection, ferric derisomaltose, 10 mg | No | | | MCWRAP, MA |
| J1438 | INJECTION, ETANERCEPT, 25 MG (COD | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J1438 | INJECTION, ETANERCEPT, 25 MG (COD | No | | | MCWRAP, MA |
| J1439 | Injection, ferric carboxymaltose, 1mg | No | | | ALL |
| J1440 | Fecal microbiota, live - jslm, 1 ml | No | | | ALL |
| J1442 | Injection, filgrastim (g-csf), 1 microgram | No | | | ALL |
| J1447 | Injection, tbo-filgrastim, 1 microgram | No | | | ALL |
| J1448 | Injection, trilaciclib, 1mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J1448 | Injection, trilaciclib, 1mg | No | | | MCWRAP, MA |
| J1449 | Injection, eflapegrastim-xnst, 0.1 mg | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP) |
| J1449 | Injection, eflapegrastim-xnst, 0.1 mg | No | | | MCWRAP |
| J1450 | INJECTION FLUCONAZOLE, 200 MG | No | | | ALL |
| J1451 | INJECTION, FOMEPIZOLE, 15 MG | No | | | ALL |
| J1453 | INJECTION, FOSAPREPITANT, 1 MG | No | | | ALL |
| J1454 | Injection, fosnetupitant 235 mg and palond | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J1454 | Injection, fosnetupitant 235 mg and palond | No | | | MCWRAP, MA |
| J1455 | INJECTION, FOSCARNET SODIUM, PER | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J1455 | INJECTION, FOSCARNET SODIUM, PER | No | | | MA, McWrap, |
| J1456 | Injection, fosaprepitant (teva), not therape | No | | | ALL |
| J1458 | NJECTION, GALSULFASE, 1 MG | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J1458 | NJECTION, GALSULFASE, 1 MG | No | | | MA, McWrap, |
| J1459 | INJECTION, IMMUNE GLOBULIN (PRIVIC | Yes | SPC/ExGEN | | ALL (Except MA, McWRAP) |
| J1459 | INJECTION, IMMUNE GLOBULIN (PRIVIC | No | | | MA, McWrap, |
| J1460 | INJECTION, GAMMA GLOBULIN, INTRAI | Yes | SPC/ExGEN | | ALL (Except MA, McWRAP) |
| J1460 | INJECTION, GAMMA GLOBULIN, INTRAI | No | | | MA, McWrap, |
| J1551 | Injection, immune globulin (cutaquig), | Yes | SPC/ExGEN | | ALL (Except MA, McWRAP) |
| J1551 | Injection, immune globulin (cutaquig), | No | | | MA, McWrap, |
| J1552 | Injection, immune globulin (alyglo), 500 m | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J1552 | Injection, immune globulin (alyglo), 500 m | No | | | MCWRAP, MA |
| J1554 | Injection, immune globulin (asceniv), 500 | Yes | SPC/ExGEN | | ALL (Except MA, MMP, PRICHO, MCWRAP) |
| J1554 | Injection, immune globulin (asceniv), 500 | No | | | MA, MMP, PRICHO, MCWRAP |
| J1555 | Injection, immune globulin (cuvitru), 100 m | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1555 | Injection, immune globulin (cuvitru), 100 m | No | | | MCWRAP, MMP, MA, PRICHO |
| J1556 | Injection, immune globulin (bivigam), 500 | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1556 | Injection, immune globulin (bivigam), 500 | No | | | MCWRAP, MMP, MA, PRICHO |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMM | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMM | No | | | MCWRAP, MMP, MA, PRICHO |
| J1558 | Injection, immune globulin (xembify), 100 | Yes | SPC/ExGEN | | ALL (Except Caid, MA, MMP, PRICHO, MCWRAP) |
| J1558 | Injection, immune globulin (xembify), 100 | No | | | MA, MMP, PRICHO, McWRAP, CAID |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZEN | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZEN | No | | | MCWRAP, MMP, MA, PRICHO |
| J1560 | INJECTION, GAMMA GLOBULIN, INTRAI | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1560 | INJECTION, GAMMA GLOBULIN, INTRAI | No | | | MCWRAP, MMP, MA, PRICHO |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMU | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMU | No | | | MCWRAP, MMP, MA, PRICHO |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRA | Yes | SPC/ExGEN | | ALL (Except McWRAP, Caid, MMP, MA, PRICHO) |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRA | No | | | MCWRAP, MMP, MA, PRICHO |
| J1568 | INJECTION, IMMUNE GLOBULIN, (OCTA | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1568 | INJECTION, IMMUNE GLOBULIN, (OCTA | No | | | MCWRAP, MMP, MA, PRICHO |
| J1569 | INJECTION, IMMUNE GLOBULIN, (GAMM | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1569 | INJECTION, IMMUNE GLOBULIN, (GAMM | No | | | MCWRAP, MMP, MA, PRICHO |
| J1570 | INJECTION, GANCICLOVIR SODIUM, 50 | No | | | ALL |
| J1571 | INJECTION, HEPATITIS B IMMUNE GLO | Yes | PCM/ExGEN | | ALL (Except McWRAP, Caid, MMP, MA, PRICHO) |
| J1571 | INJECTION, HEPATITIS B IMMUNE GLO | No | | | MCWRAP, Caid, MMP, MA, PRICHO |
| J1572 | INJECTION, IMMUNE GLOBULIN, (FLEB | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J1572 | INJECTION, IMMUNE GLOBULIN, (FLEB | No | | | MCWRAP, MA |
| J1573 | INJECTION, HEPATITIS B IMMUNE GLO | No | | | ALL |
| J1574 | Injection, ganciclovir sodium (exela) not th | No | | | ALL |
| J1575 | Injection, immune globulin/hyaluronidase, | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1575 | Injection, immune globulin/hyaluronidase, | No | | | MCWRAP, MMP, MA, PRICHO |
| J1576 | Injection, immune globulin (panzyga), intra | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J1576 | Injection, immune globulin (panzyga), intra | No | | | MCWRAP, MA |
| J1580 | INJECTION, GARAMYCIN, GENTAMICIN | No | | | ALL |
| J1595 | INJECTION, GLATIRAMER ACETATE, 20 | Yes | SPC/ExGEN | | ALL (Except McWRAP, Caid, MMP, MA, PRICHO) |
| J1595 | INJECTION, GLATIRAMER ACETATE, 20 | No | | | MCWRAP, MMP, MA, PRICHO |
| J1596 | Injection, glycopyrrolate, 0.1 mg | No | | | ALL |
| J1597 | Injection, glycopyrrolate (glyrx-pf), 0.1 mg | No | | | ALL |
| J1598 | Injection, glycopyrrolate (fresenius kabi), r | No | | | ALL |
| J1599 | INJECTION, IMMUNE GLOBULIN, INTRA | Yes | SPC/ExGEN | | ALL (Except McWRAP, MMP, MA, PRICHO) |
| J1599 | INJECTION, IMMUNE GLOBULIN, INTRA | No | | | MCWRAP, MMP, MA, PRICHO |
| J1600 | INJECTION, GOLD SODIUM THIOMALAT | No | | | ALL |
| J1602 | Injection, golimumab, 1 mg, for intravenou | Yes | SPC/ExGEN | | ALL (Except McWrap) |
| J1602 | Injection, golimumab, 1 mg, for intravenou | No | | | MCWRAP |
| J1610 | INJECTION, GLUCAGON HYDROCHLOR | No | | | ALL |
| J1611 | Injection, glucagon hydrochloride (freseniu | No | | | ALL |
| J1612 | Injection, glucagon (gvoke), 0.01 mg | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J1612 | Injection, glucagon (gvoke), 0.01 mg | No | | | MCWRAP |
| J1626 | INJECTION, GRANISETRON HYDROCHL | No | | | ALL |
| J1627 | Injection, granisetron, extended-release, 0 | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J1627 | Injection, granisetron, extended-release, 0 | No | | | MCWRAP, MMP, MA, PRICHO |
| J1628 | Injection, guselkumab, 1 mg **(VIAL ONLY)** | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J1628 | Injection, guselkumab, 1 mg **(prefilled pen/syringe/auto-injector ONLY)** | Yes | SPC/ExGEN | | ALL (Except McWrap) |
| J1628 | Injection, guselkumab, 1 mg | No | | | MCWRAP |
| J1630 | INJECTION, HALOPERIDOL, UP TO 5 MG | No | | | ALL |
| J1631 | INJECTION, HALOPERIDOL DECANOAT | No | | | ALL |
| J1632 | 'Injection, brexanolone, 1 mg | Yes | | | ALL (Except MCWRAP, PRICHO, CAID) |
| J1632 | 'Injection, brexanolone, 1 mg | No | | | MCWRAP, PRICHO, CAID |
| J1640 | INJECTION, HEMIN, 1 MG | No | | | ALL |
| J1642 | INJECTION, HEPARIN SODIUM, (HEPAR | No | | | ALL |
| J1643 | Injection, heparin sodium (pfizer), not ther | No | | | ALL |
| J1644 | HEPARIN SODIUM, PER 1000U IN | No | | | ALL |
| J1645 | INJECTION, DALTEPARIN SODIUM, PER | No | | | ALL |
| J1650 | INJECTION, ENOXAPARIN SODIUM, 10 I | No | | | ALL |
| J1652 | INJECTION, FONDAPARINUX SODIUM, ( | No | | | ALL |
| J1670 | INJECTION, TETANUS IMMUNE GLOBUI | No | | | ALL |
| J1675 | INJECTION, HISTRELIN ACETATE, 10 M | No | | | ALL |
| J1700 | INJECTION, HYDROCORTISONE ACETA | No | RMT | | ALL |
| J1720 | INJECTION, HYDROCORTISONE SODIU | No | RMT | | ALL |
| J1726 | Injection, hydroxyprogesterone caproate, ( | Not Covered | | | ALL |
| J1729 | Injection, hydroxyprogesterone caproate, r | Not Covered | | | ALL |
| J1730 | INJECTION, DIAZOXIDE, UP TO 300 MG | No | | | ALL |
| J1736 | Injection, meloxicam (delova), 1 mg | Yes | PCM/ExGEN | BPF | ALL (Except McWrap) |
| J1736 | Injection, meloxicam (delova), 1 mg | No | | | McWRAP |
| J1737 | Injection, meloxicam (azurity), 1 mg | No | | | ALL |
| J1738 | 'Injection, meloxicam, 1 mg | No | | | ALL |
| J1740 | INJECTION, IBANDRONATE SODIUM, 1 | No | | | ALL |
| J1741 | Injection, ibuprofen, 100 mg | No | | | ALL |
| J1742 | INJECTION, IBUTILIDE FUMARATE, 1 MG | No | | | ALL |
| J1743 | INJECTION, IDURSULFASE, 1 MG | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J1743 | INJECTION, IDURSULFASE, 1 MG | No | | | MCWRAP, MMP, MA, PRICHO |
| J1744 | Injection, icatibant, 1 mg | Yes | SPC/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| J1744 | Injection, icatibant, 1 mg | No | | | MCWRAP, MMP, MA, PRICHO |
| J1745 | INJECTION, INFLIXIMAB, 10 MG | Yes | SPC/ExGEN | BPF | ALL (Except McWrap) |
| J1745 | INJECTION, INFLIXIMAB, 10 MG | No | | | MCWRAP |
| J1746 | Injection, ibalizumab-uiyk, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, CAID, MMP, MA, PRICHO) |
| J1746 | Injection, ibalizumab-uiyk, 10 mg | No | | | MCWRAP, MMP, MA, PRICHO |
| J1747 | Injection, spesolimab-sbzo, 1 mg | Yes | SPC/ExGEN | | ALL (Except McWrap) |
| J1747 | Injection, spesolimab-sbzo, 1 mg | No | | | MCWRAP |
| J1748 | Injection, infliximab-dyyb (zymfentra), 10 m | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP) |
| J1748 | Injection, infliximab-dyyb (zymfentra), 10 m | No | | | MCWRAP |
| J1749 | Injection, iloprost, 0.1 mcg | Yes | | | ALL (Except McWrap) |
| J1749 | Injection, iloprost, 0.1 mcg | No | | | McWrap |
| J1750 | INJECTION, IRON DEXTRAN, 50 MG | No | | | ALL |
| J1756 | INJECTION, IRON SUCROSE, 1 MG | No | | | ALL |
| J1786 | INJECTION, IMIGLUCERASE, 10 UNITS | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J1786 | INJECTION, IMIGLUCERASE, 10 UNITS | No | | | MCWRAP, MMP, MA, PRICHO |
| J1790 | INJECTION, DROPERIDOL, UP TO 5 MG | No | | | ALL |
| J1800 | INJECTION, PROPRANOLOL HCL, UP T | No | | | ALL |
| J1805 | Injection, esmolol hydrochloride, 10 mg | No | | | ALL |
| J1806 | Injection, esmolol hydrochloride (wg critica | No | | | ALL |
| J1807 | Injection, ethacrynate sodium, 1 mg | No | | | ALL |
| J1808 | Injection, folic acid, 0.1 mg | No | | | ALL |
| J1809 | Injection, fosdenopterin, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J1809 | Injection, fosdenopterin, 0.1 mg | No | | | MCWRAP, MA |
| J1811 | Insulin (fiasp) for administration through d | Not covered | | | ALL |
| J1812 | Insulin (fiasp), per 5 units | Not covered | | | ALL |
| J1813 | Insulin (lyumjev) for administration through | Not covered | | | ALL |
| J1814 | Insulin (lyumjev), per 5 units | Not covered | | | ALL |
| J1815 | INJECTION, INSULIN, PER 5 UNITS | No | | | ALL |
| J1817 | INSULIN FOR ADMINISTRATION THROU | No | | | ALL |
| J1823 | Injection, inebilizumab-cdon, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J1823 | Injection, inebilizumab-cdon, 1 mg | No | | | MCWRAP, MA |
| J1826 | INJECTION, INTERFERON BETA-1A, 30 | Yes | SPC/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J1826 | INJECTION, INTERFERON BETA-1A, 30 | No | | | MCWRAP, MMP, MA, PRICHO |
| J1830 | INJECTION, INTERFERON BETA-LB, 0.2 | Yes | SPC/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J1830 | INJECTION, INTERFERON BETA-LB, 0.2 | No | | | MCWRAP, MMP, MA, PRICHO |
| J1833 | Injection, isavuconazonium, 1 mg | No | | | ALL |
| J1834 | Injection, isoniazid, 1 mg | No | | | ALL |
| J1835 | INJECTION, ITRACONAZOLE, 50 MG | No | | | ALL |
| J1836 | Injection, metronidazole, 10 mg | No | | | ALL |
| J1837 | Injection, posaconazole, 1 mg | No | | | ALL |
| J1885 | INJECTION, KETOROLAC TROMETHAM | No | | | ALL |
| J1920 | Injection, labetalol hydrochloride, 5 mg | No | | | ALL |
| J1921 | Injection, labetalol hydrochloride (hikma) r | No | | | ALL |
| J1930 | INJECTION, LANREOTIDE, 1 MG | Yes | PCM/ExGEN | BPF | ALL (Except McWrap) |
| J1930 | INJECTION, LANREOTIDE, 1 MG | No | | | MCWRAP |
| J1931 | INJECTION, LARONIDASE, 0.1 MG | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J1931 | INJECTION, LARONIDASE, 0.1 MG | No | | | MCWRAP, MA |
| J1932 | Injection, lanreotide, (cipla), 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J1932 | Injection, lanreotide, (cipla), 1 mg | No | | | MCWRAP, MA |
| J1938 | Injection, furosemide, 1 mg | No | | | ALL |
| J1939 | Injection, bumetanide, 0.5 mg | No | | | ALL |
| J1941 | Injection, furosemide (furoscix), 20 mg | Yes | PCM/ExGEN | BPF | ALL (Except McWrap, MA) |
| J1941 | Injection, furosemide (furoscix), 20 mg | No | | | MCWRAP, MA |
| J1943 | Injection, aripiprazole lauroxil, (aristada ini | No | | | ALL |
| J1944 | Injection, aripiprazole lauroxil, (aristada), 1 | No | | | ALL |
| J1950 | INJECTION, LEUPROLIDE ACETATE (FC | Yes | PCM/LINK - see note in Key | | ALL (Except McWrap, MA) |
| J1950 | INJECTION, LEUPROLIDE ACETATE (FC | No | | | MCWRAP, MA |
| J1951 | Injection, leuprolide acetate for depot susp | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J1951 | Injection, leuprolide acetate for depot susp | No | | | MCWRAP, MA |
| J1952 | Leuprolide injectable, camcevi, 1 mg | Yes | PCM/LINK - see note in Key | | ALL (Except McWrap, MA) |
| J1952 | Leuprolide injectable, camcevi, 1 mg | No | | | MCWRAP, MA |
| J1953 | INJECTION, LEVETIRACETAM, 10 MG | No | | | ALL |
| J1954 | Injection, leuprolide acetate for depot susp | Yes | PCM/LINK - see note in Key | | ALL (Except MA, MCWRAP) |
| J1954 | Injection, leuprolide acetate for depot susp | No | | | MA, MCWRAP |
| J1955 | INJECTION, LEVOCARNITINE, PER 1 GM | No | | | ALL |
| J1956 | INJECTION, LEVOFLOXACIN, 250 MG | No | | | ALL |
| J1960 | INJECTION, LEVORPHANOL TARTRATE | No | | | ALL |
| J1961 | Injection, lenacapavir, 1 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J1961 | Injection, lenacapavir, 1 mg | No | | | MCWRAP, MA |
| J1980 | INJECTION, HYOSCYAMINE SULFATE, I | No | | | ALL |
| J1990 | INJECTION, CHLORDIAZEPOXIDE HCL, | No | | | ALL |
| J2002 | Injection, lidocaine hcl in 5% dextrose, 1 m | No | | | ALL |
| J2003 | Injection, lidocaine hydrochloride, 1 mg | No | | | ALL |
| J2004 | Injection, lidocaine hcl with epinephrine, 1 | No | | | ALL |
| J2010 | INJECTION, LINCOMYCIN HCL, UP TO 3 | No | | | ALL |
| J2020 | INJECTION, LINEZOLID, 200MG | No | | | ALL |
| J2021 | Injection, linezolid (hospira) not therapeuti | No | | | ALL |
| J2060 | INJECTION, LORAZEPAM, 2 MG | No | | | ALL |
| J2062 | Loxapine for inhalation, 1 mg | No | | | ALL |
| J2151 | Injection, mannitol, 250 mg | No | | | ALL |
| J2170 | INJECTION, MECASERMIN, 1 MG | Yes | SPC/ExGEN | | ALL (Except MCWRAP, MA) |
| J2170 | INJECTION, MECASERMIN, 1 MG | No | | | MCWRAP, MA |
| J2175 | INJECTION, MEPERIDINE HYDROCHLO | No | | | ALL |
| J2180 | INJECTION, MEPERIDINE AND PROMET | No | | | ALL |
| J2182 | Injection, mepolizumab, 1 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J2182 | Injection, mepolizumab, 1 mg | No | | | MCWRAP, MA |
| J2183 | Injection, meropenem (wg critical care), no | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J2184 | Injection, meropenem (b. braun) not thera | No | | | ALL |
| J2185 | INJECTION, MEROPENEM, 100 MG | No | | | ALL |
| J2186 | Injection, meropenem, vaborbactam, 10 m | No | | | ALL |
| J2210 | INJECTION, METHYLERGONOVINE MAL | No | | | ALL |
| J2212 | Injection, methylnaltrexone, 0. 1 mg | Yes | SPC/ExGEN | | ALL (Except MCWRAP, MA) |
| J2212 | Injection, methylnaltrexone, 0. 1 mg | No | | | MCWRAP, MA |
| J2246 | Injection, micafungin in sodium (baxter), n | No | | | ALL |
| J2247 | Injection, micafungin sodium (par pharm) | No | | | ALL |
| J2248 | INJECTION, MICAFUNGIN SODIUM, 1 M | No | | | ALL |
| J2249 | Injection, remimazolam, 1 mg | No | | | ALL |
| J2250 | INJECTION, MIDAZOLAM HYDROCHLOR | No | | | ALL |
| J2251 | Injection, midazolam hydrochloride (wg cri | No | | | ALL |
| J2252 | Injection, midazolam in 0.8% sodium chlo | No | | | ALL |
| J2253 | Injection, midazolam (seizalam), 1 mg | No | | | ALL |
| J2260 | INJECTION, MILRINONE LACTATE, 5 MC | No | | | ALL |
| J2265 | INJECTION, MINOCYCLINE HYDROCHL | No | | | ALL |
| J2267 | Injection, mirikizumab-mrkz, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J2267 | Injection, mirikizumab-mrkz, 1 mg | No | | | MCWRAP |
| J2270 | INJECTION, MORPHINE SULFATE, UP T | No | | | ALL |
| J2272 | Injection, morphine sulfate (fresenius kabi | No | | | ALL |
| J2274 | Injection, morphine sulfate, preservative-fr | No | | | ALL |
| J2277 | Injection, motixafortide, 0.25 mg | No | | | ALL |
| J2278 | INJECTION, ZICONOTIDE, 1 MICROGRA | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J2278 | INJECTION, ZICONOTIDE, 1 MICROGRA | No | | | MCWRAP, MA |
| J2280 | INJECTION, MOXIFLOXACIN, 100 MG | No | | | ALL |
| J2281 | Injection, moxifloxacin (fresenius kabi) not | No | | | ALL |
| J2290 | Injection, nafcillin sodium, 20 mg | No | | | ALL |
| J2291 | Injection, nafcillin sodium (baxter), 20 mg | No | | | ALL |
| J2300 | INJECTION, NALBUPHINE HYDROCHLO | No | | | ALL |
| J2305 | Injection, nitroglycerin, 5 mg | No | | | ALL |
| J2312 | Injection, naloxone hydrochloride, not othe | No | | | ALL |
| J2313 | Injection, naloxone hydrochloride (zimhi), | No | | | ALL |
| J2315 | INJECTION, NALTREXONE, DEPOT FOR | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J2315 | INJECTION, NALTREXONE, DEPOT FOR | No | | | MCWRAP, MA |
| J2320 | INJECTION, NANDROLONE DECANOAT | No | | | ALL |
| J2323 | INJECTION, NATALIZUMAB, 1 MG | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J2323 | INJECTION, NATALIZUMAB, 1 MG | No | | | MCWRAP, MA |
| J2325 | INJECTION, NESIRITIDE, 0.1 MG | No | | | ALL |
| J2326 | Injection, nusinersen, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J2326 | Injection, nusinersen, 0.1 mg | No | | | MCWRAP, MA |
| J2327 | Injection, risankizumab-rzaa, intravenous, | Yes | SPC/ExGEN | | ALL (Except MA, McWRAP) |
| J2327 | Injection, risankizumab-rzaa, intravenous, | Yes | PCM/ExGEN | | MA |
| J2327 | Injection, risankizumab-rzaa, intravenous, | No | | | MCWRAP |
| J2329 | Injection, ublituximab-xiiy, 1mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J2329 | Injection, ublituximab-xiiy, 1mg | No | | | MCWRAP, MA |
| J2350 | Injection, ocrelizumab, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J2350 | Injection, ocrelizumab, 1 mg | No | | | MCWRAP, MA |
| J2351 | Injection, ocrelizumab, 1 mg and hyaluron | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J2351 | Injection, ocrelizumab, 1 mg and hyaluron | No | | | MCWRAP, MA |
| J2353 | INJECTION, OCTREOTIDE, DEPOT FOR | Yes | PCM/LINK-see note in Key above/ExGEN | | ALL (Except McWrap, MA) |
| J2353 | INJECTION, OCTREOTIDE, DEPOT FOR | No | | | MCWRAP, MA |
| J2354 | INJECTION, OCTREOTIDE, NON-DEPOT | No | | | ALL |
| J2355 | INJECTION, OPRELVEKIN, 5 MG | No | | | ALL |
| J2356 | Injection, tezepelumab-ekko, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J2356 | Injection, tezepelumab-ekko, 1 mg | No | | | MCWRAP, MA |
| J2357 | INJECTION, OMALIZUMAB, 5 MG (VIAL ( | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J2357 | INJECTION, OMALIZUMAB, 5 MG | No | | | MCWRAP, MA |
| J2358 | INJECTION, OLANZAPINE, LONG-ACTIN | No | | | ALL |
| J2359 | Injection, olanzapine, 0.5 mg | No | | | ALL |
| J2360 | INJECTION, ORPHENADRINE CITRATE, | No | | | ALL |
| J2371 | Injection, phenylephrine hydrochloride, 20 | No | | | ALL |
| J2372 | Injection, phenylephrine hydrochloride (bic | No | | | ALL |
| J2373 | Injection, phenylephrine hydrochloride (im | No | | | ALL |
| J2401 | Injection, chloroprocaine hydrochloride, p | No | | | ALL |
| J2402 | Injection, chloroprocaine hydrochloride (cl | No | | | ALL |
| J2403 | Chloroprocaine hcl ophthalmic, 3% gel, 1 | No | | | ALL |
| J2404 | Injection, nicardipine, 0.1 mg | No | | | ALL |
| J2405 | INJECTION, ONDANSETRON HYDROCH | No | | | ALL |
| J2406 | Injection, oritavancin (kimyrsa), 10 mg | No | | | ALL |
| J2407 | Injection, oritavancin, 10 mg | No | | | ALL |
| J2410 | INJECTION, OXYMORPHONE HCL, UP T | No | | | ALL |
| J2425 | INJECTION, PALIFERMIN, 50 MICROGR | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J2426 | INJECTION, PALIPERIDONE PALMITATE | No | | | ALL |
| J2427 | Injection, paliperidone palmitate extended | No | | | ALL |
| J2428 | Injection, paliperidone palmitate extended | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP, MA) |
| J2428 | Injection, paliperidone palmitate extended | No | | | MCWRAP, MA |
| J2430 | INJECTION, PAMIDRONATE DISODIUM, | No | | | ALL |
| J2440 | INJECTION, PAPAVERINE HCL, UP TO 6 | No | | | ALL |
| J2460 | INJECTION, OXYTETRACYCLINE HCL, U | No | | | ALL |
| J2468 | Injection, palonosetron HCl (Posfrea), 25 | Not covered | | | ALL |
| J2469 | INJECTION, PALONOSETRON HCL, 25 M | No | | | ALL |
| J2470 | Injection, pantoprazole sodium, 40 mg | No | | | ALL |
| J2471 | Injection, pantoprazole (hikma), not therap | No | | | ALL |
| J2472 | Injection, pantoprazole sodium in sodium | No | | | ALL |
| J2501 | INJECTION, PARICALCITOL, 1 MCG | No | | | ALL |
| J2502 | Injection, pasireotide long acting, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J2502 | Injection, pasireotide long acting, 1 mg | No | | | MCWRAP, MA |
| J2506 | Injection, pegfilgrastim, excludes biosimila | No | | | ALL |
| J2507 | INJECTION, PEGLOTICASE, 1 MG | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J2507 | INJECTION, PEGLOTICASE, 1 MG | No | | | MCWRAP, MA |
| J2508 | Injection, pegunigalsidase alfa-iwxj, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J2508 | Injection, pegunigalsidase alfa-iwxj, 1 mg | No | | | MA, McWRAP |
| J2510 | INJECTION, PENICILLIN G PROCAINE, A | No | | | ALL |
| J2515 | INJECTION, PENTOBARBITAL SODIUM, | No | | | ALL |
| J2516 | Injection, pentamidine isethionate, 1 mg | No | | | ALL |
| J2540 | INJECTION, PENICILLIN G POTASSIUM, | No | | | ALL |
| J2543 | INJECTION, PIPERACILLIN SODIUM/TAZ | No | | | ALL |
| J2545 | PENTAMIDINE ISETHIONATE, INHALATI | No | | | ALL |
| J2547 | Injection, peramivir, 1 mg | No | | | ALL |
| J2550 | INJECTION, PROMETHAZINE HCL, UP T | No | | | ALL |
| J2560 | INJECTION, PHENOBARBITAL SODIUM, | No | | | ALL |
| J2561 | Injection, phenobarbital sodium (sezaby), | Yes | | | ALL (Except McWRAP, PRICHO) |
| J2561 | Injection, phenobarbital sodium (sezaby), | No | | | MCWRAP, PRICHO |
| J2562 | INJECTION, PLERIXAFOR, 1 MG | No | | | ALL |
| J2590 | INJECTION, OXYTOCIN, UP TO 10 UNIT | No | | | ALL |
| J2596 | Injection, vasopressin (long grove), not the | No | | | ALL |
| J2597 | INJECTION, DESMOPRESSIN ACETATE | No | | | ALL |
| J2598 | Injection, vasopressin, 1 unit | No | | | ALL |
| J2599 | Injection, vasopressin (american regent) n | No | | | ALL |
| J2601 | Injection, vasopressin (baxter), 1 unit | No | | | ALL |
| J2650 | INJECTION, PREDNISOLONE ACETATE | No | | | ALL |
| J2670 | INJECTION, TOLAZOLINE HCL, UP TO 2 | No | | | ALL |
| J2675 | INJECTION, PROGESTERONE, PER 50 I | No | | | ALL |
| J2679 | Injection, fluphenazine hcl, 1.25 mg | No | | | ALL |
| J2680 | INJECTION, FLUPHENAZINE DECANOA | No | | | ALL |
| J2690 | INJECTION, PROCAINAMIDE HCL, UP T | No | | | ALL |
| J2700 | INJECTION, OXACILLIN SODIUM, UP TO | No | | | ALL |
| J2704 | Injection, propofol, 10 mg | No | | | ALL |
| J2710 | INJECTION, NEOSTIGMINE METHYLSUL | No | | | ALL |
| J2711 | Injection, neostigmine methylsulfate 0.1 m | No | | | ALL |
| J2720 | INJECTION, PROTAMINE SULFATE, PER | No | | | ALL |
| J2724 | INJECTION, PROTEIN C CONCENTRATE | No | | | ALL |
| J2725 | INJECTION, PROTIRELIN, PER 250 MCG | No | | | ALL |
| J2730 | INJECTION, PRALIDOXIME CHLORIDE, | No | | | ALL |
| J2760 | INJECTION, PHENTOLAMINE MESYLAT | No | | | ALL |
| J2765 | INJECTION, METOCLOPRAMIDE HCL, U | No | | | ALL |
| J2770 | INJECTION, QUINUPRISTIN/DALFOPRIS | No | | | ALL |
| J2777 | Injection, faricimab-svoa, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, PRICHO) |
| J2777 | Injection, faricimab-svoa, 0.1 mg | No | | | MCWRAP, PRICHO |
| J2778 | INJECTION, RANIBIZUMAB, 0.1 MG | Yes | PCM/ExGEN | | ALL (Except McWrap, PRICHO) |
| J2778 | INJECTION, RANIBIZUMAB, 0.1 MG | No | | | MCWRAP, PRICHO |
| J2779 | Injection, ranibizumab, via intravitreal | Yes | PCM/ExGEN | | ALL (Except McWrap, PRICHO) |
| J2779 | Injection, ranibizumab, via intravitreal | No | | | MCWRAP, PRICHO |
| J2781 | Injection, pegcetacoplan, intravitreal, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA,MMP, PRICHO,MCWRAP) |
| J2781 | Injection, pegcetacoplan, intravitreal, 1 mg | No | | | MA,MMP, PRICHO,MCWRAP |
| J2782 | Injection, avacincaptad pegol, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| J2782 | Injection, avacincaptad pegol, 0.1 mg | No | | | MCWRAP |
| J2783 | INJECTION, RASBURICASE, 0.5 MG | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J2783 | INJECTION, RASBURICASE, 0.5 MG | No | | | MCWRAP, MA |
| J2785 | INJECTION, LEVETIRACETAM, 10 MG | No | | | ALL |
| J2786 | Injection, reslizumab, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J2786 | Injection, reslizumab, 1 mg | No | | | MCWRAP, MA |
| J2787 | Riboflavin 5'-phosphate, ophthalmic soluti | No | | | ALL |
| J2788 | INJECTION, RHO D IMMUNE GLOBULIN | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J2790 | INJECTION, RHO D IMMUNE GLOBULIN | No | | | ALL |
| J2791 | INJECTION, RHO(D) IMMUNE GLOBULIN | No | | | ALL |
| J2792 | INJECTION, RHO D IMMUNE GLOBULIN | No | | | ALL |
| J2793 | INJECTION, RILONACEPT, 1 MG | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J2793 | INJECTION, RILONACEPT, 1 MG | No | | | MCWRAP, MMP, MA, PRICHO |
| J2794 | INJECTION, RISPERIDONE, LONG ACTI | No | | | ALL |
| J2795 | INJECTION, ROPIVACAINE HYDROCHL | No | | | ALL |
| J2797 | Injection, rolapitant, 0.5 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J2797 | Injection, rolapitant, 0.5 mg | No | | | MCWRAP, MA |
| J2798 | Injection, risperidone, (perseris), 0.5 mg | No | | | ALL |
| J2799 | Injection, risperidone (uzedy), 1 mg | No | | | ALL |
| J2800 | INJECTION, METHOCARBAMOL, UP TO | No | | | ALL |
| J2801 | Injection, risperidone (rykindo), 0.5 mg | No | | | ALL |
| J2802 | Injection, romiplostim, 1 microgram | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J2802 | Injection, romiplostim, 1 microgram | No | | | MCWRAP, MA |
| J2804 | Injection, rifampin, 1 mg | No | | | ALL |
| J2805 | INJECTION, SINCALIDE, 5 MICROGRAM | No | | | ALL |
| J2810 | INJECTION, THEOPHYLLINE, PER 40 M | No | | | ALL |
| J2820 | INJECTION, SARGRAMOSTIM (GM-CSF | No | | | ALL |
| J2840 | Injection, sebelipase alfa, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J2840 | Injection, sebelipase alfa, 1 mg | No | | | MCWRAP, MMP, MA, PRICHO |
| J2850 | INJECTION, SECRETIN, SYNTHETIC, HU | No | | | ALL |
| J2860 | Injection, siltuximab, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO, CAID) |
| J2860 | Injection, siltuximab, 10 mg | No | | | MCWRAP, MMP, MA, PRICHO, CAID |
| J2865 | Injection, sulfamethoxazole 5 mg and trim | No | | | ALL |
| J2916 | INJECTION, SODIUM FERRIC GLUCONA | No | | | ALL |
| J2919 | Injection, methylprednisolone sodium succ | No | | | ALL |
| J2941 | INJECTION, SOMATROPIN, 1 MG | Yes | SPC/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J2941 | INJECTION, SOMATROPIN, 1 MG | No | | | MCWRAP, MMP, MA, PRICHO |
| J2950 | INJECTION, PROMAZINE HCL, UP TO 25 | No | | | ALL |
| J2993 | INJECTION, RETEPLASE, 18.1 MG | No | | | ALL |
| J2997 | INJECTION, ALTEPLASE RECOMBINANT | No | | | ALL |
| J2998 | Injection, plasminogen, human-tvmh, | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J2998 | Injection, plasminogen, human-tvmh, | No | | | MCWRAP, MA |
| J3000 | INJECTION, STREPTOMYCIN, UP TO 1 G | No | | | ALL |
| J3010 | INJECTION, FENTANYL CITRATE, 0.1 M | No | | | ALL |
| J3030 | INJECTION, SUMATRIPTAN SUCCINATE | No | | | ALL |
| J3031 | Injection, fremanezumab-vfrm, 1 mg (code ma | Yes | SPC/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J3031 | Injection, fremanezumab-vfrm, 1 mg (code ma | No | | | MCWRAP, MMP, MA, PRICHO |
| J3032 | 'Injection, eptinezumab-jjmr, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J3032 | 'Injection, eptinezumab-jjmr, 1 mg | No | | | MCWRAP |
| J3055 | Injection, talquetamab-tgvs, 0.25 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J3055 | Injection, talquetamab-tgvs, 0.25 mg | No | | | MA, McWRAP |
| J3060 | Injection, taliglucerace alfa, 10 units | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J3060 | Injection, taliglucerace alfa, 10 units | No | | | MCWRAP, MA |
| J3070 | INJECTION, PENTAZOCINE, 30 MG | No | | | ALL |
| J3090 | Injection, tedizolid phosphate, 1 mg | No | | | ALL |
| J3095 | INJECTION, TELAVANCIN, 10 MG | No | | | ALL |
| J3101 | INJECTION, REGADENOSON, 0.1 MG | No | | | ALL |
| J3105 | INJECTION, TERBUTALINE SULFATE, U | No | | | ALL |
| J3110 | INJECTION, TERIPARATIDE, 10 MCG | No | | | ALL |
| J3111 | Injection, romosozumab-aqqg, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J3111 | Injection, romosozumab-aqqg, 1 mg | No | | | MCWRAP |
| J3121 | Injection, testosterone enanthate, 1mg | No | | | ALL |
| J3145 | Injection, testosterone undecanoate, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J3145 | Injection, testosterone undecanoate, 1 mg | No | | | MCWRAP, MA |
| J3230 | INJECTION, CHLORPROMAZINE HCL, U | No | | | ALL |
| J3240 | INJECTION, THYROTROPIN ALPHA, 0.9 | No | | | ALL |
| J3241 | 'Injection, teprotumumab-trbw, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J3241 | 'Injection, teprotumumab-trbw, 10 mg | No | | | MCWRAP |
| J3243 | INJECTION, TIGECYCLINE, 1 MG | No | | | ALL |
| J3244 | Injection, tigecycline (accord) not therapeu | No | | | ALL |
| J3245 | Injection, tildrakizumab, 1 mg | Yes | SPC/ExGEN | | ALL (Except McWrap) |
| J3245 | Injection, tildrakizumab, 1 mg | No | | | MCWRAP |
| J3246 | INJECTION, TIROFIBAN HCL, 0.25MG | No | | | ALL |
| J3247 | Injection, secukinumab, intravenous, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J3247 | Injection, secukinumab, intravenous, 1 mg | No | | | MCWRAP |
| J3250 | INJECTION, TRIMETHOBENZAMIDE HCl | No | | | ALL |
| J3260 | INJECTION, TOBRAMYCIN SULFATE, UI | No | | | ALL |
| J3262 | INJECTION, TOCILIZUMAB, 1 MG | Yes | PCM/ExGEN | * | ALL (Except McWrap) |
| J3262 | INJECTION, TOCILIZUMAB, 1 MG | No | * | | MCWRAP |
| J3263 | Injection, toripalimab-tpzi, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J3263 | Injection, toripalimab-tpzi, 1 mg | No | | | MA, MCWRAP |
| J3265 | INJECTION, TORSEMIDE, 10 MG/ML | No | | | ALL |
| J3285 | INJECTION, TREPROSTINIL, 1 MG | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J3285 | INJECTION, TREPROSTINIL, 1 MG | No | | | MCWRAP, MMP, MA, PRICHO |
| J3290 | Injection, tranexamic acid, 5 mg | No | | | ALL |
| J3291 | Injection, tranexamic acid in sodium chlori | No | | | ALL |
| J3299 | Injection, triamcinolone acetonide (xip | No | | | ALL |
| J3300 | INJECTION, TENECTEPLASE, 1 MG | No | | | ALL |
| J3301 | INJECTION, TRIAMCINOLONE ACETON | No | | | ALL |
| J3302 | INJECTION, TRIAMCINOLONE DIACETA | No | | | ALL |
| J3303 | INJECTION, TRIAMCINOLONE HEXACE | No | | | ALL |
| J3304 | Injection, triamcinolone acetonide, preserv | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J3304 | Injection, triamcinolone acetonide, preserv | No | | | MCWRAP, MMP, MA, PRICHO |
| J3315 | INJECTION, TRIPTORELIN PAMOATE, 3 | Yes | PCM/LINK - see note in key | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| J3315 | INJECTION, TRIPTORELIN PAMOATE, 3 | No | | | MCWRAP, Caid, MMP, MA, PRICHO |
| J3316 | Injection, triptorelin, extended-release, 3.7 | Yes | PCM/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| J3316 | Injection, triptorelin, extended-release, 3.7 | No | | | MCWRAP, MMP, MA, PRICHO |
| J3350 | INJECTION, UREA, UP TO 40 GM | No | | | ALL |
| J3357 | INJECTION, USTEKINUMAB, 1 MG | Not Covered | | BPF | ALL (Except MA) |
| J3357 | INJECTION, USTEKINUMAB, 1 MG | Yes | PCM/ExGEN | | MA |
| J3358 | Ustekinumab, for intravenous injection, 1 | No | Clinic Administered | | ALL |
| J3360 | INJECTION, DIAZEPAM, UP TO 5 MG | No | | | ALL |
| J3373 | Injection, vancomycin hydrochloride, 10 m | No | | | ALL |
| J3374 | Injection, vancomycin hydrochloride (myla | No | | | ALL |
| J3375 | Injection, vancomycin hydrochloride (xellia | No | | | ALL |
| J3376 | Injection, vancomycin hcl (hikma), not the | No | | | ALL |
| J3379 | Injection, valproate sodium, 5 mg | No | | | ALL |
| J3380 | Injection, vedolizumab, intravenous, 1 mg | Yes | SPC/ExGEN | | ALL (Except McWrap) |
| J3380 | Injection, vedolizumab, intravenous, 1 mg | No | | | MCWRAP |
| J3385 | INJECTION, VELAGLUCERASE ALFA, 1( | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J3385 | INJECTION, VELAGLUCERASE ALFA, 1( | No | | | MCWRAP, MMP, MA, PRICHO |
| J3387 | Injection, elivaldogene autotemcel, per tre | Yes | RMT | | ALL (Except McWrap) |
| J3387 | Injection, elivaldogene autotemcel, per tre | No | | | McWRAP |
| J3389 | Topical administration, prademagene zam | Yes | RMT | | ALL (Except McWrap) |
| J3389 | Topical administration, prademagene zam | No | | | McWRAP |
| J3391 | Injection, atidarsagene autotemcel, per tre | Yes | RMT | | ALL (Except MCWRAP) |
| J3391 | Injection, atidarsagene autotemcel, per tre | No | | | MCWRAP |
| J3392 | Injection, exagamglogene autotemcel, per | Yes | RMT | | ALL (Except MCWRAP) |
| J3392 | Injection, exagamglogene autotemcel, per | No | | | MCWRAP |
| J3393 | Injection, betibeglogene autotemcel, per tr | Yes | RMT | | ALL (Except McWRAP) |
| J3393 | Injection, betibeglogene autotemcel, per tr | No | | | MCWRAP |
| J3394 | Injection, lovotibeglogene autotemcel, per | Yes | RMT | | ALL (Except McWRAP) |
| J3394 | Injection, lovotibeglogene autotemcel, per | No | | | MCWRAP |
| J3396 | INJECTION, VERTEPORFIN, 0.1 MG | No | | | ALL |
| J3397 | Injection, vestronidase alfa-vjbk, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO) |
| J3397 | Injection, vestronidase alfa-vjbk, 1 mg | No | | | MCWRAP, MMP, MA, PRICHO |
| J3398 | Injection, voretigene neparvovec-rzyl, 1 bi | Yes | RMT | | ALL |
| J3399 | Injection, onasemnogene abeparvovec-xic | Yes | RMT | | ALL |
| J3401 | Beremagene geperpavec-svdt for topical a | Yes | RMT | | ALL (Except McWRAP) |
| J3401 | Beremagene geperpavec-svdt for topical a | No | | | McWRAP |
| J3402 | Injection, remestemcel-l-rknd, per therape | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J3402 | Injection, remestemcel-l-rknd, per therape | No | | | MCWRAP, MA |
| J3403 | Revakinagene taroretcel-lwey, per implant | Yes | RMT | | ALL (Except McWrap) |
| J3403 | Revakinagene taroretcel-lwey, per implant | No | | | MCWRAP |
| J3410 | INJECTION, HYDROXYZINE HCL, UP TO | No | | | ALL |
| J3411 | INJECTION, THIAMINE HCL, 100 MG | No | | | ALL |
| J3415 | INJECTION, PYRIDOXINE HCL, 100 MG | No | | | ALL |
| J3420 | INJECTION, VITAMIN B-12 CYANOCOBA | No | | | ALL |
| J3424 | Injection, hydroxocobalamin, intravenous, | Not Covered | | | ALL |
| J3425 | Injection, hydroxocobalamin, intramuscula | No | | | ALL |
| J3430 | INJECTION, PHYTONADIONE (VITAMIN | No | | | ALL |
| J3465 | INJECTION, VORICONAZOLE, 10 MG | No | | | ALL |
| J3470 | INJECTION, HYALURONIDASE, UP TO 1 | No | | | ALL |
| J3471 | INJECTION, HYALURONIDASE, OVINE, I | No | | | ALL |
| J3472 | INJECTION, HYALURONIDASE, OVINE, I | No | | | ALL |
| J3473 | INJECTION, HYALURONIDASE, RECOM | No | | | ALL |
| J3475 | INJECTION, MAGNESIUM SULFATE, PE | No | | | ALL |
| J3480 | INJECTION, POTASSIUM CHLORIDE, PE | No | | | ALL |
| J3485 | INJECTION, ZIDOVUDINE, 10 MG | No | | | ALL |
| J3486 | INJECTION, ZIPRASIDONE MESYLATE, | No | | | ALL |
| J3489 | Injection, zoledronic acid, 1 mg | No | | | ALL |
| J3490 | UNCLASSIFIED DRUGS | No | NTM POLICY | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J3520 | EDETATE DISODIUM, PER 150 MG | No | | | ALL |
| J3530 | NASAL VACCINE INHALATION | No | | | ALL |
| J3535 | DRUG ADMINISTERED THROUGH A ME | No | | | ALL |
| J3570 | LAETRILE, AMYGDALIN, VITAMIN B17 | Not covered | | | ALL |
| J3590 | UNCLASSIFIED BIOLOGICS | Yes | NTM POLICY RMT | also see PCM link | ALL (Except McWrap, MA) |
| J3590 | UNCLASSIFIED BIOLOGICS | No | NTM POLICY RMT | | MCWRAP, MA |
| J3591 | Unclassified drug or biological (for ESRD | No | NTM POLICY | | ALL |
| J7030 | INFUSION, NORMAL SALINE SOLUTION | No | | | ALL |
| J7040 | INFUSION, NORMAL SALINE SOLUTION | No | | | ALL |
| J7042 | 5% DEXTROSE/NORMAL SALINE (500 M | No | | | ALL |
| J7050 | INFUSION, NORMAL SALINE SOLUTION | No | | | ALL |
| J7060 | 5% DEXTROSE/WATER (500 ML = 1 UNI | No | | | ALL |
| J7070 | INFUSION, D5W, 1000 CC | No | | | ALL |
| J7100 | INFUSION, DEXTRAN 40, 500 ML | No | | | ALL |
| J7110 | INFUSION, DEXTRAN 75, 500 ML | No | | | ALL |
| J7120 | RINGERS LACTATE INFUSION, UP TO 1 | No | | | ALL |
| J7121 | 5% dextrose in lactated ringers infusion, u | No | | | ALL |
| J7131 | HYPERTONIC SALINE SOLUTION, 1 ML | No | | | ALL |
| J7165 | Injection, prothrombin complex concentrat | No | | | ALL |
| J7168 | Prothrombin complex concentrate (human | No | | | ALL |
| J7169 | Injection, coagulation factor xa (recombina | No | | | ALL |
| J7170 | Injection, emicizumab-kxwh, 0.5 mg | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7170 | Injection, emicizumab-kxwh, 0.5 mg | No | | | MCWRAP, MA |
| J7171 | Injection, adamts13, recombinant-krhn, 10 | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J7171 | Injection, adamts13, recombinant-krhn, 10 | No | | | MCWRAP |
| J7172 | Injection, marstacimab-hncq, 0.5 mg | Yes | SPC/ExGEN | | ALL Except MCWRAP) |
| J7172 | Injection, marstacimab-hncq, 0.5 mg | No | | | MCWRAP |
| J7173 | Injection, concizumab-mtci, 0.5 mg | Yes | SPC/ExGEN | | ALL (Except MCWRAP) |
| J7173 | Injection, concizumab-mtci, 0.5 mg | No | | | MCWRAP |
| J7174 | Injection, fitusiran, 0.04 mg | Yes | SPC/ExGEN | | ALL (Except MCWRAP) |
| J7174 | Injection, fitusiran, 0.04 mg | No | | | MCWRAP |
| J7175 | Injection, factor x, (human), 1 i.u. | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7175 | Injection, factor x, (human), 1 i.u. | No | | | MCWRAP, MA |
| J7177 | Injection, human fibrinogen concentrate (fibry | No | | | ALL |
| J7178 | Injection, human fibrinogen concentrate, 1 | No | | | ALL |
| J7179 | Injection, von willebrand factor (recombina | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7179 | Injection, von willebrand factor (recombina | No | | | MCWRAP, MA |
| J7180 | INJECTION, FACTOR XIII (ANTIHEMOPH | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7180 | INJECTION, FACTOR XIII (ANTIHEMOPH | No | | | MCWRAP, MA |
| J7181 | Injection, factor xiii a-subunit, (recombinar | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7181 | Injection, factor xiii a-subunit, (recombinar | No | | | MCWRAP, MA |
| J7182 | Injection, factor viii, (antihemophilic factor, | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7182 | Injection, factor viii, (antihemophilic factor, | No | | | MCWRAP, MA |
| J7183 | INJECTION, VON WILLEBRAND FACTOI | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7183 | INJECTION, VON WILLEBRAND FACTOI | No | | | MCWRAP, MA |
| J7185 | INJECTION, FACTOR VIII (ANTIHEMOPH | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7185 | INJECTION, FACTOR VIII (ANTIHEMOPH | No | | | MCWRAP, MA |
| J7186 | Injection, antihemophilic factor VIII/vo | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7186 | Injection, antihemophilic factor VIII/von Wi | No | | | MCWRAP, MA |
| J7187 | INJECTION, VON WILLEBRAND FACTOI | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7187 | INJECTION, VON WILLEBRAND FACTOI | No | | | MCWRAP, MA |
| J7188 | Injection, factor viii (antihemophilic factor, | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7188 | Injection, factor viii (antihemophilic factor, | No | | | MCWRAP, MA |
| J7189 | FACTOR VIIA (ANTIHEMOPHILIC FACTO | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7189 | FACTOR VIIA (ANTIHEMOPHILIC FACTO | No | | | MCWRAP, MA |
| J7190 | FACTOR VIII, (ANTI-HEMOPHILIC FACTO | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7190 | FACTOR VIII, (ANTI-HEMOPHILIC FACTO | No | | | MCWRAP, MA |
| J7191 | FACTOR VIII (ANTIHEMOPHILIC FACTO | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7191 | FACTOR VIII (ANTIHEMOPHILIC FACTO | No | | | MCWRAP, MA |
| J7192 | FACTOR VIII (ANTIHEMOPHILIC FACTO | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7192 | FACTOR VIII (ANTIHEMOPHILIC FACTO | No | | | MCWRAP, MA |
| J7193 | FACTOR IX (ANTIHEMOPHILIC FACTOR | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7193 | FACTOR IX (ANTIHEMOPHILIC FACTOR | No | | | MCWRAP, MA |
| J7194 | FACTOR IX, COMPLEX, PER I.U. | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7194 | FACTOR IX, COMPLEX, PER I.U. | No | | | MCWRAP, MA |
| J7195 | FACTOR IX (ANTIHEMOPHILIC FACTOR | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7195 | FACTOR IX (ANTIHEMOPHILIC FACTOR | No | | | MCWRAP, MA |
| J7196 | INJECTION, ANTITHROMBIN RECOMBIN | No | | | ALL |
| J7197 | ANTITHROMBIN III (HUMAN), PER I.U. | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J7197 | ANTITHROMBIN III (HUMAN), PER I.U. | No | | | MCWRAP, MA |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J7198 | ANTI INHIBITOR, PER I.U. | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7198 | ANTI INHIBITOR, PER I.U. | No | | | MCWRAP, MA |
| J7199 | HEMOPHILIA CLOTTING FACTOR, NOT | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J7199 | HEMOPHILIA CLOTTING FACTOR, NOT | No | | | MCWRAP |
| J7200 | Injection, factor ix, (antihemophilic factor, | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7200 | Injection, factor ix, (antihemophilic factor, | No | | | MCWRAP, MA |
| J7201 | Injection, factor ix, fc fusion protein (recom | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7201 | Injection, factor ix, fc fusion protein (recom | No | | | MCWRAP, MA |
| J7202 | Injection, factor ix, albumin fusion protein, | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7202 | Injection, factor ix, albumin fusion protein, | No | | | MCWRAP, MA |
| J7203 | Injection factor ix, (antihemophilic factor, r | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7203 | Injection factor ix, (antihemophilic factor, r | No | | | MCWRAP, MA |
| J7204 | Injection, factor viii, antihemophilic factor ( | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7204 | Injection, factor viii, antihemophilic factor ( | No | | | MCWRAP, MA |
| J7205 | Injection, factor viii fc fusion (recombinant | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7205 | Injection, factor viii fc fusion (recombinant | No | | | MCWRAP, MA |
| J7207 | Injection, factor viii, (antihemophilic factor, | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7207 | Injection, factor viii, (antihemophilic factor, | No | | | MCWRAP, MA |
| J7208 | Injection, factor viii, (antihemophilic factor, | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7208 | Injection, factor viii, (antihemophilic factor, | No | | | MCWRAP, MA |
| J7209 | Injection, factor viii, (antihemophilic factor, | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7209 | Injection, factor viii, (antihemophilic factor, | No | | | MCWRAP, MA |
| J7210 | Injection, factor viii, (antihemophilic factor, | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7210 | Injection, factor viii, (antihemophilic factor, | No | | | MCWRAP, MA |
| J7211 | Injection, factor viii, (antihemophilic factor, | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7211 | Injection, factor viii, (antihemophilic factor, | No | | | MCWRAP, MA |
| J7212 | Factor viia (antihemophilic factor, recombi | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7212 | Factor viia (antihemophilic factor, recombi | No | | | MCWRAP, MA |
| J7213 | Injection, coagulation factor ix (recombina | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7213 | Injection, coagulation factor ix (recombina | No | | | MCWRAP, MA |
| J7214 | Injection, factor viii/von willebrand factor c | Yes | SPC/ExGEN | | ALL (Except McWrap, MA) |
| J7214 | Injection, factor viii/von willebrand factor c | No | | | MCWRAP, MA |
| J7294 | Segesterone acetate and ethinyl estradiol | No | | | ALL |
| J7295 | Ethinyl estradiol and etonogestrel 0.015m | No | | | ALL |
| J7296 | Levonorgestrel-releasing intrauterine cont | No | | | ALL |
| J7297 | Levonorgestrel-releasing intrauterine c | No | | | ALL |
| J7298 | Levonorgestrel-releasing intrauterine c | No | | | ALL |
| J7299 | Intrauterine copper contraceptive (miudell | No | | | ALL |
| J7300 | INTRAUTERINE COPPER CONTRACEPT | No | | | ALL |
| J7301 | Levonorgestrel-releasing intrauterine cont | No | | | ALL |
| J7304 | CONTRACEPTIVE SUPPLY, HORMONE | No | | | ALL |
| J7306 | LEVONORGESTREL (CONTRACEPTIVE | No | | | ALL |
| J7307 | ETONOGESTREL (CONTRACEPTIVE) IM | No | | | ALL |
| J7308 | AMINOLEVULINIC ACID HCL FOR TOPIC | No | | | ALL |
| J7311 | FLUOCINOLONE ACETONIDE, INTRAVIT | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J7311 | FLUOCINOLONE ACETONIDE, INTRAVIT | No | | | MCWRAP |
| J7312 | INJECTION, DEXAMETHASONE, INTRAV | No | | | ALL |
| J7313 | Injection, fluocinolone acetonide, intravitre | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J7313 | Injection, fluocinolone acetonide, intravitre | No | | | MCWRAP |
| J7314 | Injection, fluocinolone acetonide, intravitre | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J7314 | Injection, fluocinolone acetonide, intravitre | No | | | MCWRAP |
| J7315 | Mitomycin, opthalmic, 0. 2 mg | No | | | ALL |
| J7316 | Injection, ocriplasmin, 0.125 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J7316 | Injection, ocriplasmin, 0.125 mg | No | | | MCWRAP, MA |
| J7318 | Hyaluronan or derivative, durolane, for intra-a | No | | | ALL |
| J7320 | Hyaluronan or derivative, GenVisc 850, fo | No | | | ALL |
| J7321 | HYALURONAN OR DERIVATIVE, HYALG | No | | | ALL |
| J7322 | Hyaluronan or derivative, Hymovis, for intr | No | | | ALL |
| J7323 | HYALURONAN OR DERIVATIVE, EUFLE | No | | | ALL |
| J7324 | HYALURONAN OR DERIVATIVE, ORTHO | No | | | ALL |
| J7325 | HYALURONAN OR DERIVATIVE, SYNVIS | No | | | ALL |
| J7326 | HYALURONAN OR DERIVATIVE, GEL-O | No | | | ALL |
| J7327 | Hyaluronan or derivative, monovisc, for in | No | | | ALL |
| J7328 | Hyaluronan or derivative, gel-syn, for intra | No | | | ALL |
| J7329 | Hyaluronan or derivative, trivisc, for intra-a | No | | | ALL |
| J7330 | AUTOLOGOUS CULTURED CHONDROC | Yes | TPC-MSK | | ALL (Except McWRAP) |
| J7330 | AUTOLOGOUS CULTURED CHONDROC | No | | | MCWRAP |
| J7331 | Hyaluronan or derivative, synojoynt, for int | No | | | ALL |
| J7332 | Hyaluronan or derivative, triluron, for intra- | No | | | ALL |
| J7336 | Capsaicin 8% patch, per square centimete | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J7336 | Capsaicin 8% patch, per square centimete | No | | | MCWRAP, MA |
| J7340 | Carbidopa 5 mg/levodopa 20 mg enteral s | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J7340 | Carbidopa 5 mg/levodopa 20 mg enteral s | No | | | MCWRAP, MA |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J7342 | Installation, ciprofloxacin otic suspension, | No | | | ALL |
| J7345 | Aminolevulinic acid hcl for topical adminis | No | | | ALL |
| J7351 | 'Injection, bimatoprost, intracameral impla | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J7351 | 'Injection, bimatoprost, intracameral impla | No | | | MCWRAP, MA |
| J7352 | Afamelanotide implant, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J7352 | Afamelanotide implant, 1 mg | No | | | MCWRAP, MA |
| J7353 | Anacaulase-bcdb, 8.8% gel, 1 gram | Not covered | | | ALL |
| J7354 | Cantharidin for topical administration, 0.7 | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J7354 | Cantharidin for topical administration, 0.7 | No | | | MA, McWRAP |
| J7356 | Injection, foscarbidopa 0.25 mg/foslevodo | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| J7356 | Injection, foscarbidopa 0.25 mg/foslevodo | No | | | MCWRAP |
| J7355 | Injection, travoprost, intracameral implant, | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J7355 | Injection, travoprost, intracameral implant, | No | | | MCWRAP |
| J7402 | Mometasone furoate sinus implant, (sinuv | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J7402 | Mometasone furoate sinus implant, (sinuv | No | | | MCWRAP, MA |
| J7500 | AZATHIOPRINE, ORAL, 50 MG | No | | | ALL |
| J7501 | AZATHIOPRINE, PARENTERAL, 100 MG | No | | | ALL |
| J7502 | CYCLOSPORINE, ORAL, 100 MG | No | | | ALL |
| J7503 | Tacrolimus, extended release, (envarsus ) | No | | | ALL |
| J7504 | LYMPHOCYTE IMMUNE GLOBULIN, ANT | No | | | ALL |
| J7507 | TACROLIMUS, ORAL, PER 1 MG | No | | | ALL |
| J7508 | Tacrolimus, extended release, oral, 0.1 m | No | | | ALL |
| J7509 | METHYLPREDNISOLONE ORAL, PER 4 | No | | | ALL |
| J7510 | PREDNISOLONE ORAL, PER 5 MG | No | | | ALL |
| J7511 | LYMPHOCYTE IMMUNE GLOBULIN, ANT | No | | | ALL |
| J7512 | Prednisone, immediate release or delayed | No | | | ALL (Except MMP) |
| J7514 | Mycophenolate mofetil (myhibbin), oral su | No | | | ALL |
| J7515 | CYCLOSPORINE, ORAL, 25 MG | No | | | ALL |
| J7516 | Injection, cyclosporine, 250 mg | No | | | ALL |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL, 25 | No | | | ALL |
| J7518 | MYCOPHENOLIC ACID, ORAL, 180 MG | No | | | ALL |
| J7519 | Injection, mycophenolate mofetil, 10 mg | No | | | ALL |
| J7520 | SIROLIMUS, ORAL, 1 MG | No | | | ALL |
| J7521 | Tacrolimus, granules, oral suspension, 0.1 | No | | | ALL |
| J7525 | TACROLIMUS, PARENTERAL, 5 MG | No | | | ALL |
| J7527 | Everolimus, oral, 0. 25 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| J7527 | Everolimus, oral, 0. 25 mg | No | | | MCWRAP, MMP, MA, PRICHO |
| J7528 | Mycophenolate mofetil, for suspension, or | No | | | ALL |
| J7599 | IMMUNOSUPPRESSIVE DRUG, NOT OT | No | | | ALL |
| J7601 | Ensifentrine, inhalation suspension, fda ap | Yes | SPC/ExGEN | | ALL (Except McWRAP) |
| J7601 | Ensifentrine, inhalation suspension, fda ap | No | | | MCWRAP |
| J7604 | ACETYLCYSTEINE, INHALATION SOLUT | Not Covered | | | ALL |
| J7605 | ARFORMOTEROL, INHALATION SOLUT | No | | | ALL |
| J7606 | INJECTION, ANTIHEMOPHILIC FACTOR | No | | | ALL |
| J7607 | LEVALBUTEROL, INHALATION SOLUTIC | Not Covered | | | ALL |
| J7608 | ACETYLCYSTEINE, INHALATION SOLUT | No | | | ALL |
| J7609 | ALBUTEROL, INHALATION SOLUTION, C | Not Covered | | | ALL |
| J7610 | ALBUTEROL, INHALATION SOLUTION, C | Not Covered | | | ALL |
| J7611 | ALBUTEROL, INHALATION SOLUTION, F | No | | | ALL |
| J7612 | LEVALBUTEROL, INHALATION SOLUTIC | No | | | ALL |
| J7613 | ALBUTEROL, INHALATION SOLUTION, F | No | | | ALL |
| J7614 | LEVALBUTEROL, INHALATION SOLUTIC | No | | | ALL |
| J7615 | LEVALBUTEROL, INHALATION SOLUTIC | Not Covered | | | ALL |
| J7620 | ALBUTEROL, UP TO 2.5 MG AND IPRAT | No | | | ALL |
| J7622 | BECLOMETHASONE, INHALATION SOL | Not Covered | | | ALL |
| J7624 | BETAMETHASONE, INHALATION SOLUT | Not Covered | | | ALL |
| J7626 | BUDESONIDE INHALATION SOLUTION, | No | | | ALL |
| J7627 | BUDESONIDE, POWDER, COMPOUNDE | Not Covered | | | ALL |
| J7628 | BITOLTEROL MESYLATE, INHALATION | Not Covered | | | ALL |
| J7629 | BITOLTEROL MESYLATE, INHALATION | Not Covered | | | ALL |
| J7631 | CROMOLYN SODIUM, INHALATION SOL | No | | | ALL |
| J7632 | CROMOLYN SODIUM, INHALATION SOL | Not Covered | | | ALL |
| J7633 | BUDESONIDE, INHALATION SOLUTION | No | | | ALL |
| J7634 | BUDESONIDE, INHALATION SOLUTION, | Not Covered | | | ALL |
| J7635 | ATROPINE, INHALATION SOLUTION AD | Not Covered | | | ALL |
| J7636 | ATROPINE, INHALATION SOLUTION AD | Not Covered | | | ALL |
| J7637 | DEXAMETHASONE, INHALATION SOLUT | Not Covered | | | ALL |
| J7638 | DEXAMETHASONE, INHALATION SOLUT | Not Covered | | | ALL |
| J7639 | DORNASE ALPHA, INHALATION SOLUT | No | | | ALL |
| J7640 | FORMOTEROL, INHALATION SOLUTION | Not Covered | | | ALL |
| J7641 | FLUNISOLIDE, INHALATION SOLUTION | Not Covered | | | ALL |
| J7642 | GLYCOPYRROLATE, INHALATION SOLU | Not Covered | | | ALL |
| J7643 | GLYCOPYRROLATE, INHALATION SOLU | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J7644 | IPRATROPIUM BROMIDE, INHALATION | No | | | ALL |
| J7645 | IPRATROPIUM BROMIDE, INHALATION | Not Covered | | | ALL |
| J7647 | ISOETHARINE HCL, INHALATION SOLU | Not Covered | | | ALL |
| J7648 | ISOETHARINE HCL, INHALATION SOLU | No | | | ALL |
| J7649 | ISOETHARINE HCL, INHALATION SOLU | No | | | ALL |
| J7650 | ISOETHARINE HCL, INHALATION SOLU | Not Covered | | | ALL |
| J7657 | ISOPROTERENOL HCL, INHALATION SC | Not Covered | | | ALL |
| J7658 | ISOPROTERENOL HCL, INHALATION SC | No | | | ALL |
| J7659 | ISOPROTERENOL HCL, INHALATION SC | No | | | ALL |
| J7660 | ISOPROTERENOL HCL, INHALATION SC | Not Covered | | | ALL |
| J7665 | MANNITOL, ADMINISTERED THROUGH | No | | | ALL |
| J7667 | METAPROTERENOL SULFATE, INHALA | Not Covered | | | ALL |
| J7668 | METAPROTERENOL SULFATE, INHALA | No | | | ALL |
| J7669 | METAPROTERENOL SULFATE, INHALA | No | | | ALL |
| J7670 | METAPROTERENOL SULFATE, INHALA | Not Covered | | | ALL |
| J7674 | METHACHOLINE CHLORIDE ADMINISTE | No | | | ALL |
| J7676 | PENTAMIDINE ISETHIONATE, INHALATI | Not Covered | | | ALL |
| J7677 | Revefenacin inhalation solution, fda-appro | No | | | ALL |
| J7680 | TERBUTALINE SULFATE, INHALATION S | Not Covered | | | ALL |
| J7681 | TERBUTALINE SULFATE, INHALATION S | Not Covered | | | ALL |
| J7682 | TOBRAMYCIN, UNIT DOSE FORM, 300 M | No | | | ALL |
| J7683 | TRIAMCINOLONE, INHALATION SOLUTI | Not Covered | | | ALL |
| J7684 | TRIAMCINOLONE, INHALATION SOLUTI | Not Covered | | | ALL |
| J7685 | TOBRAMYCIN, INHALATION SOLUTION, | Not Covered | | | ALL |
| J7686 | TREPROSTINIL, INHALATION SOLUTION | Yes | PCM/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| J7686 | TREPROSTINIL, INHALATION SOLUTION | No | | | MCWRAP, MMP, MA, PRICHO |
| J7699 | NOC DRUGS, INHALATION SOLUTION A | Not Covered | | | ALL |
| J7699 | NOC DRUGS, INHALATION SOLUTION A | Yes | PCM/ExGEN | | MA |
| J7799 | NOC DRUGS, OTHER THAN INHALATIO | Not Covered | NTM POLICY | | ALL |
| J7999 | Compounded drug, not otherwise classifie | No | | | ALL |
| J8498 | ANTIEMETIC DRUG, RECTAL/SUPPOSIT | No | | | ALL |
| J8499 | PRESCRIPTION DRUG, ORAL, NON CHE | No | | | ALL |
| J8501 | APREPITANT, ORAL, 5 MG | No | | | ALL |
| J8510 | BULSULFAN; ORAL, 2 MG | No | | | ALL |
| J8515 | CABERGOLINE, ORAL, 0.25 MG | No | | | ALL |
| J8522 | Capecitabine, oral, 50 mg | No | | | ALL |
| J8530 | CYCLOPHOSPHAMIDE; ORAL, 25 MG | No | | | ALL |
| J8540 | DEXAMETHASONE, ORAL, 0.25 MG | No | | | ALL |
| J8541 | Dexamethasone (hemady), oral, 0.25 mg | No | | | ALL |
| J8560 | ETOPOSIDE; ORAL, 50 MG | No | | | ALL |
| J8565 | GEFITINIB, ORAL, 250 MG | No | | | ALL |
| J8597 | ANTIEMETIC DRUG, ORAL, NOT OTHER | No | | | ALL |
| J8600 | MELPHALAN; ORAL, 2 MG | No | | | ALL |
| J8610 | METHOTREXATE; ORAL, 2.5 MG | No | | | ALL |
| J8611 | Methotrexate (jylamvo), oral, 2.5 mg | Not covered | | | ALL |
| J8612 | Methotrexate (xatmep), oral, 2.5 mg | Not covered | | | ALL |
| J8655 | Netupitant 300 mg and palonosetron 0.5 r | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J8655 | Netupitant 300 mg and palonosetron 0.5 r | No | | | MCWRAP, MA |
| J8670 | Rolapitant, oral, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J8670 | Rolapitant, oral, 1 mg | No | | | MCWRAP, MA |
| J8700 | TEMOZOLOMIDE, ORAL, 5MG | No | | | ALL |
| J8705 | TOPOTECAN, ORAL, 0.25 MG | Yes | PCM/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| J8705 | TOPOTECAN, ORAL, 0.25 MG | No | | | MCWRAP, MMP, MA, PRICHO, CAID |
| J8999 | PRESCRIPTION DRUG, ORAL, CHEMOT | Yes | PCM/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| J8999 | PRESCRIPTION DRUG, ORAL, CHEMOT | No | | | MCWRAP, MMP, MA, PRICHO, CAID |
| J9000 | DOXORUBICIN HCL, 10 MG | No | | | ALL |
| J9011 | Injection, datopotamab deruxtecan-dlnk, 1 | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J9011 | Injection, datopotamab deruxtecan-dlnk, 1 | No | | | MCWRAP, MA |
| J9015 | ALDESLEUKIN, PER SINGLE USE VIAL | No | | | ALL |
| J9017 | ARSENIC TRIOXIDE, 1MG | No | | | ALL |
| J9021 | Injection, asparaginase, recombinant, (ryla | Yes | PCM/ExGEN | | ALL (Except MA, CAID, MMP, PRICHO, MCWRAP) |
| J9021 | Injection, asparaginase, recombinant, (ryla | No | | | MA, CAID, MMP, PRICHO, MCWRAP |
| J9022 | Injection, atezolizumab, 10 mg | No | | | ALL |
| J9023 | Injection, avelumab, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MMP, MA, PRICHO, CAID) |
| J9023 | Injection, avelumab, 10 mg | No | | | MCWRAP, MMP, MA, PRICHO, CAID |
| J9024 | Injection, atezolizumab, 5 mg and hyaluro | No | | | ALL |
| J9025 | INJECTION, AZACITIDINE, 1 MG | No | | | ALL |
| J9026 | Injection, tarlatamab-dlle, 1 mg | No | | | ALL |
| J9027 | INJECTION, CLOFARABINE, 1 MG | No | | | ALL |
| J9028 | Injection, nogapendekin alfa inbakicept-pr | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9028 | Injection, nogapendekin alfa inbakicept-pr | No | | | MCWRAP, MA |
| J9029 | Intravesical instillation, nadofaragene firac | Yes | RMT | | ALL (Except MCWRAP) |
| J9029 | Intravesical instillation, nadofaragene firac | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J9030 | BCG live intravesical instillation, 1 mg | No | | | ALL |
| J9032 | Injection, belinostat, 10 mg | No | | | ALL |
| J9033 | Injection, bendamustine HCl, 1 mg | No | | | ALL |
| J9034 | Injection, bendamustine hcl (bendeka), 1 | No | | | ALL |
| J9035 | INJECTION, BEVACIZUMAB, 10 MG | Yes | PCM/LINK - see note in Key | BPF | ALL (Except McWrap, CAID) |
| J9035 | INJECTION, BEVACIZUMAB, 10 MG | No | | | MCWRAP, CAID |
| J9036 | Injection, bendamustine hydrochloride, (B | No | | | ALL |
| J9038 | Injection, axatilimab-csfr, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9038 | Injection, axatilimab-csfr, 0.1 mg | No | | | MCWRAP, MA |
| J9039 | Injection, blinatumomab, 1 microgram | No | | | ALL |
| J9040 | BLEOMYCIN SULFATE, 15 UNITS | No | | | ALL |
| J9041 | INJECTION, BORTEZOMIB, 0.1 MG | No | | | ALL |
| J9042 | Injection, brentuximab vedotin, 1 mg | No | | | ALL |
| J9043 | INJECTION, CABAZITAXEL, 1 MG | No | | | ALL |
| J9045 | CARBOPLATIN, 50 MG | No | | | ALL |
| J9046 | Injection, bortezomib, (dr. reddy's), not the | Not covered | | | ALL (Except MA) |
| J9046 | Injection, bortezomib, (dr. reddy's), not the | Yes | PCM/ExGEN | BPF | MA |
| J9047 | Injection, carfilzomib, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9047 | Injection, carfilzomib, 1 mg | No | | | MCWRAP, MA |
| J9048 | Injection, bortezomib (fresenius kabi), not | Not covered | | | ALL (Except MA) |
| J9048 | Injection, bortezomib (fresenius kabi), not | Yes | PCM/ExGEN | BPF | MA |
| J9049 | Injection, bortezomib (hospira), not therap | No | | | ALL |
| J9050 | CARMUSTINE, 100 MG | No | | | ALL |
| J9051 | Injection, bortezomib (maia), not therapeu | No | | | ALL |
| J9052 | Injection, carmustine (accord), not therape | No | | | ALL |
| J9054 | Injection, bortezomib (boruzu), 0.1 mg | Not covered | | | ALL (Except MA) |
| J9054 | Injection, bortezomib (boruzu), 0.1 mg | Yes | PCM/ExGEN | BPF | MA |
| J9055 | INJECTION, CETUXIMAB, 10 MG | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9055 | INJECTION, CETUXIMAB, 10 MG | No | | | MCWRAP, MA |
| J9056 | Injection, bendamustine hydrochloride (viv | No | | | ALL |
| J9057 | Injection, copanlisib, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9057 | Injection, copanlisib, 1 mg | No | | | MCWRAP, MA |
| J9060 | INJECTION, CISPLATIN, POWDER OR S | No | | | ALL |
| J9061 | Injection, amivantamab-vmjw, 2 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9061 | Injection, amivantamab-vmjw, 2 mg | No | | | MCWRAP, MA |
| J9063 | Injection, mirvetuximab soravtansine-gynx | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9063 | Injection, mirvetuximab soravtansine-gynx | No | | | MCWRAP, MA |
| J9064 | Injection, cabazitaxel (sandoz), not therap | No | | | ALL |
| J9065 | INJECTION, CLADRIBINE, PER 1 MG | No | | | ALL |
| J9071 | Injection, cyclophosphamide (auromedics | No | | | ALL |
| J9072 | Injection, cyclophosphamide (Avyxa), 5 m | No | | | ALL |
| J9073 | Injection, cyclophosphamide (dr. reddy's), | No | | | ALL |
| J9074 | Injection, cyclophosphamide (sandoz), 5 n | No | | | ALL |
| J9075 | Injection, cyclophosphamide, not otherwis | No | | | ALL |
| J9076 | Injection, cyclophosphamide (baxter), 5 m | No | | | ALL |
| J9100 | CYTARABINE, 100 MG | No | | | ALL |
| J9118 | Injection, calaspargase pegol-mknl, 10 un | No | | | ALL |
| J9119 | Injection, cemiplimab-rwlc, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9119 | Injection, cemiplimab-rwlc, 1 mg | No | | | MCWRAP, MA |
| J9120 | DACTINOMYCIN, 0.5 MG | No | | | ALL |
| J9130 | DACARBAZINE, 100 MG | No | | | ALL |
| J9144 | Injection, daratumumab, 10 mg and hyalu | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP, MA) |
| J9144 | Injection, daratumumab, 10 mg and hyalu | No | | | MCWRAP, MA |
| J9145 | Injection, daratumumab, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9145 | Injection, daratumumab, 10 mg | No | | | MCWRAP, MA |
| J9150 | DAUNORUBICIN, 10 MG | No | | | ALL |
| J9153 | Injection, liposomal, 1 mg daunorubicin ar | No | | | ALL |
| J9155 | INJECTION, DEGARELIX, 1 MG | No | | | ALL |
| J9161 | Injection, denileukin diftitox-cxdl, 1 mcg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9161 | Injection, denileukin diftitox-cxdl, 1 mcg | No | | | MCWRAP, MA |
| J9171 | INJECTION, DOCETAXEL, 1 MG | No | | | ALL |
| J9172 | Injection, docetaxel (ingenus) not therapeu | No | | | ALL |
| J9173 | Injection, durvalumab, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9173 | Injection, durvalumab, 10 mg | No | | | MCWRAP, MA |
| J9174 | Injection, docetaxel (beizray), 1 mg | No | | | ALL |
| J9175 | INJECTION, ELLIOTTS' B SOLUTION, 1 | No | | | ALL |
| J9176 | Injection, elotuzumab, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9176 | Injection, elotuzumab, 1 mg | No | | | MCWRAP, MA |
| J9177 | Injection, enfortumab vedotin-ejfv, 0.25 m | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9177 | Injection, enfortumab vedotin-ejfv, 0.2 | No | | | MCWRAP, MA |
| J9178 | INJECTION, EPIRUBICIN HCL, 2 MG | No | | | ALL |
| J9179 | INJECTION, ERIBULIN MESYLATE, 0.1 M | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J9181 | ETOPOSIDE, 10 MG | No | | | ALL |
| J9184 | Injection, gemcitabine hydrochloride (avyx | Yes | PCM/ExGEN | BPF | ALL (Except MA, McWrap) |
| J9184 | Injection, gemcitabine hydrochloride (avyx | No | | | MA, McWRAP |
| J9185 | FLUDARABINE PHOSPHATE, 50 MG | No | | | ALL |
| J9190 | FLUOROURACIL, 500 MG | No | RMT | | ALL |
| J9196 | Injection, gemcitabine hydrochloride (acco | No | | | ALL |
| J9198 | Injection, gemcitabine hydrochloride, (infu | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9198 | Injection, gemcitabine hydrochloride, (infu | No | | | MCWRAP, MA |
| J9200 | FLOXURIDINE, 500 MG | No | | | ALL |
| J9201 | GEMCITABINE HCL, 200 MG | No | | | ALL |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3 | Yes | PCM/LINK - see note in Key | | ALL (Except McWRAP, MA) |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3 | No | | | MCWRAP, MA |
| J9203 | Injection, gemtuzumab ozogamicin, 0.1 m | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9203 | Injection, gemtuzumab ozogamicin, 0.1 m | No | | | MCWRAP, MA |
| J9204 | Injection, mogamulizumab-kpkc, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9204 | Injection, mogamulizumab-kpkc, 1 mg | No | | | MCWRAP, MA |
| J9205 | Injection, irinotecan liposome, 1 mg | No | | | ALL |
| J9206 | IRINOTECAN, 20 MG | No | | | ALL |
| J9207 | INJECTION, IXABEPILONE, 1 MG | No | | | ALL |
| J9208 | IFOSFAMIDE, 1 GM | No | | | ALL |
| J9209 | MESNA, 200 MG | No | | | ALL |
| J9210 | Injection, emapalumab-lzsg, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9210 | Injection, emapalumab-lzsg, 1 mg | No | | | MCWRAP, MA |
| J9211 | IDARUBICIN HYDROCHLORIDE, 5 MG | No | | | ALL |
| J9213 | INTERFERON, ALFA-2A, RECOMBINANT | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J9213 | INTERFERON, ALFA-2A, RECOMBINANT | No | | | MCWRAP, MA |
| J9214 | INTERFERON, ALFA-2B, RECOMBINANT | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9214 | INTERFERON, ALFA-2B, RECOMBINANT | No | | | MCWRAP, MA |
| J9215 | INTERFERON, ALFA-N3, (HUMAN LEUK | No | | | ALL |
| J9216 | INTERFERON, GAMMA 1-B, 3 MILLION U | Yes | SPC/ExGEN | | ALL (Except McWRAP, MA) |
| J9216 | INTERFERON, GAMMA 1-B, 3 MILLION U | No | | | MCWRAP, MA |
| J9217 | LEUPROLIDE ACETATE (FOR DEPOT S | Yes | PCM/LINK - see note in Key | | ALL (Except McWRAP, MA) |
| J9217 | LEUPROLIDE ACETATE (FOR DEPOT S | No | | | MCWRAP, MA |
| J9218 | LEUPROLIDE ACETATE, PER 1 MG | No | | | ALL |
| J9219 | LEUPROLIDE ACETATE IMPLANT, 65 M | Yes | PCM/LINK - see note in Key | | ALL (Except McWRAP, MA) |
| J9219 | LEUPROLIDE ACETATE IMPLANT, 65 M | No | | | MCWRAP, MA |
| J9220 | Injection, indigotindisulfonate sodium, 1 m | No | | | ALL |
| J9223 | Injection, lurbinectedin, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9223 | Injection, lurbinectedin, 0.1 mg | No | | | MCWRAP, MA |
| J9225 | HISTRELIN IMPLANT (VANTAS), 50 MG | Yes | PCM/LINK - see note in Key | | ALL (Except McWRAP, MA) |
| J9225 | HISTRELIN IMPLANT (VANTAS), 50 MG | No | | | MCWRAP, MA |
| J9226 | HISTRELIN IMPLANT (SUPPRELIN LA), 5 | Yes | PCM/LINK - see note in Key | | ALL (Except McWRAP, MA) |
| J9226 | HISTRELIN IMPLANT (SUPPRELIN LA), 5 | No | | | MCWRAP, MA |
| J9227 | 'Injection, isatuximab-irfc, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9227 | 'Injection, isatuximab-irfc, 10 mg | No | | | MCWRAP, MA |
| J9228 | INJECTION, IPILIMUMAB, 1 MG | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9228 | INJECTION, IPILIMUMAB, 1 MG | No | | | MCWRAP, MA |
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg | No | | | MCWRAP, MA |
| J9230 | MECHLORETHAMINE HYDROCHLORIDE | No | | | ALL |
| J9245 | INJECTION, MELPHALAN HYDROCHLOI | No | | | ALL |
| J9246 | Injection, melphalan (evomela), 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9246 | Injection, melphalan (evomela), 1 mg | No | | | MCWRAP, MA |
| J9248 | Injection, melphalan (hepzato), 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J9248 | Injection, melphalan (hepzato), 1 mg | No | | | MA, McWRAP |
| J9249 | Injection, melphalan (apotex), 1 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| J9249 | Injection, melphalan (apotex), 1 mg | No | | | MCWRAP |
| J9255 | Injection, methotrexate (accord) not therap | No | | | ALL |
| J9256 | Injection, nipocalimab-aahu, 3 mg | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J9256 | Injection, nipocalimab-aahu, 3 mg | No | | | MCWRAP |
| J9260 | Injection, methotrexate sodium, 50 mg | No | | | ALL |
| J9261 | INJECTION, NELARABINE, 50 MG | No | | | ALL |
| J9262 | Injection, omacetaxine mepesuccinate, 0.( | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9262 | Injection, omacetaxine mepesuccinate, 0.( | No | | | MCWRAP, MA |
| J9263 | INJECTION, OXALIPLATIN, 0.5 MG | No | | | ALL |
| J9264 | INJECTION, PACLITAXEL PROTEIN-BOU | No | | | ALL |
| J9266 | PEGASPARGASE, PER SINGLE DOSE V | No | | | ALL |
| J9267 | Injection, paclitaxel, 1 mg | No | | | ALL |
| J9268 | PENTOSTATIN, PER 10 MG | No | | | ALL |
| J9269 | Injection, tagraxofusp-erzs, 10 microgram | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9269 | Injection, tagraxofusp-erzs, 10 microgram | No | | | MCWRAP, MA |
| J9271 | Injection, pembrolizumab, 1 mg | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J9272 | Injection, dostarlimab-gxly, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9272 | Injection, dostarlimab-gxly, 10 mg | No | | | MCWRAP, MA |
| J9273 | Injection, tisotumab vedotin-tftv, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9273 | Injection, tisotumab vedotin-tftv, 1 mg | No | | | MCWRAP, MA |
| J9274 | Injection, tebentafusp-tebn, 1 microgram | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9274 | Injection, tebentafusp-tebn, 1 microgram | No | | | MCWRAP, MA |
| J9275 | Injection, cosibelimab-ipdl, 2 mg | No | | | ALL |
| J9276 | Injection, zanidatamab-hrii, 2 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9276 | Injection, zanidatamab-hrii, 2 mg | No | | | MCWRAP, MA |
| J9280 | MITOMYCIN, 5 MG | No | | | ALL |
| J9281 | Mitomycin pyelocalyceal instillation, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9281 | Mitomycin pyelocalyceal instillation, 1 mg | No | | | MCWRAP, MA |
| J9282 | Mitomycin, intravesical instillation, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| J9282 | Mitomycin, intravesical instillation, 1 mg | No | | | MCWRAP |
| J9285 | Injection, olaratumab, 10 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9285 | Injection, olaratumab, 10 mg | No | | | MCWRAP, MA |
| J9286 | Injection, glofitamab-gxbm, 2.5 mg | No | | | ALL |
| J9289 | Injection, nivolumab, 2 mg and hyaluronid | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| J9289 | Injection, nivolumab, 2 mg and hyaluronid | No | | | MCWRAP |
| J9292 | Injection, pemetrexed dipotassium, 10 mg | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| J9292 | Injection, pemetrexed dipotassium, 10 mg | No | | | MCWRAP |
| J9293 | INJECTION, MITOXANTRONE HYDROCH | No | | | ALL |
| J9294 | Injection, pemetrexed (hospira) not therap | No | | | ALL |
| J9295 | Injection, necitumumab, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9295 | Injection, necitumumab, 1 mg | No | | | MCWRAP, MA |
| J9296 | Injection, pemetrexed (accord) not therape | No | | | ALL |
| J9297 | Injection, pemetrexed (sandoz), not therap | No | | | ALL |
| J9298 | Injection, nivolumab and relatlimab-rmbw, | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9298 | Injection, nivolumab and relatlimab-rmbw, | No | | | MCWRAP, MA |
| J9299 | Injection, nivolumab, 1 mg | No | | | ALL |
| J9301 | Injection, obinutuzumab, 10 mg | No | | | ALL |
| J9302 | INJECTION, OFATUMUMAB, 10 MG | No | | | ALL |
| J9303 | INJECTION, PANITUMUMAB, 10 MG | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9303 | INJECTION, PANITUMUMAB, 10 MG | No | | | MCWRAP, MA |
| J9304 | 'Injection, pemetrexed (pemfexy), 10 mg | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP) |
| J9304 | 'Injection, pemetrexed (pemfexy), 10 mg | No | | | MCWRAP |
| J9305 | INJECTION, PEMETREXED, 10 MG | No | | | ALL |
| J9306 | Injection, pertuzumab, 1 mg | No | | | ALL |
| J9307 | INJECTION, PRALATREXATE, 1 MG | No | | | ALL |
| J9308 | Injection, ramucirumab, 5 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9308 | Injection, ramucirumab, 5 mg | No | | | MCWRAP, MA |
| J9309 | Injection, polatuzumab vedotin-piiq, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9309 | Injection, polatuzumab vedotin-piiq, 1 mg | No | | | MCWRAP, MA |
| J9311 | Injection, rituximab 10 mg and hyaluronida | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP) |
| J9311 | Injection, rituximab 10 mg and hyaluronida | No | | | MCWRAP |
| J9312 | Injection, rituximab, 10 mg | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP) |
| J9312 | Injection, rituximab, 10 mg | No | | | MCWRAP |
| J9313 | Injection, moxetumomab pasudotox-tdfk, ( | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9313 | Injection, moxetumomab pasudotox-tdfk, ( | No | | | MCWRAP, MA |
| J9314 | Injection, pemetrexed (Teva) not therapeu | No | | | ALL |
| J9316 | Injection, pertuzumab, trastuzumab, and h | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP) |
| J9316 | Injection, pertuzumab, trastuzumab, and h | No | | | MCWRAP |
| J9317 | Injection, sacituzumab govitecan-hziy, 2.5 | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9317 | Injection, sacituzumab govitecan-hziy, 2.5 | No | | | MCWRAP, MA |
| J9318 | Injection, romidepsin, non-lyophilized, 0.1 | No | | | ALL |
| J9319 | Injection, romidepsin, lyophilized, 0.1 mg | No | | | ALL |
| J9320 | STREPTOZOCIN, 1 GM | No | | | ALL |
| J9321 | Injection, epcoritamab-bysp, 0.16 mg | No | | | ALL |
| J9322 | Injection, pemetrexed (bluepoint) not thera | No | | | ALL |
| J9323 | Injection, pemetrexed ditromethamine, 10 | No | | | ALL |
| J9324 | Injection, pemetrexed (pemrydi rtu), 10 mg | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP) |
| J9324 | Injection, pemetrexed (pemrydi rtu), 10 mg | No | | | MCWRAP |
| J9325 | Injection, talimogene laherparepvec, per 1 | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9325 | Injection, talimogene laherparepvec, per 1 | No | | | MCWRAP, MA |
| J9326 | Injection, telisotuzumab vedotin-tllv, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWrap) |
| J9326 | Injection, telisotuzumab vedotin-tllv, 1 mg | No | | | MA, MCWRAP |
| J9328 | INJECTION, TEMOZOLOMIDE, 1 MG | No | | | ALL |
| J9329 | Injection, tislelizumab-jsgr, 1mg | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9329 | Injection, tislelizumab-jsgr, 1mg | No | | | MCWRAP, MA |
| J9330 | INJECTION, TEMSIROLIMUS, 1 MG | No | | | ALL |
| J9331 | Injection, sirolimus protein-bound part | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| J9331 | Injection, sirolimus protein-bound part | No | | | MCWRAP, MA |
| J9332 | Injection, efgartigimod alfa-fcab, 2mg | Yes | PCM/ExGEN | | ALL (Except McWrap) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J9332 | Injection, efgartigimod alfa-fcab, 2mg | No | | | MCWRAP |
| J9333 | Injection, rozanolixizumab-noli, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J9333 | Injection, rozanolixizumab-noli, 1 mg | No | | | McWRAP |
| J9334 | Injection, efgartigimod alfa, 2 mg and hyal | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| J9334 | Injection, efgartigimod alfa, 2 mg and hyal | No | | | McWRAP |
| J9341 | Injection, thiotepa (tepylute), 1 mg | No | | | ALL |
| J9342 | Injection, thiotepa, not otherwise specified | No | | | ALL |
| J9345 | Injection, retifanlimab-dlwr, 1 mg | No | | | ALL |
| J9347 | Injection, tremelimumab-actl, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, MCWRAP) |
| J9347 | Injection, tremelimumab-actl, 1 mg | No | | | MA, MCWRAP |
| J9348 | Injection, naxitamab-gqgk, 1 mg | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| J9348 | Injection, naxitamab-gqgk, 1 mg | No | | | MCWRAP, MA |
| J9349 | Injection, tafasitamab-cxix, 2 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9349 | Injection, tafasitamab-cxix, 2 mg | No | | | MCWRAP, MA |
| J9350 | Injection, mosunetuzumab-axgb, 1 mg | No | | | ALL |
| J9351 | INJECTION, TOPOTECAN, 0.1 MG | No | | | ALL |
| J9352 | Injection, trabectedin, 0.1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9352 | Injection, trabectedin, 0.1 mg | No | | | MCWRAP, MA |
| J9353 | Injection, margetuximab-cmkb, 5 mg | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| J9353 | Injection, margetuximab-cmkb, 5 mg | No | | | MCWRAP |
| J9354 | Injection, ado-trastuzumab emtansine, 1 r | No | | | ALL |
| J9355 | TRASTUZUMAB, 10 MG | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| J9355 | TRASTUZUMAB, 10 MG | No | | | MCWRAP |
| J9356 | Injection, trastuzumab, 10 mg and Hyaluro | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| J9356 | Injection, trastuzumab, 10 mg and Hyaluro | No | | | MCWRAP |
| J9357 | VALRUBICIN, INTRAVESICAL, 200 MG | No | | | ALL |
| J9358 | Injection, fam-trastuzumab deruxtecan-nxl | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9358 | Injection, fam-trastuzumab deruxtecan-nxl | No | | | MCWRAP, MA |
| J9359 | Injection, loncastuximab tesirine-lpyl, 0.07 | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9359 | Injection, loncastuximab tesirine-lpyl, 0.07 | No | | | MCWRAP, MA |
| J9360 | VINBLASTINE SULFATE, 1 MG | No | | | ALL |
| J9361 | Injection, efbemalenograstim alfa-vuxw, 0 | Not covered | | | ALL |
| J9370 | VINCRISTINE SULFATE, 1 MG | No | | | ALL |
| J9376 | Injection, pozelimab-bbfg, 1 mg | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| J9376 | Injection, pozelimab-bbfg, 1 mg | No | | | MA, McWRAP |
| J9380 | Injection, teclistamab-cqyv, 0.5 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9380 | Injection, teclistamab-cqyv, 0.5 mg | No | | | MCWRAP, MA |
| J9381 | Injection, teplizumab-mzwv, 5 mcg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9381 | Injection, teplizumab-mzwv, 5 mcg | No | | | MCWRAP, MA |
| J9382 | Injection, zenocutuzumab-zbco, 1 mg | No | | | ALL |
| J9390 | VINORELBINE TARTRATE, PER 10 MG | No | | | ALL |
| J9393 | Injection, fulvestrant (teva) not therapeutic | No | | | ALL |
| J9394 | Injection, fulvestrant (fresenius kabi) not th | No | | | ALL |
| J9395 | INJECTION, FULVESTRANT, 25 MG | No | | | ALL |
| J9400 | Injection, ziv-aflibercept, 1 mg | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| J9400 | Injection, ziv-aflibercept, 1 mg | No | | | MCWRAP, MA |
| J9600 | PORFIMER SODIUM, 75 MG | No | | | ALL |
| J9999 | NOT OTHERWISE CLASSIFIED, ANTINE | No | NTM POLICY | | ALL |
| K0606 | 'AUTOMATIC EXTERNAL DEFIBRILLATO | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| K0606 | 'AUTOMATIC EXTERNAL DEFIBRILLATO | No | | | MCWRAP |
| L8600 | IMPLANTABLE BREAST PROSTHESIS, S | No | | | ALL |
| L8603 | COLLAGEN IMPLANT, URINARY TRACT | No | | | ALL |
| L8604 | INJECTION, TEMSIROLIMUS, 1 MG | No | | | ALL |
| L8605 | Injectable bulking agent, dextranomer/hya | Not Covered | | | ALL (Except MA, MMP, CAID) |
| L8605 | Injectable bulking agent, dextranomer/hya | No | | | MA. MMP, CAID |
| L8606 | INJECTABLE BULKING AGENT, SYNTHE | No | | | ALL |
| L8607 | Injectable bulking agent for vocal cord medializa | No | | | ALL |
| L8609 | ARTIFICIAL CORNEA | No | | | ALL |
| L8610 | OCULAR IMPLANT | No | | | ALL |
| L8612 | AQUEOUS SHUNT | No | | | ALL |
| L8613 | OSSICULA IMPLANT | No | | | ALL |
| L8614 | COCHLEAR DEVICE, INCLUDES ALL INT | No | | | ALL |
| L8615 | HEADSET/HEADPIECE FOR USE W/COC | No | | | ALL |
| L8616 | MICROPHONE FOR USE W/COCHLEAR | No | | | ALL |
| L8617 | TRANSMITTING COIL FOR USW W/COC | No | | | ALL |
| L8618 | TRANSMITTER CABLE FOR USE WCOC | No | | | ALL |
| L8619 | COCHLEAR IMPLANT EXTERNAL SPEE | No | | | ALL |
| L8621 | ZINC AIR BATTERY FOR USE W/COCHL | Not Covered | | | ALL (Except CAID, MMP, MA, UAW) |
| L8621 | ZINC AIR BATTERY FOR USE W/COCHL | No | | | MA, UAW |
| L8622 | ALKALINE BATTERY FOR USE W/COCH | Not Covered | | | ALL (Except CAID, MMP, MA, UAW) |
| L8622 | ALKALINE BATTERY FOR USE W/COCH | No | | | MA, UAW |
| L8623 | LITHIUM ION BATTERY FOR USE WITH | Not Covered | | | ALL (Except CAID, MMP, MA, UAW) |
| L8623 | LITHIUM ION BATTERY FOR USE WITH | No | | | MA, UAW |
| L8624 | LITHIUM ION BATTERY FOR USE WITH | Not Covered | | | ALL (Except CAID, MMP, MA, UAW) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| L8624 | LITHIUM ION BATTERY FOR USE WITH | No | | | MA, UAW |
| L8627 | COCHLEAR IMPLANT, EXTERNAL SPEE | No | | | ALL |
| L8628 | COCHLEAR IMPLANT, EXTERNAL CONT | No | | | ALL |
| L8629 | TRANSMITTING COIL AND CABLE, INTE | No | | | ALL |
| L8630 | METACARPOPHALANGEAL JOINT IMPL | No | | | ALL |
| L8631 | METACARPAL PHALANGEAL JOINT RE | No | | | ALL |
| L8641 | METATARSAL JOINT IMPLANT | No | | | ALL |
| L8642 | HALLUX IMPLANT | No | | | ALL |
| L8658 | INTERPHALANGEAL JOINT SPACER, SI | No | | | ALL |
| L8659 | INTERPHALANGEAL FINGER JOINT RE | No | | | ALL |
| L8670 | VASCULAR GRAFT MATERIAL, SYNTHE | No | | | ALL |
| L8680 | IMPLANTABLE NEUROSTIMULATOR EL | No | | | ALL |
| L8681 | PATIENT PROGRAMMER (EXTERNAL) F | No | | | ALL |
| L8682 | IMPLANTABLE NEUROSTIMULATOR RA | No | | | ALL |
| L8683 | RADIOFREQUENCY TRANSMITTER (EX | No | | | ALL |
| L8684 | RADIOFREQUENCY TRANSMITTER (EX | No | | | ALL |
| L8685 | IMPLANTABLE NEUROSTIMULATOR PU | No | | | ALL |
| L8686 | IMPLANTABLE NEUROSTIMULATOR PU | No | | | ALL |
| L8687 | IMPLANTABLE NEUROSTIMULATOR PU | No | | | ALL |
| L8688 | IMPLANTABLE NEUROSTIMULATOR PU | No | | | ALL |
| L8689 | EXTERNAL RECHARGING SYSTEM FOR | No | | | ALL |
| L8690 | AUDITORY OSSEOINTEGRATED DEVIC | No | | | ALL |
| L8691 | AUDITORY OSSEOINTEGRATED DEVIC | No | | | ALL |
| L8692 | AUDITORY OSSEOINTEGRATED DEVIC | No | | | ALL |
| L8693 | AUDITORY OSSEOINTEGRATED DEVIC | No | | | ALL |
| L8695 | EXTERNAL RECHARGING SYSTEM FOR | No | | | ALL |
| L8699 | PROSTHETIC IMPLANT, NOT OTHERWI | Yes | | | ALL (Except MCWRAP) |
| L8699 | PROSTHETIC IMPLANT, NOT OTHERWI | No | | | MCWRAP |
| L9900 | ORTHOTIC AND PROSTHETIC SUPPLY, | No | | | ALL |
| M0001 | Advancing cancer care mips value pathwa | Not covered | INFO | | ALL |
| M0002 | Optimal care for kidney health mips value | Not covered | INFO | | ALL |
| M0004 | Supportive care for neurodegenerative co | Not covered | INFO | | ALL |
| M0005 | Promoting wellness mips value pathways | Not covered | INFO | | ALL |
| M0010 | Enhancing oncology model (eom) monthly | Not covered | INFO | | ALL |
| M0075 | CELLULAR THERAPY | Not Covered | | | ALL |
| M0076 | PROLOTHERAPY | Not Covered | | | ALL |
| M0100 | INTRAGASTRIC HYPOTHERMIA USING | No | | | ALL |
| M0201 | COVID-19 vaccine administration inside a | No | | | ALL |
| M0224 | Pemivibart infusion | No | | | ALL |
| M0235 | Intravenous infusion, monoclonal antibody | No | | | ALL |
| M0236 | Intravenous infusion, monoclonal antibody | No | | | ALL |
| M0237 | Intravenous infusion, tocilizumab-anoh, fo | No | | | ALL |
| M0238 | Intravenous infusion, tocilizumab-anoh, fo | No | | | ALL |
| M0239 | Intravenous infusion, bamlanivimab-xxxx, | No | | | ALL |
| M0248 | Intravenous infusion, sotrovimab, includes | No | | | ALL |
| M0249 | Intravenous infusion, tocilizumab, for hosp | No | | | ALL |
| M0250 | Intravenous infusion, tocilizumab, for hosp | No | | | ALL |
| M0300 | IV CHELATION THERAPY (CHEMICAL E | Not Covered | INFO | | ALL |
| M0301 | FABRIC WRAPPING OF ABDOMINAL AN | Not Covered | INFO | | ALL |
| M1003 | Tb screening performed and results interp | Not Covered | INFO | | ALL |
| M1004 | Documentation of medical reason for not s | Not Covered | INFO | | ALL |
| M1005 | Tb screening not performed or results not | Not Covered | INFO | | ALL |
| M1006 | Disease activity not assessed, reason not | Not Covered | INFO | | ALL |
| M1007 | >=50% of total number of a patient's outpa | Not Covered | INFO | | ALL |
| M1008 | <50% of total number of a patient's outpat | Not Covered | INFO | | ALL |
| M1009 | Patient treatment and final evaluation com | Not Covered | INFO | | ALL |
| M1010 | Patient treatment and final evaluation com | Not Covered | INFO | | ALL |
| M1011 | Patient treatment and final evaluation com | Not Covered | INFO | | ALL |
| M1012 | Patient treatment and final evaluation com | Not Covered | INFO | | ALL |
| M1013 | Patient treatment and final evaluation com | Not Covered | INFO | | ALL |
| M1014 | Patient treatment and final evaluation com | Not Covered | INFO | | ALL |
| M1015 | Patient treatment and final evaluation com | Not Covered | INFO | | ALL |
| M1016 | Female patients unable to bear children | Not Covered | INFO | | ALL |
| M1018 | Patients with an active diagnosis or histor | Not Covered | INFO | | ALL |
| M1019 | Adolescent patients 12 to 17 years of age | Not Covered | INFO | | ALL |
| M1020 | Adolescent patients 12 to 17 years of age | Not Covered | INFO | | ALL |
| M1021 | Patient had only urgent care visits during t | Not Covered | INFO | | ALL |
| M1023 | Adolescent patients 12 to 17 years of age | Not Covered | INFO | | ALL |
| M1024 | Adolescent patients 12 to 17 years of age | Not Covered | INFO | | ALL |
| M1027 | Imaging of the head (ct or mri) was obtain | Not Covered | INFO | | ALL |
| M1028 | Documentation of patients with primary he | Not Covered | INFO | | ALL |
| M1029 | Imaging of the head (ct or mri) was not ob | Not Covered | INFO | | ALL |
| M1032 | Adults currently taking pharmacotherapy f | Not Covered | INFO | | ALL |
| M1033 | Pharmacotherapy for oud initiated after ju | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| M1034 | Adults who have at least 180 days of cont | Not Covered | INFO | | ALL |
| M1035 | Adults who are deliberately phased out of | Not Covered | INFO | | ALL |
| M1036 | Adults who have not had at least 180 days | Not Covered | INFO | | ALL |
| M1037 | Patients with a diagnosis of lumbar spine | Not Covered | INFO | | ALL |
| M1038 | Patients with a diagnosis of lumbar spine | Not Covered | INFO | | ALL |
| M1039 | Patients with a diagnosis of lumbar spine | Not Covered | INFO | | ALL |
| M1040 | Patients with a diagnosis of lumbar idiopa | Not Covered | INFO | | ALL |
| M1041 | Patient had cancer, fracture or infection re | Not Covered | INFO | | ALL |
| M1043 | Functional status measurement with score | Not Covered | INFO | | ALL |
| M1045 | Functional status measurement with score | Not Covered | INFO | | ALL |
| M1046 | Functional status measurement with score | Not Covered | INFO | | ALL |
| M1049 | Functional status measurement with score | Not Covered | INFO | | ALL |
| M1051 | Patient had cancer, fracture or infection re | Not Covered | INFO | | ALL |
| M1052 | Leg pain was not measured by the visual analo | Not Covered | INFO | | ALL |
| M1054 | Patient had only urgent care visits during the p | Not Covered | INFO | | ALL |
| M1055 | Aspirin or another antiplatelet therapy used | Not Covered | INFO | | ALL |
| M1056 | Prescribed anticoagulant medication during th | Not Covered | INFO | | ALL |
| M1057 | Aspirin or another antiplatelet therapy not use | Not Covered | INFO | | ALL |
| M1058 | Patient was a permanent nursing home reside | Not Covered | INFO | | ALL |
| M1059 | Patient was in hospice or receiving palliative c | Not Covered | INFO | | ALL |
| M1060 | Patient died prior to the end of the performan | Not Covered | INFO | | ALL |
| M1061 | Patient pregnancy | Not Covered | INFO | | ALL |
| M1062 | Patient immunocompromised | Not Covered | INFO | | ALL |
| M1063 | Patients receiving high doses of immunosuppr | Not Covered | INFO | | ALL |
| M1064 | Shingrix vaccine documented as administered | Not Covered | INFO | | ALL |
| M1065 | Shingrix vaccine was not administered for reas | Not Covered | INFO | | ALL |
| M1066 | Shingrix vaccine not documented as administe | Not Covered | INFO | | ALL |
| M1067 | Hospice services for patient provided any time | Not Covered | INFO | | ALL |
| M1068 | Adults who are not ambulatory | Not Covered | INFO | | ALL |
| M1069 | Patient screened for future fall risk | Not Covered | INFO | | ALL |
| M1070 | Patient not screened for future fall risk, reasor | Not Covered | INFO | | ALL |
| M1072 | Radiation therapy for anal cancer under th | Not Covered | INFO | | ALL |
| M1073 | Radiation therapy for anal cancer under th | Not Covered | INFO | | ALL |
| M1074 | Radiation therapy for bladder cancer unde | Not Covered | INFO | | ALL |
| M1075 | Radiation therapy for bladder cancer unde | Not Covered | INFO | | ALL |
| M1076 | Radiation therapy for bone metastases un | Not Covered | INFO | | ALL |
| M1077 | Radiation therapy for bone metastases un | Not Covered | INFO | | ALL |
| M1078 | Radiation therapy for brain metastases un | Not Covered | INFO | | ALL |
| M1079 | Radiation therapy for brain metastases un | Not Covered | INFO | | ALL |
| M1080 | Radiation therapy for breast cancer under | Not Covered | INFO | | ALL |
| M1081 | Radiation therapy for breast cancer under | Not Covered | INFO | | ALL |
| M1082 | Radiation therapy for cervical cancer unde | Not Covered | INFO | | ALL |
| M1083 | Radiation therapy for cervical cancer unde | Not Covered | INFO | | ALL |
| M1084 | Radiation therapy for cns tumors under th | Not Covered | INFO | | ALL |
| M1085 | Radiation therapy for cns tumors under th | Not Covered | INFO | | ALL |
| M1086 | Radiation therapy for colorectal cancer un | Not Covered | INFO | | ALL |
| M1087 | Radiation therapy for colorectal cancer un | Not Covered | INFO | | ALL |
| M1088 | Radiation therapy for head and neck canc | Not Covered | INFO | | ALL |
| M1089 | Radiation therapy for head and neck canc | Not Covered | INFO | | ALL |
| M1094 | Radiation therapy for lung cancer under th | Not Covered | INFO | | ALL |
| M1095 | Radiation therapy for lung cancer under th | Not Covered | INFO | | ALL |
| M1096 | Radiation therapy for lymphoma under the | Not Covered | INFO | | ALL |
| M1097 | Radiation therapy for lymphoma under the | Not Covered | INFO | | ALL |
| M1098 | Radiation therapy for pancreatic cancer ur | Not Covered | INFO | | ALL |
| M1099 | Radiation therapy for pancreatic cancer ur | Not Covered | INFO | | ALL |
| M1100 | Radiation therapy for prostate cancer und | Not Covered | INFO | | ALL |
| M1101 | Radiation therapy for prostate cancer und | Not Covered | INFO | | ALL |
| M1102 | Radiation therapy for upper gi cancer und | Not Covered | INFO | | ALL |
| M1103 | Radiation therapy for upper gi cancer und | Not Covered | INFO | | ALL |
| M1104 | Radiation therapy for uterine cancer under | Not Covered | INFO | | ALL |
| M1105 | Radiation therapy for uterine cancer under | Not Covered | INFO | | ALL |
| M1106 | The start of an episode of care documente | Not Covered | INFO | | ALL |
| M1107 | Documentation stating patient has a diagr | Not Covered | INFO | | ALL |
| M1108 | Ongoing care not indicated, patient seen c | Not Covered | INFO | | ALL |
| M1109 | Ongoing care not indicated, patient discha | Not Covered | INFO | | ALL |
| M1110 | Ongoing care not indicated, patient self-di | Not Covered | INFO | | ALL |
| M1111 | The start of an episode of care documente | Not Covered | INFO | | ALL |
| M1112 | Documentation stating patient has a diagr | Not Covered | INFO | | ALL |
| M1113 | Ongoing care not indicated, patient seen c | Not Covered | INFO | | ALL |
| M1114 | Ongoing care not indicated, patient discha | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| M1115 | Ongoing care not indicated, patient self-di | Not Covered | INFO | | ALL |
| M1116 | The start of an episode of care documente | Not Covered | INFO | | ALL |
| M1117 | Documentation stating patient has a diagr | Not Covered | INFO | | ALL |
| M1118 | Ongoing care not indicated, patient seen c | Not Covered | INFO | | ALL |
| M1119 | Ongoing care not indicated, patient discha | Not Covered | INFO | | ALL |
| M1120 | Ongoing care not indicated, patient self-di | Not Covered | INFO | | ALL |
| M1121 | The start of an episode of care documente | Not Covered | INFO | | ALL |
| M1122 | Documentation stating patient has a diagr | Not Covered | INFO | | ALL |
| M1123 | Ongoing care not indicated, patient seen c | Not Covered | INFO | | ALL |
| M1124 | Ongoing care not indicated, patient discha | Not Covered | INFO | | ALL |
| M1125 | Ongoing care not indicated, patient self-di | Not Covered | INFO | | ALL |
| M1126 | The start of an episode of care documente | Not Covered | INFO | | ALL |
| M1127 | Documentation stating patient has a diagr | Not Covered | INFO | | ALL |
| M1128 | Ongoing care not indicated, patient seen c | Not Covered | INFO | | ALL |
| M1129 | Ongoing care not indicated, patient discha | Not Covered | INFO | | ALL |
| M1130 | Ongoing care not indicated, patient self-di | Not Covered | INFO | | ALL |
| M1131 | Documentation stating patient has a diagr | Not Covered | INFO | | ALL |
| M1132 | Ongoing care not indicated, patient seen c | Not Covered | INFO | | ALL |
| M1133 | Ongoing care not indicated, patient discha | Not Covered | INFO | | ALL |
| M1134 | Ongoing care not indicated, patient self-di | Not Covered | INFO | | ALL |
| M1135 | The start of an episode of care documente | Not Covered | INFO | | ALL |
| M1136 | The start of an episode of care documente | Not Covered | INFO | | ALL |
| M1137 | Documentation stating patient has a diagr | Not Covered | INFO | | ALL |
| M1138 | Ongoing care not indicated, patient seen c | Not Covered | INFO | | ALL |
| M1139 | Ongoing care not indicated, patient self-di | Not Covered | INFO | | ALL |
| M1140 | Ongoing care not indicated, patient discha | Not Covered | INFO | | ALL |
| M1141 | Functional status was not measured by th | Not Covered | INFO | | ALL |
| M1142 | Emergent cases | Not Covered | INFO | | ALL |
| M1143 | Initiated episode of rehabilitation therapy, | Not Covered | INFO | | ALL |
| M1144 | Ongoing care not indicated, patient seen c | Not Covered | INFO | | ALL |
| M1146 | Ongoing care not clinically indicated beca | Not covered | INFO | | ALL |
| M1147 | Ongoing care not medically possible beca | Not covered | INFO | | ALL |
| M1148 | Ongoing care not possible because the pa | Not covered | INFO | | ALL |
| M1149 | Patient unable to complete the neck fs pro | Not covered | INFO | | ALL |
| M1150 | Left ventricular ejection fraction (lvef) less | Not covered | INFO | | ALL |
| M1151 | Patients with a history of heart transplant c | Not covered | INFO | | ALL |
| M1152 | Patients with a history of heart transplant c | Not covered | INFO | | ALL |
| M1153 | Patient with diagnosis of osteoporosis on | Not covered | INFO | | ALL |
| M1159 | Hospice services provided to patient any t | Not covered | INFO | | ALL |
| M1160 | Patient had anaphylaxis due to the mening | Not covered | INFO | | ALL |
| M1161 | Patient had anaphylaxis due to the tetanus | Not covered | INFO | | ALL |
| M1162 | Patient had encephalitis due to the tetanus | Not covered | INFO | | ALL |
| M1163 | Patient had anaphylaxis due to the hpv va | Not covered | INFO | | ALL |
| M1164 | Patients with dementia any time during the | Not covered | INFO | | ALL |
| M1165 | Patients who use hospice services any tim | Not covered | INFO | | ALL |
| M1166 | Pathology report for tissue specimens pro | Not covered | INFO | | ALL |
| M1167 | In hospice or using hospice services durin | Not covered | INFO | | ALL |
| M1168 | Patient received an influenza vaccine on c | Not covered | INFO | | ALL |
| M1169 | Documentation of medical reason(s) for n | Not covered | INFO | | ALL |
| M1170 | Patient did not receive an influenza vaccin | Not covered | INFO | | ALL |
| M1171 | Patient received at least one td vaccine or | Not covered | INFO | | ALL |
| M1172 | Documentation of medical reason(s) for n | Not covered | INFO | | ALL |
| M1173 | Patient did not receive at least one td vac | Not covered | INFO | | ALL |
| M1174 | Patient received at least one dose of the h | Not covered | INFO | | ALL |
| M1175 | Documentation of medical reason(s) for n | Not covered | INFO | | ALL |
| M1176 | Patient did not receive at least one dose c | Not covered | INFO | | ALL |
| M1177 | Patient received any pneumococcal conju | Not covered | INFO | | ALL |
| M1178 | Documentation of medical reason(s) for n | Not covered | INFO | | ALL |
| M1179 | Patient did not receive any pneumococcal | Not covered | INFO | | ALL |
| M1180 | Patients on immune checkpoint inhibitor th | Not covered | INFO | | ALL |
| M1181 | Grade 2 or above diarrhea and/or grade 2 | Not covered | INFO | | ALL |
| M1182 | Patients not eligible due to pre-existing inf | Not covered | INFO | | ALL |
| M1183 | Documentation of immune checkpoint inh | Not covered | INFO | | ALL |
| M1184 | Documentation of medical reason(s) for n | Not covered | INFO | | ALL |
| M1185 | Documentation of immune checkpoint inh | Not covered | INFO | | ALL |
| M1186 | Patients who have an order for or are rece | Not covered | INFO | | ALL |
| M1187 | Patients with a diagnosis of end stage ren | Not covered | INFO | | ALL |
| M1188 | Patients with a diagnosis of chronic kidney | Not covered | INFO | | ALL |
| M1189 | Documentation of a kidney health evaluati | Not covered | INFO | | ALL |
| M1190 | Documentation of a kidney health evaluati | Not covered | INFO | | ALL |
| M1191 | Hospice services provided to patient any t | Not covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| M1192 | Patients with an existing diagnosis of squa | Not covered | INFO | | ALL |
| M1193 | Surgical pathology reports that contain im | Not covered | INFO | | ALL |
| M1194 | Documentation of medical reason(s) surgi | Not covered | INFO | | ALL |
| M1195 | Surgical pathology reports that do not con | Not covered | INFO | | ALL |
| M1196 | Initial (index visit) numeric rating scale (nr | Not covered | INFO | | ALL |
| M1197 | Itch severity assessment score is reduced | Not covered | INFO | | ALL |
| M1198 | Itch severity assessment score was not re | Not covered | INFO | | ALL |
| M1199 | Patients receiving rrt | Not covered | INFO | | ALL |
| M1200 | Ace inhibitor (ace-i) or arb therapy prescri | Not covered | INFO | | ALL |
| M1201 | Documentation of medical reason(s) for n | Not covered | INFO | | ALL |
| M1202 | Documentation of patient reason(s) for no | Not covered | INFO | | ALL |
| M1203 | Ace inhibitor or arb therapy not prescribed | Not covered | INFO | | ALL |
| M1204 | Initial (index visit) numeric rating scale (nr | Not covered | INFO | | ALL |
| M1205 | Itch severity assessment score is reduced | Not covered | INFO | | ALL |
| M1206 | Itch severity assessment score was not re | Not covered | INFO | | ALL |
| M1207 | Number of patients screened for food inse | Not covered | INFO | | ALL |
| M1208 | Number of patients not screened for food | Not covered | INFO | | ALL |
| M1209 | At least two orders for high-risk medicatio | Not covered | INFO | | ALL |
| M1210 | At least two orders for high-risk medicatio | Not covered | INFO | | ALL |
| M1211 | Hemoglobin a1c level >9.0% | Not Covered | INFO | | ALL |
| M1212 | Missing hb a1c level | Not Covered | INFO | | ALL |
| M1213 | No hx spiro prs spiro>=70% | Not Covered | INFO | | ALL |
| M1214 | Spiro results wth obs doc | Not Covered | INFO | | ALL |
| M1215 | Med rsn for no doc spiro | Not Covered | INFO | | ALL |
| M1216 | No spiro doc no res doc | Not Covered | INFO | | ALL |
| M1217 | Sys rsn no doc spiro | Not Covered | INFO | | ALL |
| M1218 | Pt copd symptoms | Not Covered | INFO | | ALL |
| M1220 | Dre wth interp rtnopthy | Not Covered | INFO | | ALL |
| M1221 | Dre w/o rtnopthy | Not Covered | INFO | | ALL |
| M1222 | Glaucoma pln of care not doc | Not Covered | INFO | | ALL |
| M1223 | Glaucoma plan of care doc | Not Covered | INFO | | ALL |
| M1224 | Iop dec <20% from base | Not Covered | INFO | | ALL |
| M1225 | Iop dec>=20% from base | Not Covered | INFO | | ALL |
| M1226 | Iop not doc | Not Covered | INFO | | ALL |
| M1227 | Eb therapy prescribed | Not Covered | INFO | | ALL |
| M1228 | Pt + hcv aby +vir w/ rx 3 mo | Not Covered | INFO | | ALL |
| M1229 | Pt w/ +hcv +vir ref win 1 mo | Not Covered | INFO | | ALL |
| M1230 | Pt hcv rctv aby no f/u tst | Not Covered | INFO | | ALL |
| M1231 | Pt hcv tst no reactive res | Not Covered | INFO | | ALL |
| M1232 | Pt hcv tst reactive result | Not Covered | INFO | | ALL |
| M1233 | Pt no hcv aby or result | Not Covered | INFO | | ALL |
| M1234 | Pt hcv rctv aby f/u neg | Not Covered | INFO | | ALL |
| M1235 | Doc pt hcv aby rna tst | Not Covered | INFO | | ALL |
| M1236 | Baseline mrs > 2 | Not Covered | INFO | | ALL |
| M1237 | Pt rsn no scrn | Not Covered | INFO | | ALL |
| M1238 | Doc 2nd recom hzv 2-6 mo int | Not Covered | INFO | | ALL |
| M1239 | Pt no resp heard | Not Covered | INFO | | ALL |
| M1240 | Pt no resp best int | Not Covered | INFO | | ALL |
| M1241 | Pt no resp seen as person | Not Covered | INFO | | ALL |
| M1242 | Pt no resp imprt to me | Not Covered | INFO | | ALL |
| M1243 | Pt othr thn true heard | Not Covered | INFO | | ALL |
| M1244 | Pt othr thn true best int | Not Covered | INFO | | ALL |
| M1245 | Pt othr thn true person | Not Covered | INFO | | ALL |
| M1246 | Pt othr thn true imprt to me | Not Covered | INFO | | ALL |
| M1247 | Pt resp true best int | Not Covered | INFO | | ALL |
| M1248 | Pt resp true seen as person | Not Covered | INFO | | ALL |
| M1249 | Pt resp true imprt to me | Not Covered | INFO | | ALL |
| M1250 | Pt resp true heard | Not Covered | INFO | | ALL |
| M1251 | Pts proxy cmplt hu surv | Not Covered | INFO | | ALL |
| M1252 | Pts no cmplt hu survey | Not Covered | INFO | | ALL |
| M1253 | Pts hu surv no amb plltv | Not Covered | INFO | | ALL |
| M1254 | Pts deceased prior hu surv | Not Covered | INFO | | ALL |
| M1255 | Pts w/ othr rsn vst,+prg tst | Not Covered | INFO | | ALL |
| M1256 | Prior history of known cvd | Not Covered | INFO | | ALL |
| M1257 | Cvd risk assess not perf | Not Covered | INFO | | ALL |
| M1258 | Cvd risk assess perf | Not Covered | INFO | | ALL |
| M1259 | Pt kid transplt wtlst lv don | Not Covered | INFO | | ALL |
| M1260 | Pt no kd trnsplt wtlst lv do | Not Covered | INFO | | ALL |
| M1261 | Pts on wtlist bef dialysis | Not Covered | INFO | | ALL |
| M1262 | Pts transplt bef dialysis | Not Covered | INFO | | ALL |
| M1263 | Pts hosp dialysis dt | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| M1265 | Cms 2728 completed | Not Covered | INFO | | ALL |
| M1266 | Pts admit snf | Not Covered | INFO | | ALL |
| M1267 | Pt no act kid transplt wtlst | Not Covered | INFO | | ALL |
| M1268 | Pt ac stat kid trnsplt wtlst | Not Covered | INFO | | ALL |
| M1269 | Rec'd esrd mcp lst day of mo | Not Covered | INFO | | ALL |
| M1270 | Pts no kid transplt wtlst | Not Covered | INFO | | ALL |
| M1271 | Pts dem any time/dur mo | Not Covered | INFO | | ALL |
| M1272 | Pts kid transplt wtlst | Not Covered | INFO | | ALL |
| M1273 | Pts snf 1 yr dialysis | Not Covered | INFO | | ALL |
| M1274 | Pts snf exl mo | Not Covered | INFO | | ALL |
| M1275 | Pts hosp exl | Not Covered | INFO | | ALL |
| M1276 | Calc bmi out nrm param nof/u | Not Covered | INFO | | ALL |
| M1277 | Colorectal ca screen doc rev | Not Covered | INFO | | ALL |
| M1278 | Pre-htn or htn doc, f/u indc | Not Covered | INFO | | ALL |
| M1279 | Pre-htn/htn, no f/u, not gvn | Not Covered | INFO | | ALL |
| M1280 | Bilat mast/hx bi /unilat mas | Not Covered | INFO | | ALL |
| M1281 | Bp scrn no perf at interval | Not Covered | INFO | | ALL |
| M1282 | Pt scrn tbco id as non user | Not Covered | INFO | | ALL |
| M1283 | Pt scrn tbco and id as user | Not Covered | INFO | | ALL |
| M1284 | Pt 66+ snp or ltc pos > 90d | Not Covered | INFO | | ALL |
| M1285 | Scrn mam perf rslts not doc | Not Covered | INFO | | ALL |
| M1286 | Bmi doc onl fup not cmpltd | Not Covered | INFO | | ALL |
| M1287 | Calc bmi blw low param f/u | Not Covered | INFO | | ALL |
| M1288 | Doc rsn no hbp scrn or f/u | Not Covered | INFO | | ALL |
| M1289 | No pt tbco cess interv rng | Not Covered | INFO | | ALL |
| M1290 | Pt not eli d/t act dig htn | Not Covered | INFO | | ALL |
| M1291 | Pt 66+ frailty and med dem | Not Covered | INFO | | ALL |
| M1292 | Pt 66+ frail inpt adv ill | Not Covered | INFO | | ALL |
| M1293 | Calc bmi abv up param f/u | Not Covered | INFO | | ALL |
| M1294 | Bp scrn perf rec interval | Not Covered | INFO | | ALL |
| M1295 | Pt hx tot col or colon ca | Not Covered | INFO | | ALL |
| M1296 | Calc bmi norm parameters | Not Covered | INFO | | ALL |
| M1297 | Bmi not doc medrsn ptref | Not Covered | INFO | | ALL |
| M1298 | Doc pt preg dur msrmt pd | Not Covered | INFO | | ALL |
| M1299 | Flu immunize order/admin | Not Covered | INFO | | ALL |
| M1300 | Flu imm no admin doc rea | Not Covered | INFO | | ALL |
| M1301 | Pt recv tbco cess interv | Not Covered | INFO | | ALL |
| M1302 | Scrn mam perf rslts doc | Not Covered | INFO | | ALL |
| M1303 | Hospc serv dur meas pd | Not Covered | INFO | | ALL |
| M1304 | No pneum vax admin 19+ | Not Covered | INFO | | ALL |
| M1305 | Pneum vax admin 19+ | Not Covered | INFO | | ALL |
| M1306 | Pt anphx due to pneum | Not Covered | INFO | | ALL |
| M1307 | Doc pt pal or hospice | Not Covered | INFO | | ALL |
| M1308 | Flu immunize no admin | Not Covered | INFO | | ALL |
| M1309 | Pall serv during meas | Not Covered | INFO | | ALL |
| M1310 | Pt scr tob & cess int | Not Covered | INFO | | ALL |
| M1311 | Aphlx to vax bef enc | Not Covered | INFO | | ALL |
| M1312 | No pt tbco scrn rng | Not Covered | INFO | | ALL |
| M1313 | No tob scr/cess int | Not Covered | INFO | | ALL |
| M1314 | Bmi not calculated | Not Covered | INFO | | ALL |
| M1315 | Crc no doc no rsn | Not Covered | INFO | | ALL |
| M1316 | Tobacco non-user | Not Covered | INFO | | ALL |
| M1317 | Pts counsl cpt opt out | Not Covered | INFO | | ALL |
| M1318 | Pts no csp doc contact | Not Covered | INFO | | ALL |
| M1319 | Pts csp doc contact | Not Covered | INFO | | ALL |
| M1320 | Pts scrn + hrsn | Not Covered | INFO | | ALL |
| M1321 | Pts no 7wk inj,no iop,iop>25 | Not Covered | INFO | | ALL |
| M1322 | Pts 7wk inj, scrn iop =<25 | Not Covered | INFO | | ALL |
| M1323 | Pts 7wk inj, scrn iop >25 | Not Covered | INFO | | ALL |
| M1324 | Pts intravitreal/pci | Not Covered | INFO | | ALL |
| M1325 | Doc med rsn not seen | Not Covered | INFO | | ALL |
| M1326 | Pts dx hypotony | Not Covered | INFO | | ALL |
| M1327 | Pts no eval ini xm no 8 wks | Not Covered | INFO | | ALL |
| M1328 | Pts dx acute vitreous hem | Not Covered | INFO | | ALL |
| M1329 | Pts act pvd 2 wks 8 wks | Not Covered | INFO | | ALL |
| M1330 | Doc pts rsn no f/u xm | Not Covered | INFO | | ALL |
| M1331 | Pts eval ini xm 8 wks | Not Covered | INFO | | ALL |
| M1332 | Pts no eval ini xm no 2 wks | Not Covered | INFO | | ALL |
| M1333 | Acute vitreous hemorrhage | Not Covered | INFO | | ALL |
| M1334 | Pts act pvd 2 wks 2 wks | Not Covered | INFO | | ALL |
| M1335 | Doc pts rsn no f/u xm | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| M1336 | Pts eval ini xm 2 wks | Not Covered | INFO | | ALL |
| M1337 | Acute pvd | Not Covered | INFO | | ALL |
| M1338 | Pt f/u 30-180 dys no + imprv | Not Covered | INFO | | ALL |
| M1339 | Pts f/u 30-180 dys + improv | Not Covered | INFO | | ALL |
| M1340 | Indx whodas 2.0 or sds | Not Covered | INFO | | ALL |
| M1341 | Pt no f/u 30-180 dys | Not Covered | INFO | | ALL |
| M1342 | Pts died perf per | Not Covered | INFO | | ALL |
| M1343 | Pt pam lvl 4 base or srt lin | Not Covered | INFO | | ALL |
| M1344 | Pts no bsln or 2nd pam score | Not Covered | INFO | | ALL |
| M1345 | Pt bsln pam, 2nd scr 6-12 mo | Not Covered | INFO | | ALL |
| M1346 | Pts no pam 6 pts 6-12 mo | Not Covered | INFO | | ALL |
| M1347 | Pt pam incr 3 pt 6-12 mo | Not Covered | INFO | | ALL |
| M1348 | Pt pam incr 6 pt 6-12 mo | Not Covered | INFO | | ALL |
| M1349 | Pt no pam 3 pts 6-12 mo | Not Covered | INFO | | ALL |
| M1350 | Pt w/ suic saf pln init rev | Not Covered | INFO | | ALL |
| M1351 | Pt cmplt suicd saf pln 120dy | Not Covered | INFO | | ALL |
| M1352 | Suicd c-ssrs assessment, equ | Not Covered | INFO | | ALL |
| M1353 | Pts no cmplt suicd saf pln | Not Covered | INFO | | ALL |
| M1354 | Pt no suicd saf pln 120dy | Not Covered | INFO | | ALL |
| M1355 | Suicd based cln eval | Not Covered | INFO | | ALL |
| M1356 | Pt died dur meas pd | Not Covered | INFO | | ALL |
| M1357 | Pt w/red suic idea 120 days | Not Covered | INFO | | ALL |
| M1358 | Pts no <suicd idea 120 dys | Not Covered | INFO | | ALL |
| M1359 | Indx suicd idea, no 0 scr | Not Covered | INFO | | ALL |
| M1360 | Suicd c-ssrs assessment | Not Covered | INFO | | ALL |
| M1361 | Suicd based cln eval | Not Covered | INFO | | ALL |
| M1362 | Pt died dur meas pd | Not Covered | INFO | | ALL |
| M1363 | Pts no f/u 120 dys | Not Covered | INFO | | ALL |
| M1364 | Ascvd risk >=20pct | Not Covered | INFO | | ALL |
| M1365 | Hosp+pall care spec code 17 | Not Covered | INFO | | ALL |
| M1366 | Focus on women's health mvp | Not Covered | INFO | | ALL |
| M1367 | Qual care ent disorder mvp | Not Covered | INFO | | ALL |
| M1368 | Prev trt inf d/o hiv/hep mvp | Not Covered | INFO | | ALL |
| M1369 | Qualcare mental hlth/sud mvp | Not Covered | INFO | | ALL |
| M1370 | Rehab support msk care mvp | Not Covered | INFO | | ALL |
| M1371 | Most recent glycemic status assessment ( | Not Covered | INFO | | ALL |
| M1372 | Most recent glycemic status assessment ( | Not Covered | INFO | | ALL |
| M1373 | Most recent glycemic status assessment ( | Not Covered | INFO | | ALL |
| M1374 | An additional encounter with an ra diagnos | Not Covered | INFO | | ALL |
| M1375 | An additional encounter with an ra diagnos | Not Covered | INFO | | ALL |
| M1376 | An additional encounter with an ra diagnos | Not Covered | INFO | | ALL |
| M1377 | Recommended follow-up interval for repea | Not Covered | INFO | | ALL |
| M1378 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| M1379 | A 10 year follow-up interval for colonoscop | Not Covered | INFO | | ALL |
| M1380 | Filled at least two prescriptions during the | Not Covered | INFO | | ALL |
| M1381 | Patients with secondary stroke (e.g., a sul | Not Covered | INFO | | ALL |
| M1382 | Patient encounter during the performance | Not Covered | INFO | | ALL |
| M1383 | Acute pvd | Not Covered | INFO | | ALL |
| M1384 | Patients who died during the performance | Not Covered | INFO | | ALL |
| M1385 | Documentation of patient reasons for patie | Not Covered | INFO | | ALL |
| M1386 | Patients with an excisional surgery for me | Not Covered | INFO | | ALL |
| M1387 | Patients who died during the performance | Not Covered | INFO | | ALL |
| M1388 | Patients with documentation of an exam p | Not Covered | INFO | | ALL |
| M1389 | Documentation of patient reasons for no e | Not Covered | INFO | | ALL |
| M1390 | Patients who do not have a documented e | Not Covered | INFO | | ALL |
| M1391 | All patients who were diagnosed with recu | Not Covered | INFO | | ALL |
| M1392 | Documentation of patient reasons for no e | Not Covered | INFO | | ALL |
| M1393 | Patients who were not diagnosed with rec | Not Covered | INFO | | ALL |
| M1394 | Stages i-iii breast cancer | Not Covered | INFO | | ALL |
| M1395 | Patients receiving an initial chemotherapy | Not Covered | INFO | | ALL |
| M1396 | Patients on a therapeutic clinical trial | Not Covered | INFO | | ALL |
| M1397 | Patients with recurrence/disease progress | Not Covered | INFO | | ALL |
| M1398 | Patients with baseline and follow-up prom | Not Covered | INFO | | ALL |
| M1399 | Patients who leave the practice during the | Not Covered | INFO | | ALL |
| M1400 | Patients who died during the follow-up per | Not Covered | INFO | | ALL |
| M1401 | Stages i-iii breast cancer | Not Covered | INFO | | ALL |
| M1402 | Patients receiving an initial chemotherapy | Not Covered | INFO | | ALL |
| M1403 | Patients with baseline and follow-up prom | Not Covered | INFO | | ALL |
| M1404 | Patients on a therapeutic clinical trial | Not Covered | INFO | | ALL |
| M1405 | Patients with recurrence/disease progress | Not Covered | INFO | | ALL |
| M1406 | Patients who leave the practice during the | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| M1407 | Patients who died during the follow-up per | Not Covered | INFO | | ALL |
| M1408 | Patients who have germline brca testing c | Not Covered | INFO | | ALL |
| M1409 | Patients who received germline testing for | Not Covered | INFO | | ALL |
| M1410 | Patients who did not have germline testing | Not Covered | INFO | | ALL |
| M1411 | Currently on first-line immune checkpoint | Not Covered | INFO | | ALL |
| M1412 | Patients with metastatic nsclc with epiderr | Not Covered | INFO | | ALL |
| M1413 | Patients who had a positive pd-l1 biomark | Not Covered | INFO | | ALL |
| M1414 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| M1415 | Patients who did not have a positive pd-l1 | Not Covered | INFO | | ALL |
| M1416 | Patient received hospice services any tim | Not Covered | INFO | | ALL |
| M1417 | Patients who are up to date on their covid | Not Covered | INFO | | ALL |
| M1418 | Patients who are not up to date on their c | Not Covered | INFO | | ALL |
| M1419 | Patients who are not up to date on their c | Not Covered | INFO | | ALL |
| M1420 | Complete ophthalmologic care mips value | Not Covered | INFO | | ALL |
| M1421 | Dermatological care mips value pathway | Not Covered | INFO | | ALL |
| M1422 | Gastroenterology care mips value pathwa | Not Covered | INFO | | ALL |
| M1423 | Optimal care for patients with urologic con | Not Covered | INFO | | ALL |
| M1424 | Pulmonology care mips value pathway | Not Covered | INFO | | ALL |
| M1425 | Surgical care mips value pathway | Not Covered | INFO | | ALL |
| M1426 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1427 | Documentation of medical reason(s) for p | Not Covered | INFO | | ALL |
| M1428 | Patients who have bilateral absence of ey | Not Covered | INFO | | ALL |
| M1429 | Retinal exam finding with evidence of retir | Not Covered | INFO | | ALL |
| M1430 | Retinal exam finding without evidence of r | Not Covered | INFO | | ALL |
| M1431 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1432 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1433 | Patient on oral chemotherapy on or within | Not Covered | INFO | | ALL |
| M1434 | Patient on oral chemotherapy on or within | Not Covered | INFO | | ALL |
| M1435 | Patient on oral chemotherapy during the p | Not Covered | INFO | | ALL |
| M1436 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1437 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1438 | Time last known well to hospital arrival les | Not Covered | INFO | | ALL |
| M1439 | Significant ocular conditions that impact th | Not Covered | INFO | | ALL |
| M1440 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1441 | Encounter corresponds to initial diagnosis | Not Covered | INFO | | ALL |
| M1442 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1443 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1442 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1443 | Encounters conducted via telehealth | Not Covered | INFO | | ALL |
| M1444 | Delivery at < 39 weeks of gestation | Not Covered | INFO | | ALL |
| M1445 | Postpartum care visit before or at 12 week | Not Covered | INFO | | ALL |
| M1446 | Patients who died any time prior to the en | Not Covered | INFO | | ALL |
| M1447 | Patients with an active diagnosis of bipola | Not Covered | INFO | | ALL |
| M1448 | Patients with an active diagnosis of perso | Not Covered | INFO | | ALL |
| M1449 | Patients with an active diagnosis of schizo | Not Covered | INFO | | ALL |
| M1450 | Patients who received hospice or palliative | Not Covered | INFO | | ALL |
| M1451 | Patients with an active diagnosis of pervas | Not Covered | INFO | | ALL |
| M1452 | Patient ever had a diagnosis of dementia | Not Covered | INFO | | ALL |
| M1453 | Patients with a pre-operative visual acuity | Not Covered | INFO | | ALL |
| M1454 | New cied | Not Covered | INFO | | ALL |
| M1455 | Replaced or revised cied | Not Covered | INFO | | ALL |
| M1456 | Patient had a heart transplant | Not Covered | INFO | | ALL |
| M1457 | Patient had a diagnosis of asthma with an | Not Covered | INFO | | ALL |
| M1458 | Patient died prior to the end of the perform | Not Covered | INFO | | ALL |
| M1459 | Patient was in hospice or receiving palliati | Not Covered | INFO | | ALL |
| M1460 | Diagnosis for chronic obstructive pulmona | Not Covered | INFO | | ALL |
| M1461 | Patient diagnosis for chronic hepatitis c | Not Covered | INFO | | ALL |
| M1462 | Patients with clinical indications for imagir | Not Covered | INFO | | ALL |
| M1463 | Documentation of at least two attempts to | Not Covered | INFO | | ALL |
| M1464 | No documentation of at least two attempts | Not Covered | INFO | | ALL |
| M1465 | Patient follow up more than 180 days after | Not Covered | INFO | | ALL |
| M1466 | Patient had a lumbar fusion on the same d | Not Covered | INFO | | ALL |
| M1467 | Patients with an existing diagnosis of lync | Not Covered | INFO | | ALL |
| M1468 | Patient received recommended doses of h | Not Covered | INFO | | ALL |
| M1469 | Patient has a history of hepatitis b illness d | Not Covered | INFO | | ALL |
| M1470 | Documentation of medical reason(s) for n | Not Covered | INFO | | ALL |
| M1471 | Documentation that patient is a medicare | Not Covered | INFO | | ALL |
| M1472 | Patient did not receive recommended dos | Not Covered | INFO | | ALL |
| M1473 | Patient situations, at any point during the d | Not Covered | INFO | | ALL |
| M1474 | Patients with diagnosis of dementia | Not Covered | INFO | | ALL |
| M1475 | Patients with diagnosis of huntington's dis | Not Covered | INFO | | ALL |
| M1476 | Patients with diagnosis of cognitive impair | Not Covered | INFO | | ALL |
| M1477 | Diagnosis of delirium | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| M1478 | Psychoactive substance abuse | Not Covered | INFO | | ALL |
| M1479 | Patients whose functional capacity or mot | Not Covered | INFO | | ALL |
| M1480 | Patients whose functional capacity or mot | Not Covered | INFO | | ALL |
| M1481 | Patients receiving hospice or palliative ca | Not Covered | INFO | | ALL |
| M1482 | Positive/detectable hepatitis c virus quanti | Not Covered | INFO | | ALL |
| M1483 | Patients who achieve sustained virologica | Not Covered | INFO | | ALL |
| M1484 | Patients who did not have a repeat hcv rn | Not Covered | INFO | | ALL |
| M1485 | Patients who did not achieve sustained vi | Not Covered | INFO | | ALL |
| M1486 | Patients admitted to a skilled nursing facil | Not Covered | INFO | | ALL |
| M1487 | Patients in hospice in the year before or d | Not Covered | INFO | | ALL |
| M1488 | Patients with a diagnosis for dementia in t | Not Covered | INFO | | ALL |
| M1489 | Patient status documented | Not Covered | INFO | | ALL |
| M1490 | Patient status not documented | Not Covered | INFO | | ALL |
| M1491 | Receiving esrd mcp dialysis services by th | Not Covered | INFO | | ALL |
| M1492 | Patients who did not report a fall | Not Covered | INFO | | ALL |
| M1493 | Documentation of falls not performed due | Not Covered | INFO | | ALL |
| M1494 | Patients that reported a fall since the last | Not Covered | INFO | | ALL |
| M1495 | Patients that reported a fall occurred who | Not Covered | INFO | | ALL |
| M1496 | Patients that had a fall who did not have a | Not Covered | INFO | | ALL |
| M1497 | Documentation of falls not performed due | Not Covered | INFO | | ALL |
| M1498 | Diagnostic radiology mips value pathway | Not Covered | INFO | | ALL |
| M1499 | Interventional radiology mips value pathwa | Not Covered | INFO | | ALL |
| M1500 | Neuropsychology mips value pathway | Not Covered | INFO | | ALL |
| M1501 | Pathology mips value pathway | Not Covered | INFO | | ALL |
| M1502 | Podiatry mips value pathway | Not Covered | INFO | | ALL |
| M1503 | Vascular surgery mips value pathway | Not Covered | INFO | | ALL |
| P2028 | CEPHALIN FLOCULATION, BLOOD | No | | | ALL |
| P2029 | CONGO RED, BLOOD | No | | | ALL |
| P2031 | HAIR ANALYSIS (EXCLUDING ARSENIC | Not Covered | | | ALL |
| P2033 | THYMOL TURBIDITY, BLOOD | No | | | ALL |
| P2038 | MUCOPROTEIN, BLOOD (SEROMUCOID | No | | | ALL |
| P3000 | SCREENING PAPANICOLAOU SMEAR, ( | No | | | ALL |
| P3001 | SCREENING PAPANICOLAOU SMEAR, ( | No | | | ALL |
| P7001 | CULTURE, BACTERIAL, URINE; QUANTI | No | | | ALL |
| P9010 | BLOOD (WHOLE), FOR TRANSFUSION, | No | | | ALL |
| P9011 | BLOOD (SPLIT UNIT), SPECIFY AMOUN | No | | | ALL |
| P9012 | CRYOPRECIPITATE, EACH UNIT | No | | | ALL |
| P9016 | RED BLOOD CELLS, LEUKOCYTES RED | No | | | ALL |
| P9017 | FRESH FROZEN PLASMA (SINGLE DON | No | | | ALL |
| P9019 | PLATELETS, EACH UNIT | No | | | ALL |
| P9020 | PLATELET RICH PLASMA, EACH UNIT | Not Covered | | | ALL |
| P9021 | RED BLOOD CELLS, EACH UNIT | No | | | ALL |
| P9022 | RED BLOOD CELLS, WASHED, EACH U | No | | | ALL |
| P9023 | PLASMA, POOLED MULTIPLE DONOR, S | No | | | ALL |
| P9025 | Plasma, cryoprecipitate reduced, pathoge | No | | | ALL |
| P9026 | Cryoprecipitated fibrinogen complex, path | No | | | ALL |
| P9031 | PLATELETS, LEUKOCYTES REDUCED, | No | | | ALL |
| P9032 | PLATELETS, IRRADIATED, EACH UNIT | No | | | ALL |
| P9033 | PLATELETS, LEUKOCYTES REDUCED, | No | | | ALL |
| P9034 | PLATELETS, PHERESIS, EACH UNIT | No | | | ALL |
| P9035 | PLATELETS, PHERESIS, LEUKOCYTES | No | | | ALL |
| P9036 | PLATELETS, PHERESIS, IRRADIATED, E | No | | | ALL |
| P9037 | PLATELETS, PHERESIS, LEUKOCYTES | No | | | ALL |
| P9038 | RED BLOOD CELLS, IRRADIATED, EACI | No | | | ALL |
| P9039 | RED BLOOD CELLS, DEGLYCEROLIZED | No | | | ALL |
| P9040 | RED BLOOD CELLS, LEUKOCYTES RED | No | | | ALL |
| P9041 | INFUSION, ALBUMIN (HUMAN), 5%, 50 M | No | | | ALL |
| P9043 | INFUSION, PLASMA PROTEIN FRACTIO | No | | | ALL |
| P9044 | PLASMA, CRYOPRECIPITATE REDUCEI | No | | | ALL |
| P9045 | INFUSION, ALBUMIN (HUMAN), 5%, 250 | No | | | ALL |
| P9046 | INFUSION, ALBUMIN (HUMAN), 25%, 20 | No | | | ALL |
| P9047 | INFUSION, ALBUMIN (HUMAN), 25%, 50 | No | | | ALL |
| P9048 | INFUSION, PLASMA PROTEIN FRACTIO | No | | | ALL |
| P9050 | GRANULOCYTES, PHERESIS, EACH UN | No | | | ALL |
| P9051 | WHOLE BLOOD OR RED BLOOD CELLS | No | | | ALL |
| P9052 | PLATELETS, HLA-MATCHED LEUKOCYT | No | | | ALL |
| P9053 | PLATELETS, PHERESIS, LEUKOCYTES | No | | | ALL |
| P9054 | WHOLE BLOOD OR RED BLOOD CELLS | No | | | ALL |
| P9055 | PLATELETS, LEUKOCYTES REDUCED, | No | | | ALL |
| P9056 | WHOLE BLOOD, LEUKOCYTES REDUC | No | | | ALL |
| P9057 | RED BLOOD CELLS, FROZEN/DEGLYCE | No | | | ALL |
| P9058 | RED BLOOD CELLS, LEUKOCYTES RED | No | | | ALL |
| P9059 | FRESH FROZEN PLASMA BETWEEN 8-2 | No | | | ALL |
| P9060 | FRESH FROZEN PLASMA, DONOR RET | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| P9070 | Plasma, pooled multiple donor, pathogen reduc | No | | | ALL |
| P9071 | Plasma (single donor), pathogen reduced, froze | No | | | ALL |
| P9073 | Platelets, pheresis, pathogen-reduced, ea | No | | | ALL |
| P9099 | Blood component or product not otherwise | YES | | | ALL (Except PRICHO, PRIQHP, MCWRAP) |
| P9099 | Blood component or product not otherwise | No | | | MCWRAP |
| P9100 | Pathogen(s) test for platelets | No | | | ALL |
| P9603 | TRAVEL ALLOWANCE ONE WAY IN CO | No | | | ALL |
| P9604 | TRAVEL ALLOWANCE ONE WAY IN CO | No | | | ALL (Except MMP) |
| P9612 | CATHETERIZATION FOR COLLECTION | No | | | ALL (Except MMP) |
| P9615 | CATHETERIZATION FOR COLLECTION | No | | | ALL (Except MMP) |
| Q0035 | CARDIOKYMOGRAPHY | No | | | ALL |
| Q0081 | INFUSION THERAPY, USING OTHER TH | No | | | ALL |
| Q0083 | CHEMOTHERAPY ADMINISTRATION BY | No | | | ALL |
| Q0084 | CHEMOTHERAPY ADMINISTRATION BY | No | | | ALL |
| Q0085 | CHEMOTHERAPY ADMINISTRATION BY | No | | | ALL |
| Q0091 | SCREENING PAPANICOLAOU SMEAR; ( | No | | | ALL |
| Q0092 | SET-UP PORTABLE X-RAY EQUIPMENT | Not Covered | | | ALL (Except MA, MCWRAP, CAID) |
| Q0092 | SET-UP PORTABLE X-RAY EQUIPMENT | No | | | MA, MCWRAP, CAID |
| Q0111 | WET MOUNTS, INCLUDING PREPARATI | No | | | ALL |
| Q0112 | ALL POTASSIUM HYDROXIDE (KOH) PR | No | | | ALL |
| Q0113 | PINWORM EXAMINATIONS | No | | | ALL |
| Q0114 | FERN TEST | No | | | ALL |
| Q0115 | POST-COITAL DIRECT, QUALITATIVE E | Yes | | | ALL (Except Medicare Comp, Caid) |
| Q0115 | POST-COITAL DIRECT, QUALITATIVE E | No | | | MEDICARE COMP/MCWRAP, Caid |
| Q0138 | INJECTION, FERUMOXYTOL, FOR TREA | No | | | ALL |
| Q0139 | INJECTION, FERUMOXYTOL, FOR TREA | No | | | ALL |
| Q0144 | AZITHROMYCIN DIHYDRATE, ORAL, CA | No | | | ALL |
| Q0155 | Dronabinol (syndros), 0.1 mg, oral, fda ap | No | | | ALL |
| Q0161 | Chlorpromazine hydrochloride, 5 mg, oral, | No | | | ALL |
| Q0162 | ONDANSETRON 1 MG, ORAL, FDA APP | No | | | ALL |
| Q0163 | DIPHENHYDRAMINE HYDROCHLORIDE | No | | | ALL |
| Q0164 | PROCHLORPERAZINE MALEATE, 5 MG | No | | | ALL |
| Q0166 | GRANISETRON HYDROCHLORIDE, 1 M | No | | | ALL |
| Q0167 | DRONABINOL, 2.5 MG, ORAL, FDA APP | No | | | ALL |
| Q0169 | PROMETHAZINE HYDROCHLORIDE, 12 | No | | | ALL |
| Q0173 | TRIMETHOBENZAMIDE HYDROCHLORI | No | | | ALL |
| Q0175 | PERPHENAZINE, 4 MG, ORAL, FDA APF | No | | | ALL |
| Q0177 | HYDROXYZINE PAMOATE, 25 MG, ORA | No | | | ALL |
| Q0180 | DOLASETRON MESYLATE, 100 MG, OR | No | | | ALL |
| Q0181 | UNSPECIFIED ORAL DOSAGE FORM, F | No | | | ALL |
| Q0224 | Injection, pemivibart, 4500 mg | No | | | ALL |
| Q0235 | Injection, monoclonal antibody products w | No | | | ALL |
| Q0237 | Injection, tocilizumab-anoh, for hospitalize | No | | | ALL |
| Q0239 | Injection, bamlanivimab, 700 mg | No | | | ALL |
| Q0249 | Injection, tocilizumab, for hospitalized adu | No | | | ALL |
| Q0477 | Power module patient cable for use with e | No | | | ALL |
| Q0478 | POWER ADAPTER FOR USE WITH ELE | No | | | ALL |
| Q0479 | POWER MODULE FOR USE WITH ELEC | No | | | ALL |
| Q0480 | DRIVER FOR USE WITH PNEUMATIC VE | No | | | ALL |
| Q0481 | MICROPROCESSOR CONTROL UNIT FO | No | | | ALL |
| Q0482 | MICROPROCESSOR CONTROL UNIT FO | No | | | ALL |
| Q0483 | MONITOR/DISPLAY MODULE FOR USE | No | | | ALL |
| Q0484 | MONITOR/DISPLAY MODULE FOR USE | No | | | ALL |
| Q0485 | MONITOR CONTROL CABLE FOR USE V | No | | | ALL |
| Q0486 | MONITOR CONTROL CABLE FOR USE V | No | | | ALL |
| Q0487 | LEADS (PNEUMATIC/ELECTRICAL) FOR | No | | | ALL |
| Q0488 | POWER PACK BASE FOR USE WITH EL | No | | | ALL |
| Q0489 | POWER PACK BASE FOR USE WITH EL | No | | | ALL |
| Q0490 | EMERGENCY POWER SOURCE FOR US | No | | | ALL |
| Q0491 | EMERGENCY POWER SOURCE FOR US | No | | | ALL |
| Q0492 | EMERGENCY POWER SUPPLY CABLE | No | | | ALL |
| Q0493 | EMERGENCY POWER SUPPLY CABLE | No | | | ALL |
| Q0494 | EMERGENCY HAND PUMP FOR USE W | No | | | ALL |
| Q0495 | BATTERY/POWER PACK CHARGER FO | No | | | ALL |
| Q0496 | BATTERY FOR USE WITH ELECTRIC OF | No | | | ALL |
| Q0497 | BATTERY CLIPS FOR USE WITH ELECT | No | | | ALL |
| Q0498 | HOLSTER FOR USE WITH ELECTRIC O | No | | | ALL |
| Q0499 | BELT/VEST/BAG FOR USE TO CARRY E | No | | | ALL |
| Q0500 | FILTERS FOR USE WITH ELECTRIC OR | No | | | ALL |
| Q0501 | SHOWER COVER FOR USE WITH ELEC | No | | | ALL |
| Q0502 | MOBILITY CART FOR PNEUMATIC VENT | No | | | ALL |
| Q0503 | BATTERY FOR PNEUMATIC VENTRICUL | No | | | ALL |
| Q0504 | POWER ADAPTER FOR PNEUMATIC VE | No | | | ALL |
| Q0506 | BATTERY, LITHIUM-ION, FOR USE WITH | No | | | ALL |
| **Q0507** | Miscellaneous supply or accessory for use | No | | | ALL |
| Q0508 | Miscellaneous supply or accessory for use | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q0509 | Miscellaneous supply or accessory for use | No | | | ALL |
| Q0510 | PHARMACY SUPPLY FEE FOR INITIAL I | No | | | ALL |
| Q0511 | PHARMACY SUPPLY FEE FOR ORAL AN | No | | | ALL |
| Q0512 | PHARMACY SUPPLY FEE FOR ORAL AN | No | | | ALL |
| Q0513 | PHARMACY DISPENSING FEE FOR INH | No | | | ALL |
| Q0514 | PHARMACY DISPENSING FEE FOR INH | No | | | ALL |
| Q0515 | INJECTION, SERMORELIN ACETATE, 1 | No | | | ALL |
| Q0521 | Pharmacy supplying fee for hiv pre-exposu | No | | | ALL |
| Q1004 | NEW TECHNOLOGY INTRAOCULAR LEI | No | | | ALL |
| Q1005 | NEW TECHNOLOGY INTRAOCULAR LEI | No | | | ALL |
| Q2004 | IRRIGATION SOLUTION FOR TREATME | No | | | ALL |
| Q2009 | INJECTION, FOSPHENYTOIN, 50 MG | No | | | ALL |
| Q2026 | Injection, Radiesse, 0.1 ml | Yes | RMT | | ALL (Except Mcwrap) |
| Q2026 | Injection, Radiesse, 0.1 ml | No | | | MCWRAP |
| Q2028 | Injection, sculptra, 0.5 mg | No | RMT | | ALL |
| Q2034 | INFLUENZA VIRUS VACCINE, SPLIT VIR | No | | | ALL |
| Q2035 | INFLUENZA VIRUS VACCINE, SPLIT VIR | No | | | ALL |
| Q2036 | INFLUENZA VIRUS VACCINE, SPLIT VIR | No | | | ALL |
| Q2037 | INFLUENZA VIRUS VACCINE, SPLIT VIR | No | | | ALL |
| Q2038 | INFLUENZA VIRUS VACCINE, SPLIT VIR | No | | | ALL |
| Q2039 | INFLUENZA VIRUS VACCINE, SPLIT VIR | No | | | ALL |
| Q2041 | Axicabtagene Ciloleucel, up to 200 Million | Yes | RMT | | ALL |
| Q2042 | Tisagenlecleucel, up to 600 million car-po | Yes | RMT | | ALL |
| Q2043 | SIPULEUCEL-T, MINIMUM OF 50 MILLIO | No | | | ALL |
| Q2049 | INJECTION, DOXORUBICIN HYDROCHL | No | | | ALL |
| Q2050 | Injection, Doxorubicin Hydrochloride, Lipo | No | | | ALL |
| Q2052 | Services, supplies and accessories used i | No | | | ALL |
| Q2053 | Brexucabtagene autoleucel, up to 200 mil | Yes | | | ALL |
| Q2054 | Lisocabtagene maraleucel, up to 110 milli | Yes | RMT | | ALL |
| Q2055 | Idecabtagene vicleucel, up to 460 million a | Yes | RMT | | ALL (Except MCWRAP) |
| Q2055 | Idecabtagene vicleucel, up to 460 million a | No | | | MCWRAP |
| Q2056 | Ciltacabtagene autoleucel, up to 100 millio | Yes | RMT | | ALL (Except MCWRAP) |
| Q2056 | Ciltacabtagene autoleucel, up to 100 millio | No | | | MCWRAP |
| Q2057 | Afamitresgene autoleucel, including leuka | Yes | RMT | | ALL (Except MCWRAP) |
| Q2057 | Afamitresgene autoleucel, including leuka | No | | | MCWRAP |
| Q2058 | Obecabtagene autoleucel, 10 up to 400 m | Yes | RMT | | ALL (Except MCWRAP) |
| Q2058 | Obecabtagene autoleucel, 10 up to 400 m | No | | | MCWRAP |
| Q3001 | RADIOELEMENTS FOR BRACHYTHERA | No | | | ALL |
| Q3014 | TELEHEALTH ORIGINATING SITE FACIL | No | | | ALL |
| Q3027 | Injection, interferon beta-1a, 1 mcg for intr | No | | | ALL |
| Q3028 | Injection, interferon beta-1a, 1 mcg for sub | No | | | ALL |
| Q3031 | COLLAGEN SKIN TEST | No | | | ALL |
| Q4001 | CASTING SUPPLIES, BODY CAST ADUL | No | | | ALL |
| Q4002 | CAST SUPPLIES, BODY CAST ADULT, W | No | | | ALL |
| Q4003 | CAST SUPPLIES, SHOULDER CAST, AD | No | | | ALL |
| Q4004 | CAST SUPPLIES, SHOULDER CAST, AD | No | | | ALL |
| Q4005 | CAST SUPPLIES, LONG ARM CAST, AD | No | | | ALL |
| Q4006 | CAST SUPPLIES, LONG ARM CAST, AD | No | | | ALL |
| Q4007 | CAST SUPPLIES, LONG ARM CAST, PE | No | | | ALL |
| Q4008 | CAST SUPPLIES, LONG ARM CAST, PE | No | | | ALL |
| Q4009 | CAST SUPPLIES, SHORT ARM CAST, A | No | | | ALL |
| Q4010 | CAST SUPPLIES, SHORT ARM CAST, A | No | | | ALL |
| Q4011 | CAST SUPPLIES, SHORT ARM CAST, P | No | | | ALL |
| Q4012 | CAST SUPPLIES, SHORT ARM CAST, P | No | | | ALL |
| Q4013 | CAST SUPPLIES, GAUNTLET CAST, AD | No | | | ALL |
| Q4014 | CAST SUPPLIES, GAUNTLET CAST, AD | No | | | ALL |
| Q4015 | CAST SUPPLIES, GAUNTLET CAST , PE | No | | | ALL |
| Q4016 | CAST SUPPLIES, GAUNTLET CAST, PE | No | | | ALL |
| Q4017 | CAST SUPPLIES, LONG ARM SPLINT, A | No | | | ALL |
| Q4018 | CAST SUPPLIES, LONG ARM SPLINT, A | No | | | ALL |
| Q4019 | CAST SUPPLIES, LONG ARM SPLINT, P | No | | | ALL |
| Q4020 | CAST SUPPLIES, LONG ARM SPLINT, P | No | | | ALL |
| Q4021 | CAST SUPPLIES, SHORT ARM SPLINT, | No | | | ALL |
| Q4022 | CAST SUPPLIES, SHORT ARM SPLINT, | No | | | ALL |
| Q4023 | CAST SUPPLIES, SHORT ARM SPLINT, | No | | | ALL |
| Q4024 | CAST SUPPLIES, SHORT ARM SPLINT, | No | | | ALL |
| Q4025 | CAST SUPPLIES, HIP SPICA (ONE OR B | No | | | ALL |
| Q4026 | CAST SUPPLIES, HIP SPICA (ONE OR B | No | | | ALL |
| Q4027 | CAST SUPPLIES, HIP SPICA (ONE OR B | No | | | ALL |
| Q4028 | CAST SUPPLIES, HIP SPICA (ONE OR B | No | | | ALL |
| Q4029 | CAST SUPPLIES, LONG LEG CAST, ADU | No | | | ALL |
| Q4030 | CAST SUPPLIES, LONG LEG CAST, ADU | No | | | ALL |
| Q4031 | CAST SUPPLIES, LONG LEG CAST, PED | No | | | ALL |
| Q4032 | CAST SUPPLIES, LONG LEG CAST, PED | No | | | ALL |
| Q4033 | CAST SUPPLIES, LONG LEG CYLINDER | No | | | ALL |
| Q4034 | CAST SUPPLIES, LONG LEG CYLINDER | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4035 | CAST SUPPLIES, LONG LEG CYLINDER | No | | | ALL |
| Q4036 | CAST SUPPLIES, LONG LEG CYLINDER | No | | | ALL |
| Q4037 | CAST SUPPLIES, SHORT LEG CAST, AD | No | | | ALL |
| Q4038 | CAST SUPPLIES, SHORT LEG CAST, AD | No | | | ALL |
| Q4039 | CAST SUPPLIES, SHORT LEG CAST, PE | No | | | ALL |
| Q4040 | CAST SUPPLIES, SHORT LEG CAST, PE | No | | | ALL |
| Q4041 | CAST SUPPLIES, LONG LEG SPLINT, AI | No | | | ALL |
| Q4042 | CAST SUPPLIES, LONG LEG SPLINT, AI | No | | | ALL |
| Q4043 | CAST SUPPLIES, LONG LEG SPLINT, PI | No | | | ALL |
| Q4044 | CAST SUPPLIES, LONG LEG SPLINT, PI | No | | | ALL |
| Q4045 | CAST SUPPLIES, SHORT LEG SPLINT, A | No | | | ALL |
| Q4046 | CAST SUPPLIES, SHORT LEG SPLINT, A | No | | | ALL |
| Q4047 | CAST SUPPLIES, SHORT LEG SPLINT, I | No | | | ALL |
| Q4048 | CAST SUPPLIES, SHORT LEG SPLINT, I | No | | | ALL |
| Q4049 | FINGER SPLINT, STATIC | No | | | ALL |
| Q4050 | CAST SUPPLIES, FOR UNLISTED TYPE | Not Covered | | | ALL |
| Q4074 | ILOPROST, INHALATION SOLUTION, FD | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| Q4074 | ILOPROST, INHALATION SOLUTION, FD | No | | | MCWRAP, MA |
| Q4081 | INJECTION, EPOETIN ALFA, 100 UNITS | No | | | ALL |
| Q4082 | DRUG OR BIOLOGICAL, NOT OTHERWI | No | NTM POLICY | | ALL |
| Q4101 | APLIGRAF, PER SQUARE CENTIMETER | No | | | ALL |
| Q4102 | OASIS WOUND MATRIX, PER SQUARE | No | | | ALL |
| Q4103 | OASIS BURN MATRIX, PER SQUARE CE | Not Covered | | | ALL (Except MA) |
| Q4103 | OASIS BURN MATRIX, PER SQUARE CE | No | | | MA |
| Q4104 | INTEGRA BILAYER MATRIX WOUND DR | No | | | ALL |
| Q4105 | INTEGRA DERMAL REGENERATION TE | No | | | ALL |
| Q4107 | GRAFTJACKET, PER SQUARE CENTIME | No | | | ALL |
| Q4108 | INTEGRA MATRIX, PER SQUARE CENT | No | | | ALL |
| Q4110 | PRIMATRIX, PER SQUARE CENTIMETE | Yes | | | ALL (Except MCWRAP) |
| Q4110 | PRIMATRIX, PER SQUARE CENTIMETE | No | | | MCWRAP |
| Q4111 | GAMMAGRAFT, PER SQUARE CENTIME | Yes | | | ALL (Except McWrap) |
| Q4111 | GAMMAGRAFT, PER SQUARE CENTIME | No | | | McWRAP |
| Q4112 | CYMETRA, INJECTABLE, 1CC | Yes | PCM/ExGEN | | ALL (Except McWRAP, MA) |
| Q4112 | CYMETRA, INJECTABLE, 1CC | No | | | McWrap, MA |
| Q4113 | GRAFTJACKET XPRESS, INJECTABLE, | Not Covered | | | ALL |
| Q4114 | INTEGRA FLOWABLE WOUND MATRIX, | Yes | | | ALL (Except MCWRAP) |
| Q4114 | INTEGRA FLOWABLE WOUND MATRIX, | No | | | MCWRAP |
| Q4115 | ALLOSKIN, PER SQUARE CENTIMETER | Yes | | | ALL (Except McWrap) |
| Q4115 | ALLOSKIN, PER SQUARE CENTIMETER | No | | | McWRAP |
| Q4116 | ALLODERM, PER SQUARE CENTIMETE | No | | | ALL |
| Q4117 | HYALOMATRIX, PER SQUARE CENTIME | Yes | | | ALL (Except McWrap) |
| Q4117 | HYALOMATRIX, PER SQUARE CENTIME | No | | | McWRAP |
| Q4118 | MATRISTEM MICROMATRIX, 1 MG | Yes | | | ALL (Except McWrap) |
| Q4118 | MATRISTEM MICROMATRIX, 1 MG | No | | | McWRAP |
| Q4121 | THERASKIN, PER SQUARE CENTIMETE | Yes | | | ALL (Except MCWRAP) |
| Q4121 | THERASKIN, PER SQUARE CENTIMETE | No | | | MCWRAP |
| Q4122 | DERMACELL, PER SQUARE CENTIMET | Yes | | | ALL (Except MCWRAP) |
| Q4122 | DERMACELL, PER SQUARE CENTIMET | No | | | MCWRAP |
| Q4123 | ALLOSKIN RT, PER SQUARE CENTIMET | Yes | | | ALL (Except McWrap) |
| Q4123 | ALLOSKIN RT, PER SQUARE CENTIMET | No | | | McWRAP |
| Q4124 | OASIS ULTRA TRI-LAYER WOUND MAT | No | | | ALL |
| Q4125 | ARTHROFLEX, PER SQUARE CENTIME | Yes | | | ALL (Except MCWRAP) |
| Q4125 | ARTHROFLEX, PER SQUARE CENTIME | No | | | MCWRAP |
| Q4126 | MEMODERM, PER SQUARE CENTIMETI | Yes | | | ALL (Except McWrap) |
| Q4126 | MEMODERM, PER SQUARE CENTIMETI | No | | | McWRAP |
| Q4127 | TALYMED, PER SQUARE CENTIMETER | Yes | | | ALL (Except McWrap) |
| Q4127 | TALYMED, PER SQUARE CENTIMETER | No | | | McWRAP |
| Q4128 | FLEXHD OR ALLOPATCH HD, PER SQU | No | | | ALL |
| Q4130 | STRATTICE TM, PER SQUARE CENTIME | Yes | | | ALL (Except McWrap) |
| Q4130 | STRATTICE TM, PER SQUARE CENTIME | No | | | McWRAP |
| Q4132 | Grafix core, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4132 | Grafix core, per square centimeter | No | | | McWRAP |
| Q4133 | Grafix prime, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| Q4133 | Grafix prime, per square centimeter | No | | | MCWRAP |
| Q4134 | Hmatrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4134 | Hmatrix, per square centimeter | No | | | McWRAP |
| Q4135 | Mediskin, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4135 | Mediskin, per square centimeter | No | | | McWRAP |
| Q4136 | Ez-derm, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4136 | Ez-derm, per square centimeter | No | | | McWRAP |
| Q4137 | Amnioexcel or biodexcel, per square centi | Yes | | | ALL (Except McWrap) |
| Q4137 | Amnioexcel or biodexcel, per square centi | No | | | McWRAP |
| Q4138 | Biodfence dryflex, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4138 | Biodfence dryflex, per square centimeter | No | | | McWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4139 | Amniomatrix or biodmatrix, injectable, 1 c | Yes | | | ALL (Except McWrap) |
| Q4139 | Amniomatrix or biodmatrix, injectable, 1 c | No | | | McWRAP |
| Q4140 | Biodfence, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4140 | Biodfence, per square centimeter | No | | | McWRAP |
| Q4141 | Alloskin ac, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4141 | Alloskin ac, per square centimeter | No | | | McWRAP |
| Q4142 | Xcm biologic tissue matrix, per square cer | Yes | | | ALL (Except McWrap) |
| Q4142 | Xcm biologic tissue matrix, per square cer | No | | | McWRAP |
| Q4143 | Repriza, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4143 | Repriza, per square centimeter | No | | | McWRAP |
| Q4145 | Epifix, injectable, 1 mg | Yes | | | ALL (Except McWrap) |
| Q4145 | Epifix, injectable, 1 mg | No | | | McWRAP |
| Q4146 | Tensix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4146 | Tensix, per square centimeter | No | | | McWRAP |
| Q4147 | Architect extracellular matrix, per square c | Yes | | | ALL (Except MCWRAP) |
| Q4147 | Architect extracellular matrix, per square c | No | | | MCWRAP |
| Q4148 | Neox 1k, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4148 | Neox 1k, per square centimeter | No | | | McWRAP |
| Q4149 | Excellagen, 0.1 cc | Yes | | | ALL (Except McWrap) |
| Q4149 | Excellagen, 0.1 cc | No | | | McWRAP |
| Q4150 | Allowrap ds or dry, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4150 | Allowrap ds or dry, per square centimeter | No | | | McWRAP |
| Q4151 | Amnioband or guardian, per square centir | Yes | | | ALL (Except MCWRAP) |
| Q4151 | Amnioband or guardian, per square centir | No | | | MCWRAP |
| Q4152 | Dermapure, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4152 | Dermapure, per square centimeter | No | | | McWRAP |
| Q4153 | Dermavest, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4153 | Dermavest, per square centimeter | No | | | McWRAP |
| Q4154 | Biovance, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| Q4154 | Biovance, per square centimeter | No | | | MCWRAP |
| Q4155 | Neoxflo or clarixflo, 1 mg | Yes | | | ALL (Except McWrap) |
| Q4155 | Neoxflo or clarixflo, 1 mg | No | | | McWRAP |
| Q4156 | Neox 100, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4156 | Neox 100, per square centimeter | No | | | McWRAP |
| Q4157 | Revitalon, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4157 | Revitalon, per square centimeter | No | | | McWRAP |
| Q4158 | Marigen, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| Q4158 | Marigen, per square centimeter | No | | | MCWRAP |
| Q4159 | Affinity, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| Q4159 | Affinity, per square centimeter | No | | | MCWRAP |
| Q4160 | Nushield, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| Q4160 | Nushield, per square centimeter | No | | | MCWRAP |
| Q4161 | Bio-connekt wound matrix, per square cer | Yes | | | ALL (Except MCWRAP) |
| Q4161 | Bio-connekt wound matrix, per square cer | No | | | MCWRAP |
| Q4162 | Amniopro flow, bioskin flow, biorenew flow | Yes | | | ALL (Except McWrap) |
| Q4162 | Amniopro flow, bioskin flow, biorenew flow | No | | | McWRAP |
| Q4163 | Amniopro, bioskin, biorenew, woundex, ar | Yes | | | ALL (Except McWrap) |
| Q4163 | Amniopro, bioskin, biorenew, woundex, ar | No | | | McWRAP |
| Q4164 | Helicoll, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4164 | Helicoll, per square centimeter | No | | | McWRAP |
| Q4165 | Keramatrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4165 | Keramatrix, per square centimeter | No | | | McWRAP |
| Q4166 | Cytal, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4166 | Cytal, per square centimeter | No | | | McWRAP |
| Q4167 | Truskin, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4167 | Truskin, per square centimeter | No | | | McWRAP |
| Q4168 | Amnioband, 1 mg | Yes | | | ALL (Except McWrap) |
| Q4168 | Amnioband, 1 mg | No | | | McWRAP |
| Q4169 | Artacent wound, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4169 | Artacent wound, per square centimeter | No | | | McWRAP |
| Q4170 | Cygnus, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4170 | Cygnus, per square centimeter | No | | | McWRAP |
| Q4171 | Interfyl, 1 mg | Yes | | | ALL (Except McWrap) |
| Q4171 | Interfyl, 1 mg | No | | | McWRAP |
| Q4173 | Palingen or palingen xplus, per square ce | Yes | | | ALL (Except McWrap) |
| Q4173 | Palingen or palingen xplus, per square ce | No | | | McWRAP |
| Q4174 | Palingen or promatrx, 0.36 mg per 0.25 cc | Yes | | | ALL (Except McWrap) |
| Q4174 | Palingen or promatrx, 0.36 mg per 0.25 cc | No | | | McWRAP |
| Q4175 | Miroderm, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4175 | Miroderm, per square centimeter | No | | | McWRAP |
| Q4176 | Neopatch, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4176 | Neopatch, per square centimeter | No | | | McWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4177 | Floweramnioflo, 0.1 cc | Yes | | | ALL (Except McWrap) |
| Q4177 | Floweramnioflo, 0.1 cc | No | | | McWRAP |
| Q4178 | Floweramniopatch, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4178 | Floweramniopatch, per square centimeter | No | | | McWRAP |
| Q4179 | Flowerderm, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4179 | Flowerderm, per square centimeter | No | | | McWRAP |
| Q4180 | Revita, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4180 | Revita, per square centimeter | No | | | McWRAP |
| Q4181 | Amnio wound, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4181 | Amnio wound, per square centimeter | No | | | McWRAP |
| Q4182 | Transcyte, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| Q4182 | Transcyte, per square centimeter | No | | | MCWRAP |
| Q4183 | Surgigraft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4183 | Surgigraft, per square centimeter | No | | | McWRAP |
| Q4184 | Cellesta, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4184 | Cellesta, per square centimeter | No | | | McWRAP |
| Q4185 | Cellesta flowable amnion (25 mg per cc); | Yes | | | ALL (Except McWrap) |
| Q4185 | Cellesta flowable amnion (25 mg per cc); | No | | | McWRAP |
| Q4186 | Epifix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4186 | Epifix, per square centimeter | No | | | McWRAP |
| Q4187 | Epicord, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4187 | Epicord, per square centimeter | No | | | McWRAP |
| Q4188 | Amnioarmor, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4188 | Amnioarmor, per square centimeter | No | | | McWRAP |
| Q4189 | Artacent ac, 1 mg | Yes | | | ALL (Except McWrap) |
| Q4189 | Artacent ac, 1 mg | No | | | McWRAP |
| Q4190 | Artacent ac, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4190 | Artacent ac, per square centimeter | No | | | McWRAP |
| Q4191 | Restorigin, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4191 | Restorigin, per square centimeter | No | | | McWRAP |
| Q4192 | Restorigin, 1 cc | Yes | | | ALL (Except McWrap) |
| Q4192 | Restorigin, 1 cc | No | | | McWRAP |
| Q4193 | Coll-e-derm, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4193 | Coll-e-derm, per square centimeter | No | | | McWRAP |
| Q4194 | Novachor, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4194 | Novachor, per square centimeter | No | | | McWRAP |
| Q4195 | Puraply, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4195 | Puraply, per square centimeter | No | | | McWRAP |
| Q4196 | Puraply am, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4196 | Puraply am, per square centimeter | No | | | McWRAP |
| Q4197 | Puraply xt, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4197 | Puraply xt, per square centimeter | No | | | McWRAP |
| Q4198 | Genesis amniotic membrane, per square | Yes | | | ALL (Except McWrap) |
| Q4198 | Genesis amniotic membrane, per square | No | | | McWRAP |
| Q4199 | Cygnus matrix, per square centimeter | Yes | | | ALL (Except MCWRAP) |
| Q4199 | Cygnus matrix, per square centimeter | No | | | MCWRAP |
| Q4200 | Skin te, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4200 | Skin te, per square centimeter | No | | | McWRAP |
| Q4201 | Matrion, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4201 | Matrion, per square centimeter | No | | | McWRAP |
| Q4202 | Keroxx (2.5g/cc), 1cc | Yes | | | ALL (Except McWrap) |
| Q4202 | Keroxx (2.5g/cc), 1cc | No | | | McWRAP |
| Q4203 | Derma-gide, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4203 | Derma-gide, per square centimeter | No | | | McWRAP |
| Q4204 | Xwrap, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4204 | Xwrap, per square centimeter | No | | | McWRAP |
| Q4205 | Membrane graft or membrane wrap, per s | Yes | | | ALL (Except McWrap) |
| Q4205 | Membrane graft or membrane wrap, per s | No | | | McWRAP |
| Q4206 | Fluid flow or fluid GF, 1 cc | Not Covered | | | All (Except MA, MMP, PRICHO,CAID) |
| Q4206 | Fluid flow or fluid GF, 1 cc | No | | | MA, MMP, PRICHO,CAID |
| Q4208 | Novafix, per square cenitmeter | Yes | | | ALL (Except McWrap) |
| Q4208 | Novafix, per square cenitmeter | No | | | McWRAP |
| Q4209 | Surgraft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4209 | Surgraft, per square centimeter | No | | | McWRAP |
| Q4211 | Amnion bio or Axobiomembrane, per squa | Yes | | | ALL (Except McWrap) |
| Q4211 | Amnion bio or Axobiomembrane, per squa | No | | | McWRAP |
| Q4212 | Allogen, per cc | Not Covered | | | All (Except MA, MMP, PRICHO) |
| Q4212 | Allogen, per cc | No | | | MA, MMP, PRICHO |
| Q4213 | Ascent, 0.5 mg | Not Covered | | | All (Except MA, MMP, PRICHO) |
| Q4213 | Ascent, 0.5 mg | No | | | MA, MMP, PRICHO |
| Q4214 | Cellesta cord, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4214 | Cellesta cord, per square centimeter | No | | | McWRAP |
| Q4215 | Axolotl ambient or axolotl cryo, 0.1 mg | Not Covered | | | All (Except MA, MMP, PRICHO) |
| Q4215 | Axolotl ambient or axolotl cryo, 0.1 mg | No | | | MA, MMP, PRICHO |
| Q4216 | Artacent cord, per square centimeter | Yes | | | ALL (Except McWrap) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4216 | Artacent cord, per square centimeter | No | | | McWRAP |
| Q4217 | Woundfix, BioWound, Woundfix Plus, Bio | Yes | | | ALL (Except McWrap) |
| Q4217 | Woundfix, BioWound, Woundfix Plus, Bio | No | | | McWRAP |
| Q4218 | Surgicord, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4218 | Surgicord, per square centimeter | No | | | McWRAP |
| Q4219 | Surgigraft-dual, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4219 | Surgigraft-dual, per square centimeter | No | | | McWRAP |
| Q4220 | BellaCell HD or Surederm, per square cer | Yes | | | ALL (Except McWrap) |
| Q4220 | BellaCell HD or Surederm, per square cer | No | | | McWRAP |
| Q4221 | Amniowrap2, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4221 | Amniowrap2, per square centimeter | No | | | McWRAP |
| Q4222 | Progenamatrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4222 | Progenamatrix, per square centimeter | No | | | McWRAP |
| Q4224 | Human health factor 10 amniotic patch (hl | Yes | | | ALL (Except McWrap) |
| Q4224 | Human health factor 10 amniotic patch (hl | No | | | McWRAP |
| Q4225 | Amniobind, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4225 | Amniobind, per square centimeter | No | | | McWRAP |
| Q4226 | MyOwn skin, includes harvesting and prep | Yes | | | ALL (Except McWrap) |
| Q4226 | MyOwn skin, includes harvesting and prep | No | | | McWRAP |
| Q4227 | Amniocore, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4227 | Amniocore, per square centimeter | No | | | McWRAP |
| Q4229 | Cogenex amniotic membrane, per square | Yes | | | ALL (Except McWrap) |
| Q4229 | Cogenex amniotic membrane, per square | No | | | McWRAP |
| Q4230 | Cogenex flowable amnion, per 0.5 cc | Yes | | | ALL (Except McWrap) |
| Q4230 | Cogenex flowable amnion, per 0.5 cc | No | | | McWRAP |
| Q4232 | Corplex, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4232 | Corplex, per square centimeter | No | | | McWRAP |
| Q4233 | Surfactor or nudyn, per 0.5 cc | Yes | | | ALL (Except McWrap) |
| Q4233 | Surfactor or nudyn, per 0.5 cc | No | | | McWRAP |
| Q4234 | Xcellerate, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4234 | Xcellerate, per square centimeter | No | | | McWRAP |
| Q4235 | Amniorepair or altiply, per square centime | Yes | | | ALL (Except McWrap) |
| Q4235 | Amniorepair or altiply, per square centime | No | | | McWRAP |
| Q4236 | Carepatch, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4236 | Carepatch, per square centimeter | No | | | McWRAP |
| Q4237 | Cryo-cord, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4237 | Cryo-cord, per square centimeter | No | | | McWRAP |
| Q4238 | Derm-maxx, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4238 | Derm-maxx, per square centimeter | No | | | McWRAP |
| Q4239 | Amnio-maxx or amnio-maxx lite, per squa | Yes | | | ALL (Except McWrap) |
| Q4239 | Amnio-maxx or amnio-maxx lite, per squa | No | | | McWRAP |
| Q4240 | Corecyte, for topical use only, per 0.5 cc | Yes | | | ALL (Except McWrap) |
| Q4240 | Corecyte, for topical use only, per 0.5 cc | No | | | McWRAP |
| Q4241 | Polycyte, for topical use only, per 0.5 cc | Yes | | | ALL (Except McWrap) |
| Q4241 | Polycyte, for topical use only, per 0.5 cc | No | | | McWRAP |
| Q4242 | Amniocyte plus, per 0.5 cc | Yes | | | ALL (Except McWrap) |
| Q4242 | Amniocyte plus, per 0.5 cc | No | | | McWRAP |
| Q4245 | Amniotext, per cc | Yes | | | ALL (Except McWrap) |
| Q4245 | Amniotext, per cc | No | | | McWRAP |
| Q4246 | Coretext or protext, per cc | Yes | | | ALL (Except McWrap) |
| Q4246 | Coretext or protext, per cc | No | | | McWRAP |
| Q4247 | Amniotext patch, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4247 | Amniotext patch, per square centimeter | No | | | McWRAP |
| Q4248 | Dermacyte amniotic membrane allograft, | Yes | | | ALL (Except McWrap) |
| Q4248 | Dermacyte amniotic membrane allograft, | No | | | McWRAP |
| Q4249 | 'Amniply, for topical use only, per square | Yes | | | ALL (Except McWrap) |
| Q4249 | 'Amniply, for topical use only, per square | No | | | McWRAP |
| Q4250 | 'Amnioamp-mp, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4250 | 'Amnioamp-mp, per square centimeter | No | | | McWRAP |
| Q4251 | Vim, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4251 | Vim, per square centimeter | No | | | McWRAP |
| Q4252 | Vendaje, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4252 | Vendaje, per square centimeter | No | | | McWRAP |
| Q4253 | Zenith amniotic membrane, per square ce | Yes | | | ALL (Except McWrap) |
| Q4253 | Zenith amniotic membrane, per square ce | No | | | McWRAP |
| Q4254 | Novafix dl, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4254 | Novafix dl, per square centimeter | No | | | McWRAP |
| Q4255 | Reguard, for topical use only, per square | Yes | | | ALL (Except McWrap) |
| Q4255 | Reguard, for topical use only, per square | No | | | McWRAP |
| Q4256 | Mlg-complete, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4256 | Mlg-complete, per square centimeter | No | | | McWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4257 | Relese, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4257 | Relese, per square centimeter | No | | | McWRAP |
| Q4258 | Enverse, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4258 | Enverse, per square centimeter | No | | | McWRAP |
| Q4259 | Celera dual layer or celera dual membran | Yes | | | ALL (Except McWrap) |
| Q4259 | Celera dual layer or celera dual membran | No | | | McWRAP |
| Q4260 | Signature apatch, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4260 | Signature apatch, per square centimeter | No | | | McWRAP |
| Q4261 | Tag, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4261 | Tag, per square centimeter | No | | | McWRAP |
| Q4262 | Dual layer impax membrane, per square c | Yes | | | ALL (Except McWrap) |
| Q4262 | Dual layer impax membrane, per square c | No | | | McWRAP |
| Q4263 | Surgraft tl, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4263 | Surgraft tl, per square centimeter | No | | | McWRAP |
| Q4264 | Cocoon membrane, per square centimete | Yes | | | ALL (Except McWrap) |
| Q4264 | Cocoon membrane, per square centimete | No | | | McWRAP |
| Q4265 | Neostim tl, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4265 | Neostim tl, per square centimeter | No | | | McWRAP |
| Q4266 | Neostim membrane, per square centimete | Yes | | | ALL (Except McWrap) |
| Q4266 | Neostim membrane, per square centimete | No | | | McWRAP |
| Q4267 | Neostim dl, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4267 | Neostim dl, per square centimeter | No | | | McWRAP |
| Q4268 | Surgraft ft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4268 | Surgraft ft, per square centimeter | No | | | McWRAP |
| Q4269 | Surgraft xt, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4269 | Surgraft xt, per square centimeter | No | | | McWRAP |
| Q4270 | Complete sl, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4270 | Complete sl, per square centimeter | No | | | McWRAP |
| Q4271 | Complete ft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4271 | Complete ft, per square centimeter | No | | | McWRAP |
| Q4272 | Esano a, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4272 | Esano a, per square centimeter | No | | | McWRAP |
| Q4273 | Esano aaa, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4273 | Esano aaa, per square centimeter | No | | | McWRAP |
| Q4273 | Esano aaa, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4273 | Esano aaa, per square centimeter | No | | | McWRAP |
| Q4274 | Esano ac, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4274 | Esano ac, per square centimeter | No | | | McWRAP |
| Q4275 | Esano aca, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4275 | Esano aca, per square centimeter | No | | | McWRAP |
| Q4276 | Orion, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4276 | Orion, per square centimeter | No | | | McWRAP |
| Q4278 | Epieffect, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4278 | Epieffect, per square centimeter | No | | | McWRAP |
| Q4279 | Vendaje ac, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4279 | Vendaje ac, per square centimeter | No | | | McWRAP |
| Q4280 | Xcell amnio matrix, per square centim | Yes | | | ALL (Except McWrap) |
| Q4280 | Xcell amnio matrix, per square centim | No | | | McWRAP |
| Q4281 | Barrera sl or barrera dl, per square ce | Yes | | | ALL (Except McWrap) |
| Q4281 | Barrera sl or barrera dl, per square ce | No | | | McWRAP |
| Q4282 | Cygnus dual, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4282 | Cygnus dual, per square centimeter | No | | | McWRAP |
| Q4283 | Biovance tri-layer or biovance 3l, per s | Yes | | | ALL (Except McWrap) |
| Q4283 | Biovance tri-layer or biovance 3l, per s | No | | | McWRAP |
| Q4284 | Dermabind sl, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4284 | Dermabind sl, per square centimeter | No | | | McWRAP |
| Q4285 | Nudyn dl or nudyn dl mesh, per square ce | Yes | | | ALL (Except MA, MCWRAP, PRICHO) |
| Q4285 | Nudyn dl or nudyn dl mesh, per square ce | No | | | MA, MCWRAP, PRICHO |
| Q4286 | Nudyn sl or nudyn slw, per square centime | Yes | | | ALL (Except MA, MCWRAP, PRICHO) |
| Q4286 | Nudyn sl or nudyn slw, per square centime | No | | | MA, MCWRAP, PRICHO |
| Q4287 | Dermabind dl, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4287 | Dermabind dl, per square centimeter | No | | | McWRAP |
| Q4288 | Dermabind ch, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4288 | Dermabind ch, per square centimeter | No | | | McWRAP |
| Q4289 | Revoshield + amniotic barrier, per square | Yes | | | ALL (Except McWrap) |
| Q4289 | Revoshield + amniotic barrier, per square | No | | | McWRAP |
| Q4290 | Membrane wrap-hydro, per square centim | Yes | | | ALL (Except McWrap) |
| Q4290 | Membrane wrap-hydro, per square centim | No | | | McWRAP |
| Q4291 | Lamellas xt, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4291 | Lamellas xt, per square centimeter | No | | | McWRAP |
| Q4292 | Lamellas, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4292 | Lamellas, per square centimeter | No | | | McWRAP |
| Q4293 | Acesso dl, per square centimeter | Yes | | | ALL (Except McWrap) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4293 | Acesso dl, per square centimeter | No | | | McWRAP |
| Q4294 | Amnio quad-core, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4294 | Amnio quad-core, per square centimeter | No | | | McWRAP |
| Q4295 | Amnio tri-core amniotic, per square centin | Yes | | | ALL (Except McWrap) |
| Q4295 | Amnio tri-core amniotic, per square centin | No | | | McWRAP |
| Q4296 | Rebound matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4296 | Rebound matrix, per square centimeter | No | | | McWRAP |
| Q4297 | Emerge matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4297 | Emerge matrix, per square centimeter | No | | | McWRAP |
| Q4298 | Amnicore pro, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4298 | Amnicore pro, per square centimeter | No | | | McWRAP |
| Q4299 | Amnicore pro+, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4299 | Amnicore pro+, per square centimeter | No | | | McWRAP |
| Q4300 | Acesso tl, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4300 | Acesso tl, per square centimeter | No | | | McWRAP |
| Q4301 | Activate matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4301 | Activate matrix, per square centimeter | No | | | McWRAP |
| Q4302 | Complete aca, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4302 | Complete aca, per square centimeter | No | | | McWRAP |
| Q4303 | Complete aa, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4303 | Complete aa, per square centimeter | No | | | McWRAP |
| Q4304 | Grafix plus, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4304 | Grafix plus, per square centimeter | No | | | McWRAP |
| Q4305 | American amnion ac tri-layer, per square | Yes | | | ALL (Except McWrap) |
| Q4305 | American amnion ac tri-layer, per square | No | | | McWRAP |
| Q4306 | American amnion ac, per square centimet | Yes | | | ALL (Except McWrap) |
| Q4306 | American amnion ac, per square centimet | No | | | McWRAP |
| Q4307 | American amnion, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4307 | American amnion, per square centimeter | No | | | McWRAP |
| Q4308 | Sanopellis, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4308 | Sanopellis, per square centimeter | No | | | McWRAP |
| Q4309 | Via matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4309 | Via matrix, per square centimeter | No | | | McWRAP |
| Q4310 | Procenta, per 100 mg | Yes | | | ALL (Except McWrap) |
| Q4310 | Procenta, per 100 mg | No | | | McWRAP |
| Q4311 | Acesso, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4311 | Acesso, per square centimeter | No | | | McWRAP |
| Q4312 | Acesso ac, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4312 | Acesso ac, per square centimeter | No | | | McWRAP |
| Q4313 | Dermabind fm, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4313 | Dermabind fm, per square centimeter | No | | | McWRAP |
| Q4314 | Reeva ft, per square cenitmeter | Yes | | | ALL (Except McWrap) |
| Q4314 | Reeva ft, per square cenitmeter | No | | | McWRAP |
| Q4315 | Regenelink amniotic membrane allograft, | Yes | | | ALL (Except McWrap) |
| Q4315 | Regenelink amniotic membrane allograft, | No | | | McWRAP |
| Q4316 | Amchoplast, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4316 | Amchoplast, per square centimeter | No | | | McWRAP |
| Q4317 | Vitograft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4317 | Vitograft, per square centimeter | No | | | McWRAP |
| Q4318 | E-graft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4318 | E-graft, per square centimeter | No | | | McWRAP |
| Q4319 | Sanograft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4319 | Sanograft, per square centimeter | No | | | McWRAP |
| Q4320 | Pellograft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4320 | Pellograft, per square centimeter | No | | | McWRAP |
| Q4321 | Renograft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4321 | Renograft, per square centimeter | No | | | McWRAP |
| Q4322 | Caregraft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4322 | Caregraft, per square centimeter | No | | | McWRAP |
| Q4323 | Alloply, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4323 | Alloply, per square centimeter | No | | | McWRAP |
| Q4324 | Amniotx, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4324 | Amniotx, per square centimeter | No | | | McWRAP |
| Q4325 | Acapatch, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4325 | Acapatch, per square centimeter | No | | | McWRAP |
| Q4326 | Woundplus, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4326 | Woundplus, per square centimeter | No | | | McWRAP |
| Q4327 | Duoamnion, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4327 | Duoamnion, per square centimeter | No | | | McWRAP |
| Q4328 | Most, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4328 | Most, per square centimeter | No | | | McWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4329 | Singlay, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4329 | Singlay, per square centimeter | No | | | McWRAP |
| Q4330 | Total, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4330 | Total, per square centimeter | No | | | McWRAP |
| Q4331 | Axolotl graft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4331 | Axolotl graft, per square centimeter | No | | | McWRAP |
| Q4332 | Axolotl dualgraft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4332 | Axolotl dualgraft, per square centimeter | No | | | McWRAP |
| Q4333 | Ardeograft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4333 | Ardeograft, per square centimeter | No | | | McWRAP |
| Q4339 | Artacent vericlen, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4339 | Artacent vericlen, per square centimeter | No | | | McWRAP |
| Q4341 | Simplimax, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4341 | Simplimax, per square centimeter | No | | | McWRAP |
| Q4342 | Theramend, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4342 | Theramend, per square centimeter | No | | | McWRAP |
| Q4344 | Tri-membrane wrap, per square centimete | Yes | | | ALL (Except McWrap) |
| Q4344 | Tri-membrane wrap, per square centimete | No | | | McWRAP |
| Q4346 | Shelter dm matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4346 | Shelter dm matrix, per square centimeter | No | | | McWRAP |
| Q4347 | Rampart dl matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4347 | Rampart dl matrix, per square centimeter | No | | | McWRAP |
| Q4348 | Sentry sl matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4348 | Sentry sl matrix, per square centimeter | No | | | McWRAP |
| Q4349 | Mantle dl matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4349 | Mantle dl matrix, per square centimeter | No | | | McWRAP |
| Q4350 | Palisade dm matrix, per square centimete | Yes | | | ALL (Except McWrap) |
| Q4350 | Palisade dm matrix, per square centimete | No | | | McWRAP |
| Q4351 | Enclose tl matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4351 | Enclose tl matrix, per square centimeter | No | | | McWRAP |
| Q4352 | Overlay sl matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4352 | Overlay sl matrix, per square centimeter | No | | | McWRAP |
| Q4353 | Xceed tl matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4353 | Xceed tl matrix, per square centimeter | No | | | McWRAP |
| Q4355 | Abiomend xplus membrane and abiomend | Yes | | | ALL (Except McWrap) |
| Q4355 | Abiomend xplus membrane and abiomend | No | | | McWRAP |
| Q4357 | Xwrap plus, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4357 | Xwrap plus, per square centimeter | No | | | McWRAP |
| Q4358 | Xwrap dual, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4358 | Xwrap dual, per square centimeter | No | | | McWRAP |
| Q4359 | Choriply, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4359 | Choriply, per square centimeter | No | | | McWRAP |
| Q4361 | Epixpress, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4361 | Epixpress, per square centimeter | No | | | McWRAP |
| Q4362 | Cygnus disk, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4362 | Cygnus disk, per square centimeter | No | | | McWRAP |
| Q4363 | Amnio burgeon membrane and hydromem | Yes | | | ALL (Except McWrap) |
| Q4363 | Amnio burgeon membrane and hydromem | No | | | McWRAP |
| Q4364 | Amnio burgeon xplus membrane and xplu | Yes | | | ALL (Except McWrap) |
| Q4364 | Amnio burgeon xplus membrane and xplu | No | | | McWRAP |
| Q4365 | Amnio burgeon dual-layer membrane, per | Yes | | | ALL (Except McWrap) |
| Q4365 | Amnio burgeon dual-layer membrane, per | No | | | McWRAP |
| Q4366 | Dual layer amnio burgeon x-membrane, p | Yes | | | ALL (Except McWrap) |
| Q4366 | Dual layer amnio burgeon x-membrane, p | No | | | McWRAP |
| Q4367 | Amniocore sl, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4367 | Amniocore sl, per square centimeter | No | | | McWRAP |
| Q4368 | Amchothick, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4368 | Amchothick, per square centimeter | No | | | McWRAP |
| Q4369 | Amnioplast 3, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4369 | Amnioplast 3, per square centimeter | No | | | McWRAP |
| Q4370 | Aeroguard, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4370 | Aeroguard, per square centimeter | No | | | McWRAP |
| Q4371 | Neoguard, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4371 | Neoguard, per square centimeter | No | | | McWRAP |
| Q4372 | Amchoplast excel, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4372 | Amchoplast excel, per square centimeter | No | | | McWRAP |
| Q4373 | Membrane wrap lite, per square centimete | Yes | | | ALL (Except McWrap) |
| Q4373 | Membrane wrap lite, per square centimete | No | | | McWRAP |
| Q4375 | Duograft ac, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4375 | Duograft ac, per square centimeter | No | | | McWRAP |
| Q4376 | Duograft aa, per square centimeter | Yes | | | ALL (Except McWrap) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4376 | Duograft aa, per square centimeter | No | | | McWRAP |
| Q4377 | Trigraft ft, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4377 | Trigraft ft, per square centimeter | No | | | McWRAP |
| Q4378 | Renew ft matrix, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4378 | Renew ft matrix, per square centimeter | No | | | McWRAP |
| Q4379 | Amniodefend ft matrix, per square centime | Yes | | | ALL (Except McWrap) |
| Q4379 | Amniodefend ft matrix, per square centime | No | | | McWRAP |
| Q4380 | Advograft one, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4380 | Advograft one, per square centimeter | No | | | McWRAP |
| Q4381 | Matrix hd allograft dermis, per square cen | Yes | | | ALL (Except McWrap) |
| Q4381 | Matrix hd allograft dermis, per square cen | No | | | McWRAP |
| Q4382 | Advograft dual, per square centimeter | Yes | | | ALL (Except McWrap) |
| Q4382 | Advograft dual, per square centimeter | No | | | McWRAP |
| Q4398 | Summit ac, per square centimeter (add-or | Yes | | | ALL (Except McWrap) |
| Q4398 | Summit ac, per square centimeter (add-or | No | | | McWRAP |
| Q4399 | Summit fx, per square centimeter (add-on | Yes | | | ALL (Except McWrap) |
| Q4399 | Summit fx, per square centimeter (add-on | No | | | McWRAP |
| Q4400 | Polygon3 membrane, per square centimet | Yes | | | ALL (Except McWrap) |
| Q4400 | Polygon3 membrane, per square centimet | No | | | McWRAP |
| Q4401 | Absolv3 membrane, per square centimete | Yes | | | ALL (Except McWrap) |
| Q4401 | Absolv3 membrane, per square centimete | No | | | McWRAP |
| Q4402 | Xwrap 2.0, per square centimeter (add-on | Yes | | | ALL (Except McWrap) |
| Q4402 | Xwrap 2.0, per square centimeter (add-on | No | | | McWRAP |
| Q4403 | Xwrap dual plus, per square centimeter (a | Yes | | | ALL (Except McWrap) |
| Q4403 | Xwrap dual plus, per square centimeter (a | No | | | McWRAP |
| Q4404 | Xwrap hydro plus, per square centimeter ( | Yes | | | ALL (Except McWrap) |
| Q4404 | Xwrap hydro plus, per square centimeter ( | No | | | McWRAP |
| Q4405 | Xwrap fenestra plus, per square centimete | Yes | | | ALL (Except McWrap) |
| Q4405 | Xwrap fenestra plus, per square centimete | No | | | McWRAP |
| Q4406 | Xwrap fenestra, per square centimeter (ac | Yes | | | ALL (Except McWrap) |
| Q4406 | Xwrap fenestra, per square centimeter (ac | No | | | McWRAP |
| Q4407 | Xwrap tribus, per square centimeter (add- | Yes | | | ALL (Except McWrap) |
| Q4407 | Xwrap tribus, per square centimeter (add- | No | | | McWRAP |
| Q4408 | Xwrap hydro, per square centimeter (add- | Yes | | | ALL (Except McWrap) |
| Q4408 | Xwrap hydro, per square centimeter (add- | No | | | McWRAP |
| Q4409 | Amniomatrixf3x, per square centimeter (a | Yes | | | ALL (Except McWrap) |
| Q4409 | Amniomatrixf3x, per square centimeter (a | No | | | McWRAP |
| Q4410 | Amchomatrixdl, per square centimeter (ac | Yes | | | ALL (Except McWrap) |
| Q4410 | Amchomatrixdl, per square centimeter (ac | No | | | McWRAP |
| Q4411 | Amniomatrixf4x, per square centimeter (a | Yes | | | ALL (Except McWrap) |
| Q4411 | Amniomatrixf4x, per square centimeter (a | No | | | McWRAP |
| Q4412 | Choriofix, per square centimeter (add-on, | Yes | | | ALL (Except McWrap) |
| Q4412 | Choriofix, per square centimeter (add-on, | No | | | McWRAP |
| Q4413 | Cygnus solo, per square centimeter (add- | Yes | | | ALL (Except McWrap) |
| Q4413 | Cygnus solo, per square centimeter (add- | No | | | McWRAP |
| Q4414 | Simplichor, per square centimeter (add-or | Yes | | | ALL (Except McWrap) |
| Q4414 | Simplichor, per square centimeter (add-or | No | | | McWRAP |
| Q4415 | Alexiguard sl-t, per square centimeter (ad | Yes | | | ALL (Except McWrap) |
| Q4415 | Alexiguard sl-t, per square centimeter (ad | No | | | McWRAP |
| Q4416 | Alexiguard tl-t, per square centimeter (adc | Yes | | | ALL (Except McWrap) |
| Q4416 | Alexiguard tl-t, per square centimeter (adc | No | | | McWRAP |
| Q4417 | Alexiguard dl-t, per square centimeter (ad | Yes | | | ALL (Except McWrap) |
| Q4417 | Alexiguard dl-t, per square centimeter (ad | No | | | McWRAP |
| Q4420 | Nuform, per square centimeter (add-on, lis | Yes | | | ALL (Except McWrap) |
| Q4420 | Nuform, per square centimeter (add-on, lis | No | | | McWRAP |
| Q4431 | Pma skin substitute product, not otherwise | Yes | | | ALL (Except McWrap) |
| Q4431 | Pma skin substitute product, not otherwise | No | | | McWRAP |
| Q4432 | 510(k) skin substitute product, not otherwi | Yes | | | ALL (Except McWrap) |
| Q4432 | 510(k) skin substitute product, not otherwi | No | | | McWRAP |
| Q4433 | 361 hct/p skin substitute product, not othe | Yes | | | ALL (Except McWrap) |
| Q4433 | 361 hct/p skin substitute product, not othe | No | | | McWRAP |
| Q5001 | HOSPICE CARE PROVIDED IN PATIENT | Not Covered | INFO | | ALL |
| Q5002 | HOSPICE CARE PROVIDED IN ASSISTE | Not Covered | INFO | | ALL |
| Q5003 | HOSPICE CARE PROVIDED IN NURSING | Not Covered | INFO | | ALL |
| Q5004 | HOSPICE CARE PROVIDED IN SKILLED | Not Covered | INFO | | ALL |
| Q5005 | HOSPICE CARE PROVIDED IN INPATIEN | Not Covered | INFO | | ALL |
| Q5006 | HOSPICE CARE PROVIDED IN INPATIEN | Not Covered | INFO | | ALL |
| Q5007 | HOSPICE CARE PROVIDED IN LONG-TE | Not Covered | INFO | | ALL |
| Q5008 | HOSPICE CARE PROVIDED IN INPATIEN | Not Covered | INFO | | ALL |
| Q5009 | HOSPICE CARE PROVIDED IN A APLAC | Not Covered | INFO | | ALL |
| Q5010 | HOSPICE HOME CARE PROVIDED IN A | Not Covered | INFO | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q5098 | Injection, ustekinumab-srlf (imuldosa), bio | No | * | | ALL (Except MA) |
| Q5098 | Injection, ustekinumab-srlf (imuldosa), bio | Yes | PCM/ExGEN | BPF | MA |
| Q5099 | Injection, ustekinumab-stba (steqeyma), b | No | * | | ALL (Except MA) |
| Q5099 | Injection, ustekinumab-stba (steqeyma), b | Yes | PCM/ExGEN | BPF | MA |
| Q5100 | Injection, ustekinumab-kfce (yesintek), bio | No | | | ALL |
| Q5101 | Injection, filgrastim-sndz, biosimilar, (zarxi | No | | | ALL |
| Q5103 | Injection, infliximab-dyyb, biosimilar, (infle | No | Clinic Administered | | ALL |
| Q5103 | Injection, infliximab-dyyb, biosimilar, (infle | Yes | SPC/ExGEN | | ALL |
| Q5104 | Injection, infliximab-abda, biosimilar, (renf | No | Clinic Administered | | ALL |
| Q5104 | Injection, infliximab-abda, biosimilar, (renf | Yes | SPC/ExGEN | | ALL |
| Q5105 | Injection, epoetin alfa, biosimilar (Retacrit) | No | | | ALL |
| Q5106 | Injection, epoetin alfa, biosimilar (Retacrit) | No | | | ALL |
| Q5107 | Injection, bevacizumab-awwb, biosimilar, | No | | | ALL |
| Q5108 | Injection, pegfilgrastim-jmdb, biosimilar, (f | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| Q5108 | Injection, pegfilgrastim-jmdb, biosimilar, (f | No | | | MCWRAP |
| Q5110 | Injection, filgrastim-aafi, biosimilar, (nivest | No | | | ALL |
| Q5111 | Injection, Pegfilgrastim-cbqv, biosimilar, (u | No | | | ALL |
| Q5112 | Injection, trastuzumab-dttb, biosimilar, (Or | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| Q5112 | Injection, trastuzumab-dttb, biosimilar, (Or | No | | | MCWRAP |
| Q5113 | Injection, trastuzumab-pkrb, biosimilar, (H | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| Q5113 | Injection, trastuzumab-pkrb, biosimilar, (H | No | | | MCWRAP |
| Q5114 | Injection, Trastuzumab-dkst, biosimilar, (C | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| Q5114 | Injection, Trastuzumab-dkst, biosimilar, (C | No | | | MCWRAP |
| Q5115 | Injection, rituximab-abbs, biosimilar, 10 m | No | | | ALL |
| Q5116 | Injection, trastuzumab-qyyp, biosimilar, (tr | No | | | ALL |
| Q5117 | Injection, trastuzumab-anns, biosimilar, (k | No | | | ALL |
| Q5118 | Injection, bevacizumab-bvzr, biosimilar, (Z | No | | | ALL |
| Q5119 | Injection, rituximab-pvvr, biosimilar, (ruxie | No | Clinic Administered | | ALL |
| Q5119 | Injection, rituximab-pvvr, biosimilar, (ruxie | Yes | SPC/ExGEN | | ALL (Except MCWRAP, MA) |
| Q5120 | Injection, pegfilgrastim-bmez, biosimilar, ( | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| Q5120 | Injection, pegfilgrastim-bmez, biosimilar, ( | No | | | MCWRAP |
| Q5121 | Injection, infliximab-axxq, biosimilar, (avsc | Yes | SPC/ExGEN | BPF | ALL (Except McWRAP) |
| Q5121 | Injection, infliximab-axxq, biosimilar, (avsc | No | | | MCWRAP |
| Q5122 | Injection, pegfilgrastim-apgf, biosimilar, (n | No | | | ALL |
| Q5123 | Injection, rituximab-arrx, biosimilar, (riabni | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| Q5123 | Injection, rituximab-arrx, biosimilar, (riabni | No | | | MCWRAP |
| Q5124 | Injection, ranibizumab-nuna, biosimilar, (b | Yes | PCM/ExGEN | | ALL (Except MCWRAP) |
| Q5124 | Injection, ranibizumab-nuna, biosimilar, (b | No | | | MCWRAP |
| Q5125 | Injection, filgrastim-ayow, biosimilar, (relet | No | | | ALL |
| Q5126 | Injection, bevacizumab-maly, biosimilar, (a | Yes | PCM/LINK - see note in Key | BPF | ALL (Except McWRAP) |
| Q5126 | Injection, bevacizumab-maly, biosimilar, (a | No | | | MCWRAP |
| Q5127 | Injection, pegfilgrastim-fpgk (stimufend), b | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| Q5127 | Injection, pegfilgrastim-fpgk (stimufend), b | No | | | MCWRAP |
| Q5128 | Injection, ranibizumab-eqrn (cimerli), biosi | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| Q5128 | Injection, ranibizumab-eqrn (cimerli), biosi | No | | | MCWRAP |
| Q5129 | Injection, bevacizumab-adcd (vegzelma), | Yes | PCM/LINK - see note in Key | BPF | ALL (McWRAP) |
| Q5129 | Injection, bevacizumab-adcd (vegzelma), | No | | | MCWRAP |
| Q5130 | Injection, pegfilgrastim-pbbk (fylnetra), bio | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| Q5130 | Injection, pegfilgrastim-pbbk (fylnetra), bio | No | | | MCWRAP |
| Q5133 | Injection, tocilizumab-bavi (tofidence), bios | Yes | PCM/ExGEN | * | ALL (Except McWrap) |
| Q5133 | Injection, tocilizumab-bavi (tofidence), bios | No | | | MCWRAP |
| Q5134 | Injection, natalizumab-sztn (tyruko), biosin | Yes | PCM/ExGEN | | ALL (Except MA, McWRAP) |
| Q5134 | Injection, natalizumab-sztn (tyruko), biosin | No | | | MA, McWRAP |
| Q5135 | Injection, tocilizumab-aazg (tyenne), biosin | Yes | PCM/ExGEN | * | ALL (Except McWrap) |
| Q5135 | Injection, tocilizumab-aazg (tyenne), biosin | No | | | MCWRAP |
| Q5136 | Injection, denosumab-bbdz (jubbonti/wyos | No | | | ALL |
| Q5137 | Injection, ustekinumab-auub (wezlana), bi | Yes | SPC/ExGEN | | ALL (Except McWRAP) |
| Q5137 | Injection, ustekinumab-auub (wezlana), bi | No | | | MCWRAP |
| Q5138 | Injection, ustekinumab-auub (wezlana), bi | No | | | ALL (Except MA) |
| Q5138 | Injection, ustekinumab-auub (wezlana), bi | Yes | PCM/ExGEN | | MA |
| Q5140 | Injection, adalimumab-fkjp, biosimilar, 1 m | Yes | SPC/ExGEN | | ALL (Except McWRAP) |
| Q5140 | Injection, adalimumab-fkjp, biosimilar, 1 m | No | | | MCWRAP |
| Q5141 | Injection, adalimumab-aaty, biosimilar, 1 m | Yes | SPC/ExGEN | | ALL (Except McWRAP) |
| Q5141 | Injection, adalimumab-aaty, biosimilar, 1 m | No | | | MCWRAP |
| Q5142 | Injection, adalimumab-ryvk biosimilar, 1 m | Yes | SPC/ExGEN | | ALL (Except McWRAP) |
| Q5142 | Injection, adalimumab-ryvk biosimilar, 1 m | No | | | MCWRAP |
| Q5143 | Injection, adalimumab-adbm, biosimilar, 1 | Yes | SPC/ExGEN | | ALL (Except McWRAP) |
| Q5143 | Injection, adalimumab-adbm, biosimilar, 1 | No | | | MCWRAP |
| Q5144 | Injection, adalimumab-aacf (idacio), biosin | Yes | SPC/ExGEN | | ALL (Except McWRAP) |
| Q5144 | Injection, adalimumab-aacf (idacio), biosin | No | | | MCWRAP |
| Q5145 | Injection, adalimumab-afzb (abrilada), bios | Yes | SPC/ExGEN | | ALL (Except McWRAP) |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q5145 | Injection, adalimumab-afzb (abrilada), bios | No | | | MCWRAP |
| Q5146 | Injection, trastuzumab-strf (hercessi), bios | Yes | PCM/ExGEN | BPF | ALL (Except MCWRAP) |
| Q5146 | Injection, trastuzumab-strf (hercessi), bios | No | | | MCWRAP |
| Q5147 | Injection, aflibercept-ayyh (pavblu), biosim | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| Q5147 | Injection, aflibercept-ayyh (pavblu), biosim | No | | | MCWRAP |
| Q5148 | Injection, filgrastim-txid (nypozi), biosimila | No | | | ALL |
| Q5149 | Injection, aflibercept-abzv (enzeevu), bios | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| Q5149 | Injection, aflibercept-abzv (enzeevu), bios | No | | | MCWRAP |
| Q5150 | Injection, aflibercept-mrbb (ahzantive), bio | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| Q5150 | Injection, aflibercept-mrbb (ahzantive), bio | No | | | MCWRAP |
| Q5151 | Injection, eculizumab-aagh (epysqli), biosi | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| Q5151 | Injection, eculizumab-aagh (epysqli), biosi | No | | | MCWRAP |
| Q5152 | Injection, eculizumab-aeeb (bkemv), biosi | Yes | PCM/ExGEN | BPF | ALL (Except McWRAP) |
| Q5152 | Injection, eculizumab-aeeb (bkemv), biosi | No | | | MCWRAP |
| Q5153 | Injection, aflibercept-yszy (opuviz), biosim | Yes | PCM/ExGEN | | ALL (Except McWRAP) |
| Q5153 | Injection, aflibercept-yszy (opuviz), biosim | No | | | MCWRAP |
| Q5154 | Injection, omalizumab-igec (omlyclo), bios | Yes | PCM/ExGEN | | ALL (Except MCWRAP, MA) |
| Q5154 | Injection, omalizumab-igec (omlyclo), bios | No | | | MCWRAP, MA |
| Q5155 | Injection, aflibercept-jbvf (yesafili), biosimi | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| Q5155 | Injection, aflibercept-jbvf (yesafili), biosimi | No | | | MCWRAP |
| Q5156 | Injection, tocilizumab-anoh (avtozma), bio | Yes | PCM/ExGEN | * | ALL (Except McWrap) |
| Q5156 | Injection, tocilizumab-anoh (avtozma), bio | No | | | MCWRAP |
| Q5157 | Injection, denosumab-bmwo (stoboclo/ose | No | | | ALL |
| Q5158 | Injection, denosumab-bnht (bomyntra/con | No | | | ALL |
| Q5159 | Injection, denosumab-dssb (ospomyv/ | No | | | ALL |
| Q5160 | Injection, bevacizumab-nwgd (jobevne), b | Yes | PCM/ExGEN | BPF | ALL (Except McWrap) |
| Q5160 | Injection, bevacizumab-nwgd (jobevne), b | No | | | McWRAP |
| Q9001 | Assessment by department of veterans af | Not Covered | | | ALL |
| Q9002 | Counseling, individual, by department of v | Not Covered | | | ALL |
| Q9003 | Counseling, group, by department of vete | Not Covered | | | ALL |
| Q9004 | Department of veterans affairs whole heal | Not Covered | | | ALL |
| Q9950 | Injection, sulfur hexafluoride lipid microsp | No | | | ALL |
| Q9951 | LOW OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9953 | INJECTION, IRON-BASED MAGNETIC RI | No | | | ALL |
| Q9954 | ORAL MAGNETIC RESONANCE CONTR | No | | | ALL |
| Q9955 | INJECTION, PERFLEXANE LIPID MICRO | No | | | ALL |
| Q9956 | INJECTION, OCTAFLUOROPROPANCE | No | | | ALL |
| Q9957 | INJECTION, PERFLUTREN LIPID MICRO | No | | | ALL |
| Q9958 | HIGH OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9959 | HIGH OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9960 | HIGH OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9961 | HIGH OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9962 | HIGH OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9963 | HIGH OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9964 | HIGH OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9965 | LOW OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9966 | LOW OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9967 | LOW OSMOLAR CONTRAST MATERIAL | No | | | ALL |
| Q9968 | INJECTION, NON-RADIOACTIVE, NON-C | No | | | ALL |
| Q9976 | Injection, Ferric Pyrophosphate Citrate So | No | | | ALL |
| Q9982 | Flutemetamol F18, diagnostic, per study c | No | | | ALL |
| Q9983 | Florbetaben f18, diagnostic, per study dos | No | | | ALL |
| Q9991 | Injection, buprenorphine extended-release (subl | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| Q9991 | Injection, buprenorphine extended-release (subl | No | | | MCWRAP, MA |
| Q9992 | Injection, buprenorphine extended-release (subl | Yes | PCM/ExGEN | | ALL (Except McWrap, MA) |
| Q9992 | Injection, buprenorphine extended-release (subl | No | | | MCWRAP, MA |
| Q9996 | Injection, ustekinumab-ttwe (pyzchiva), su | Yes | SPC/ExGEN | | ALL (Except McWRAP) |
| Q9996 | Injection, ustekinumab-ttwe (pyzchiva), su | No | | | MCWRAP |
| Q9997 | Injection, ustekinumab-ttwe (pyzchiva), int | No | | | ALL |
| Q9998 | Injection, ustekinumab-aekn (selarsdi), 1 r | No | * | | ALL (Except MA) |
| Q9998 | Injection, ustekinumab-aekn (selarsdi), 1 r | Yes | PCM/ExGEN | BPF | MA |
| Q9999 | Injection, ustekinumab-aauz (otulfi), biosir | No | * | | ALL (Except MA) |
| Q9999 | Injection, ustekinumab-aauz (otulfi), biosir | Yes | PCM/ExGEN | BPF | MA |
| R0070 | TRANSPORTATION OF PORTABLE X-RA | Not Covered | | | ALL (Except MA) |
| R0070 | TRANSPORTATION OF PORTABLE X-RA | No | | | MA |
| R0075 | TRANSPORTATION OF PORTABLE X-RA | Not Covered | | | ALL (Except MA) |
| R0075 | TRANSPORTATION OF PORTABLE X-RA | No | | | MA |
| R0076 | TRANSPORTATION OF PORTABLE EKG | Not Covered | | | ALL (Except MA) |
| R0076 | TRANSPORTATION OF PORTABLE EKG | No | | | MA |
| S0012 | BUTORPHANOL TARTRATE, NASAL SP | No | | | ALL |
| S0014 | TACRINE HYDROCHLORIDE, 10 MG | No | | | ALL |
| S0021 | INJECTION, CEFOPERAZONE SODIUM, | No | | | ALL |
| S0023 | INJECTION, CIMETIDINE HYDROCHLOR | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S0034 | INJECTION, OFLOXACIN, 400 MG | No | | | ALL |
| S0040 | INJECTION, TICARCILLIN DISODIUM AN | No | | | ALL |
| S0078 | INJECTION, FOSPHENYTOIN SODIUM, | No | | | ALL |
| S0081 | INJECTION, PIPERACILLIN SODIUM, 50 | No | | | ALL |
| S0088 | IMATINIB INJECTION, 100 MG | No | | | ALL |
| S0090 | SILDENAFIL CITRATE, 25 MG | No | | | ALL |
| S0091 | TEST, GRANISETRON HYDROCHLORID | No | | | ALL |
| S0092 | INJECTION, HYDROMORPHONE HYDR | No | | | ALL |
| S0093 | INJECTION, MORPHINE SULFATE, 500 I | No | | | ALL |
| S0104 | ZIDOVUDINE, ORAL, 100 MG | No | | | ALL |
| S0106 | BUPROPION HCL SUSTAINED RELEASE | No | | | ALL |
| S0108 | MERCAPTOPURINE, ORAL, 50 MG | No | | | ALL |
| S0109 | METHADONE, ORAL, 5 MG | No | | | ALL |
| S0117 | TRETINOIN, TOPICAL, 5 GRAMS | No | | | ALL |
| S0119 | ONDANSETRON, ORAL, 4 MG (FOR CIR | No | | | ALL |
| S0122 | INJECTION, MENOTROPINS 75 IU | Yes | SPC/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| S0122 | INJECTION, MENOTROPINS 75 IU | No | | | MCWRAP, MMP, MA, PRICHO |
| S0126 | INJECTION FOLLITROPIN ALFA, 75 IU | Yes | SPC/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| S0126 | INJECTION FOLLITROPIN ALFA, 75 IU | No | | | MCWRAP, MMP, MA, PRICHO |
| S0128 | INJECTION FOLLITROPIN BETA, 75 IU | Yes | SPC/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| S0128 | INJECTION FOLLITROPIN BETA, 75 IU | No | | | MCWRAP, MMP, MA, PRICHO |
| S0132 | INJECTION, GANIRELIX ACETATE 250 M | Yes | SPC/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| S0132 | INJECTION, GANIRELIX ACETATE 250 M | No | | | MCWRAP, MMP, MA, PRICHO |
| S0136 | CLOZAPINE, 25 MG | No | | | ALL |
| S0137 | DIDANOSINE (DDL), 25 MG | No | | | ALL |
| S0138 | FINASTERIDE, 5 MG | No | | | ALL |
| S0139 | MINOXIDIL, 10 MG | Not Covered | | | ALL |
| S0140 | SAQUINAVIR, 200 MG | No | | | ALL |
| S0142 | COLISTIMETHATE SODIUM, INHALATIO | No | | | ALL |
| S0145 | INJECTION, PEGYLATED INTERFERON | Yes | SPC/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| S0145 | INJECTION, PEGYLATED INTERFERON | No | | | MCWRAP, MMP, MA, PRICHO, CAID |
| S0148 | INJECTION, PEGYLATED INTERFERON | Yes | PCM/ExGEN | | ALL (Except McWrap, Caid, MMP, MA, PRICHO) |
| S0148 | INJECTION, PEGYLATED INTERFERON | No | | | MCWRAP, MMP, MA, PRICHO, CAID |
| S0155 | STERILE DILUTANT FOR EPOPROSTEN | No | | | ALL |
| S0156 | EXEMESTANE, 25 MG | No | | | ALL |
| S0157 | BECAPLERMIN GEL 0.01%, 0.5 GM | No | | | ALL |
| S0160 | DEXTROAMPHETAMINE SULFATE, 5 M | No | | | ALL |
| S0161 | CALCITROL, 0.25 MG | No | | | ALL |
| S0169 | CALCITROL, 0.25 MICROGRAM | No | | | ALL |
| S0170 | ANASTROZOLE, ORAL, 1MG | No | | | ALL |
| S0172 | CHLORAMBUCIL, ORAL, 2MG | No | | | ALL |
| S0174 | DOLASETRON MESYLATE, ORAL 50MG | No | | | ALL |
| S0175 | FLUTAMIDE, ORAL, 125MG | No | | | ALL |
| S0176 | HYDROXYUREA, ORAL, 500MG | No | | | ALL |
| S0177 | LEVAMISOLE HYDROCHLORIDE, ORAL | No | | | ALL |
| S0178 | LOMUSTINE, ORAL, 10MG | No | | | ALL |
| S0179 | MEGESTROL ACETATE, ORAL, 20MG | No | | | ALL |
| S0182 | PROCARBAZINE HYDROCHLORIDE, OR | No | | | ALL |
| S0183 | PROCHLORPERAZINE MALEATE, ORAL | No | | | ALL |
| S0187 | TAMOXIFEN CITRATE, ORAL, 10MG | No | | | ALL |
| S0190 | MIFEPRISTON, ORAL, 200 MG | Yes | * | P | ALL (Except Mcwrap, CAID, PRICHO, PRIQHP) |
| S0190 | MIFEPRISTON, ORAL, 200 MG | No | | | MCWRAP, CAID |
| S0191 | MISOPROSTOL, ORAL, 200 MCG | Yes | * | P | ALL (Except Mcwrap, CAID, PRICHO, PRIQHP) |
| S0191 | MISOPROSTOL, ORAL, 200 MCG | No | | | MCWRAP, CAID |
| S0194 | DIALYSIS/STRESS VITAMIN SUPPLEME | Not Covered | | | ALL |
| S0196 | INJECTABLE POLY-L-LACTIC ACID, RES | Not Covered | | | ALL |
| S0197 | PRENATAL VITAMINS, 30-DAY SUPPLY | Not Covered | | | ALL |
| S0199 | MEDICALLY INDUCED ABORTION BY O | Yes | * | P | ALL (Except Mcwrap, CAID, PRICHO, PRIQHP) |
| S0199 | MEDICALLY INDUCED ABORTION BY O | No | | | MCWRAP, CAID |
| S0201 | PARTIAL HOSPITALIZATION SERVICES | Yes | CBHM | | ALL (Except McWrap/CAID) |
| S0201 | PARTIAL HOSPITALIZATION SERVICES | No | CBHM | | McWRAP/CAID |
| S0207 | PARAMEDIC INTERCEPT, NON-HOSPIT | Not Covered | | | ALL |
| S0208 | PARAMEDIC INTERCEPT, HOSPITAL-BA | Not Covered | | | ALL |
| S0209 | WHEELCHAIR VAN, MILEAGE, PER MIL | Not Covered | | | ALL (Except Caid, MMP, DSNP) |
| S0209 | WHEELCHAIR VAN, MILEAGE, PER MIL | No | | | Caid, MMP, DSNP |
| S0215 | NON-EMERGENCY TRANSPORTATION; | Not covered | | | ALL (Except MA, CAID, MMP, PRICHO, PRIQHP, DSNP) |
| S0215 | NON-EMERGENCY TRANSPORTATION; | No | | | MA, CAID, MMP, DSNP, PRICHO, PRIQHP |
| S0220 | MEDICAL CONFERENCE BY A PHYSICIA | Not Covered | | | ALL |
| S0221 | MEDICAL CONFERENCE BY A PHYSICIA | Not Covered | | | ALL |
| S0250 | COMPREHENSIVE GERIATRIC ASSESS | No | | | ALL |
| S0255 | HOSPICE REFERRAL VISIT (ADVISING I | No | | | ALL |
| S0257 | COUNSELING AND DISCUSSION REGA | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S0260 | HISTORY AND PHYSICAL (OUTPATIENT | Not Covered | | | ALL |
| S0265 | GENETIC COUNSELING, UNDER PHYSI | No | | | ALL |
| S0270 | PHYSICIAN MANAGEMENT OF PATIENT | No | | | ALL |
| S0271 | PHYSICIAN MANAGEMENT OF PATIENT | No | | | ALL |
| S0272 | PHYSICIAN MANAGEMENT OF PATIENT | No | | | ALL |
| S0273 | PHYSICIAN VISIT AT MEMBER'S HOME, | No | | | ALL |
| S0274 | NURSE PRACTIONER VISIT AT MEMBE | No | | | ALL |
| S0280 | MEDICAL HOME PROGRAM, COMPREH | No | | | ALL |
| S0281 | MEDICAL HOME PROGRAM, COMPREH | No | | | ALL |
| S0285 | Colonoscopy consultation performed prior | Not Covered | | | ALL |
| S0302 | COMPLETED EARLY PERIODIC SCREE | No | | | ALL |
| S0310 | HOSPITALIST SERVICES (LIST SEPARA | No | | | ALL |
| S0311 | Comprehensive management and care co | Not Covered | | | ALL |
| S0315 | DISEASE MANAGEMENT PROGRAM; IN | No | | | ALL |
| S0316 | DISEASE MANAGEMENT PROGRAM; FO | No | | | ALL |
| S0317 | DISEASE MANAGEMENT PROGRAM; PE | Yes | | | ALL (Except Mcwrap, PRICHO) |
| S0317 | DISEASE MANAGEMENT PROGRAM; PE | No | | | McWrap, PRICHO |
| S0320 | TELEPHONE CALLS BY A REGISTERED | Not Covered | | | ALL |
| S0340 | LIFESTYLE MODIFICATION PROGRAM F | No | | | ALL |
| S0341 | LIFESTYLE MODIFICATION PROGRAM F | No | | | ALL |
| S0342 | LIFESTYLE MODIFICATION PROGRAM F | No | | | ALL |
| S0353 | Treatment planning and care coordination | Not Covered | INFO | | ALL |
| S0354 | Treatment planning and care coordination | Not Covered | INFO | | ALL |
| S0390 | ROUTINE FOOT CARE; REMOVAL AND/ | No | * | | ALL |
| S0395 | IMPRESSION CASTING OF A FOOT PER | No | | | ALL |
| S0400 | GLOBAL FEE FOR EXTRACORPOREAL | No | | | ALL |
| S0500 | DISPOSABLE CONTACT LENS, PER LEN | No | * | V | ALL |
| S0504 | SINGLE VISION PRESCRIPTION LENS (S | Not Covered | | | ALL |
| S0506 | BIFOCAL VISION PRESCRIPTION LENS | Not Covered | | | ALL |
| S0508 | TRIFOCAL VISION PRESCRIPTION LENS | Not Covered | | | ALL |
| S0510 | NON-PRESCRIPTION LENS (SAFETY, A | Not Covered | | | ALL |
| S0512 | DAILY WEAR SPECIALTY CONTACT LE | No | * | V | ALL |
| S0514 | COLOR CONTACT LENS, PER LENS | Not Covered | | | ALL |
| S0515 | SCLERAL LENS, LIQUID BANDAGE DEV | No | * | | ALL |
| S0516 | SAFETY EYEGLASS FRAMES | Not Covered | | | ALL |
| S0518 | SUNGLASSES FRAMES | Not Covered | | | ALL |
| S0580 | POLYCARBONATE LENS (LIST THIS CO | Not Covered | | | ALL |
| S0581 | NONSTANDARD LENS (LIST THIS CODE | Not Covered | | | ALL |
| S0590 | INTEGRAL LENS SERVICE, MISCELLAN | Not Covered | | | ALL |
| S0592 | COMPREHENSIVE CONTACT LENS EVA | Not Covered | | | ALL |
| S0595 | DISPENSING NEW SPECTACLE LENSES | Not Covered | | | ALL |
| S0596 | Phakic intraocular lens for correction of re | Not Covered | | | ALL |
| S0601 | SCREENING PROCTOSCOPY | No | | | ALL |
| S0610 | ANNUAL GYNECOLOGICAL EXAMINATI | No | | | ALL |
| S0612 | ANNUAL GYNECOLOGICAL EXAMINATI | No | | | ALL |
| S0613 | ANNUAL GYNECOLOGICAL EXAMINATI | No | | | ALL |
| S0618 | AUDIOMETRY FOR HEARING AID EVAL | No | | | ALL |
| S0620 | ROUTINE OPHTHALMOLOGICAL EXAMI | No | | | ALL |
| S0621 | ROUTINE OPHTHALMOLOGICAL EXAMI | No | | | ALL |
| S0622 | PHYSICAL EXAM FOR COLLEGE, NEW | No | | | ALL |
| S0630 | REMOVAL OF SUTURES; BY A PHYSICI | No | | | ALL |
| S0800 | LASER IN SITU KERATOMILEUSIS (LAS | No | | L | ALL (Except MA) |
| S0800 | LASER IN SITU KERATOMILEUSIS (LAS | Not Covered | | | MA |
| S0810 | PHOTOREFRACTIVE KERATECTOMY (P | No | | | ALL |
| S0812 | PHOTOTHERAPEUTIC KERATECTOMY | No | | | ALL |
| S1015 | IV TUBING EXTENSION SET | No | | | ALL |
| S1016 | NON-PVC (POLYVINYL CHLORIDE) INTR | No | | | ALL |
| S1030 | CONTINUOUS NONINVASIVE GLUCOSE | Not Covered | | | ALL |
| S1031 | CONTINUOUS NONINVASIVE GLUCOSE | Not Covered | | | ALL |
| S1034 | Artificial Pancreas Device System (eg, Lov | Not Covered | | | ALL |
| S1035 | Sensor; Invasive (eg, Subcutaneous), Disp | Not Covered | | | ALL |
| S1036 | Transmitter; External, For Use With Artific | Not Covered | | | ALL |
| S1037 | Receiver (Monitor); External, For Use With | Not Covered | | | ALL |
| S1091 | Stent, non-coronary, temporary, with deliv | No | | | ALL |
| S2053 | TRANSPLANTATION OF SMALL INTEST | No | | | ALL |
| S2054 | TRANSPLANTATION OF MULTIVISCERA | No | | | ALL |
| S2055 | HARVESTING OF DONOR MULTIVISCER | No | | | ALL |
| S2060 | LOBAR LUNG TRANSPLANTATION | No | | | ALL |
| S2061 | DONOR LOBECTOMY (LUNG) FOR TRA | No | | | ALL |
| S2065 | SIMULTANEOUS PANCREAS KIDNEY TR | No | | | ALL |
| S2066 | BREAST RECONSTRUCTION WITH GLU | No | | | ALL |
| S2067 | BREAST RECONSTRUCTION OF A SING | No | | | ALL |
| S2068 | BREAST RECONSTRUCTION WITH DEE | No | | | ALL |
| S2070 | CYSTOURETHROSCOPY W/ URETEROS | No | | | ALL |
| S2079 | LAPAROSCOPIC ESOPHAGOMYOTOMY | No | | | ALL |
| S2080 | LASER-ASSISTED UVULOPALATOPLAS | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S2083 | ADJUSTMENT OF GASTRIC BAND DIAM | No | | ABAR | AHL |
| S2083 | ADJUSTMENT OF GASTRIC BAND DIAM | No | | | ALL |
| S2095 | TRANSCATHETER OCCLUSION OR EM( | No | | | ALL |
| S2102 | ISLET CELL TISSUE TRANSPLANT FRO | Not Covered | | | ALL |
| S2103 | ADRENAL TISSUE TRANSPLANT TO BR | Not Covered | | | ALL |
| S2107 | ADOPTTIVE IMMUNOTHERAPY I.E. DEV | Not Covered | | | ALL |
| S2112 | ARTHROSCOPY, KNEE, SURGICAL FOR | Yes | TPC-MSK | | ALL (Except McWRAP) |
| S2112 | ARTHROSCOPY, KNEE, SURGICAL FOR | No | | | MCWRAP |
| S2115 | OSTEOTOMY, PERIACETABULAR, WITH | No | | | ALL |
| S2117 | ARTHROEREISIS, SUBTALAR | Not Covered | | | ALL |
| S2118 | METAL-ON-METAL TOTAL HIP RESURF | Yes | TPC-MSK | | ALL (Except McWRAP) |
| S2118 | METAL-ON-METAL TOTAL HIP RESURF | No | | | MCWRAP |
| S2120 | LOW DENSITY LIPOPROTEIN (LDL) APH | No | | | ALL |
| S2140 | CORD BLOOD HARVESTING FOR TRAN | No | | | ALL |
| S2142 | CORD BLOOD DERIVED STEM CELL FC | No | | | ALL |
| S2150 | BONE MARROW OR BLOOD-DERIVED F | No | | | ALL |
| S2152 | SOLID ORGAN(S), COMPLETE OR SEGI | No | | | ALL |
| S2202 | ECHOSCLEROTHERAPY | Yes | | | ALL (Except MCWRAP) |
| S2202 | ECHOSCLEROTHERAPY | No | | | MCWRAP |
| S2205 | MINIMALLY INVASIVE DIRECT CORONA | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| S2205 | MINIMALLY INVASIVE DIRECT CORONA | No | | | MCWRAP |
| S2206 | MINIMALLY INVASIVE DIRECT CORONA | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| S2206 | MINIMALLY INVASIVE DIRECT CORONA | No | | | MCWRAP |
| S2207 | MINIMALLY INVASIVE DIRECT CORONA | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| S2207 | MINIMALLY INVASIVE DIRECT CORONA | No | | | MCWRAP |
| S2208 | MINIMALLY INVASIVE DIRECT CORONA | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| S2208 | MINIMALLY INVASIVE DIRECT CORONA | No | | | MCWRAP |
| S2209 | MINIMALLY INVASIVE DIRECT CORONA | Yes | TPC-CARDIAC | | ALL (Except McWRAP) |
| S2209 | MINIMALLY INVASIVE DIRECT CORONA | No | | | MCWRAP |
| S2225 | MYRINGOTOMY, LASER-ASSISTED | No | | | ALL |
| S2230 | IMPLANTATION OF MAGNETIC COMPO | No | | | ALL |
| S2235 | IMPLANTATION OF AUDITORY BRAIN S | No | | | ALL |
| S2260 | INDUCED ABORTION, 17 TO 24 WEEKS | Not Covered | | | ALL |
| S2265 | INDUCED ABORTION, 25 TO 28 WEEKS | Not Covered | | | ALL |
| S2266 | INDUSCED ABORTION, 29 TO 31 WEEK | Not Covered | | | ALL |
| S2267 | INDUCED ABORTION, 32 WEEKS OR GI | Not Covered | | | ALL |
| S2300 | ARTHROSCOPY, SHOULDER, SURGICA | Not Covered | | | ALL |
| S2325 | HIP CORE DECOMPRESSION | No | | | ALL |
| S2340 | CHEMODENERVATION OF ABDUCTOR | No | | | ALL |
| S2341 | CHEMODENERVATION OF ADDUCTOR | No | | | ALL |
| S2342 | NASAL ENDOSCOPY FOR POST-OPERA | No | | | ALL |
| S2348 | DECOMPRESSION PROCEDURE, PERC | Yes | TPC-MSK | | ALL (Except McWRAP) |
| S2348 | DECOMPRESSION PROCEDURE, PERC | No | | | MCWRAP |
| S2350 | DISKECTOMY, ANTERIOR, WITH DECO | Yes | TPC-MSK | | ALL (Except McWRAP) |
| S2350 | DISKECTOMY, ANTERIOR, WITH DECO | No | | | MCWRAP |
| S2351 | DISKECTOMY, ANTERIOR, WITH DECO | Yes | TPC-MSK | | ALL (Except McWRAP) |
| S2351 | DISKECTOMY, ANTERIOR, WITH DECO | No | | | MCWRAP |
| S2400 | REPAIR, CONGENITAL DIAPHRAGMATI | No | | | ALL |
| S2401 | REPAIR, URINARY TRACT OBSTRUCTIC | No | | | ALL |
| S2402 | REPAIR, CONGENITAL CYSTIC ADENOI | No | | | ALL |
| S2403 | REPAIR, EXTRALOBAR PULMONARY SI | No | | | ALL |
| S2404 | REPAIR, MYELOMENINGOCELE IN THE | No | | | ALL |
| S2405 | REPAIR OF SACROCOCCYGEAL TERAT | No | | | ALL |
| S2409 | REPAIR, CONGENITAL MALFORMATION | Yes | | | ALL (MCWRAP) |
| S2409 | REPAIR, CONGENITAL MALFORMATION | No | | | MCWRAP |
| S2411 | FETOSCOPIC LASER THERAPY FOR TF | No | | | ALL |
| S2900 | SURGICAL TECHNIQUES REQUIRING U | Not Covered | * | | ALL |
| S3000 | DIABETIC INDICATOR; RETINAL EYE EX | No | | | ALL |
| S3005 | PERFORMANCE MEASUREMENT, EVAL | Not Covered | | | ALL |
| S3600 | STAT LABORATORY REQUEST (SITUAT | Not Covered | | | ALL |
| S3601 | EMERGENCY STAT LABORATORY CHA | Not Covered | | | ALL |
| S3620 | NEWBORN METABOLIC SCREENING PA | No | | | ALL |
| S3630 | EOSINOPHIL COUNT, BLOOD, DIRECT | No | | | ALL |
| S3645 | HIV-1 ANTIBODY TESTING OF ORAL MU | No | | | ALL |
| S3650 | SALIVA TEST, HORMONE LEVEL; DURI | No | | | ALL |
| S3652 | SALIVA TEST, HORMONE LEVEL; TO AS | No | | | ALL |
| S3655 | ANTISPERM ANTIBODIES TEST (IMMUN | No | * | | ALL |
| S3708 | GASTROINTESTINAL FAT ABSORPTION | No | | | ALL |
| S3713 | KRAS MUTATION ANALYSIS TESTING | No | | | ALL |
| S3722 | DOSE OPTIMIZATION BY AREA UNDER | No | | | ALL |
| S3800 | GENETIC TESTING FOR AMYOTROPHIC | Yes | | | ALL (Except MCWRAP) |
| S3800 | GENETIC TESTING FOR AMYOTROPHIC | No | | | MCWRAP |
| S3840 | DNA ANALYSIS FOR GERMLINE MUTAT | Yes | | | ALL (Except MCWRAP) |
| S3840 | DNA ANALYSIS FOR GERMLINE MUTAT | No | | | MCWRAP |
| S3841 | GENETIC TESTING FOR RETINOBLAST | Yes | | | ALL (Except MCWRAP) |
| S3841 | GENETIC TESTING FOR RETINOBLAST | No | | | MCWRAP |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S3842 | GENETIC TESTING FOR VON HIPPEL-L | Yes | | | ALL (Except MCWRAP) |
| S3842 | GENETIC TESTING FOR VON HIPPEL-L | No | | | MCWRAP |
| S3844 | DNA ANALYSIS OF THE CONNEXIN 26 ( | Yes | | | ALL (Except MCWRAP) |
| S3844 | DNA ANALYSIS OF THE CONNEXIN 26 ( | No | | | MCWRAP |
| S3845 | GENETIC TESTING FOR ALPHA-THALA | Yes | | | ALL (Except MCWRAP) |
| S3845 | GENETIC TESTING FOR ALPHA-THALA | No | | | MCWRAP |
| S3846 | GENETIC TESTING FOR HEMOGLOBIN | Yes | | | ALL (Except MCWRAP) |
| S3846 | GENETIC TESTING FOR HEMOGLOBIN | No | | | MCWRAP |
| S3849 | GENETIC TESTING FOR NIEMANN-PICK | Yes | | | ALL (Except MCWRAP) |
| S3849 | GENETIC TESTING FOR NIEMANN-PICK | No | | | MCWRAP |
| S3850 | GENETIC TESTING FOR SICKLE CELL A | Yes | | | ALL (Except MCWRAP) |
| S3850 | GENETIC TESTING FOR SICKLE CELL A | No | | | MCWRAP |
| S3852 | DNA ANALYSIS FOR APOE EPSILON 4 A | Yes | | | ALL (Except MCWRAP) |
| S3852 | DNA ANALYSIS FOR APOE EPSILON 4 A | No | | | MCWRAP |
| S3853 | GENETIC TESTING FOR MYOTOMIC MU | Yes | | | ALL (Except MCWRAP) |
| S3853 | GENETIC TESTING FOR MYOTOMIC MU | No | | | MCWRAP |
| S3854 | GENE EXPRESSION PROFILING PANEL | Yes | | | ALL (Except MCWRAP) |
| S3854 | GENE EXPRESSION PROFILING PANEL | No | | | MCWRAP |
| S3861 | GENETIC TESTING, SODIUM CHANNEL | Yes | | | ALL (Except MCWRAP) |
| S3861 | GENETIC TESTING, SODIUM CHANNEL | No | | | MCWRAP |
| S3865 | COMPREHENSIVE GENE SEQUENCE A | Yes | | | ALL (Except MCWRAP) |
| S3865 | COMPREHENSIVE GENE SEQUENCE A | No | | | MCWRAP |
| S3866 | GENETIC ANALYSIS FOR A SPECIFIC G | Yes | | | ALL (Except MCWRAP) |
| S3866 | GENETIC ANALYSIS FOR A SPECIFIC G | No | | | MCWRAP |
| S3870 | COMPARATIVE GENOMIC HYBRIZATIOI | Yes | | | ALL (Except MCWRAP) |
| S3870 | COMPARATIVE GENOMIC HYBRIZATIOI | No | | | MCWRAP |
| S3900 | SURFACE ELECTROMYOGRAPHY (EMG | No | | | ALL |
| S3902 | BALLISTOCARDIOGRAM | No | | | ALL |
| S3904 | MASTERS TWO STEP | Not Covered | | | ALL |
| S4005 | INTERIM LABOR FACILITY GLOBAL (LAI | No | | | ALL |
| S4011 | IN VITRO FERTILIZATION; INCLUDING E | Not Covered | | | ALL |
| S4013 | COMPLETE CYCLE, GAMETE INTRAFAL | Not Covered | | | ALL |
| S4014 | COMPLETE CYCLE, ZYGOTE INTRAFAL | Not Covered | | | ALL |
| S4015 | COMPLETE IN VITRO FERTILIZATION C | Not Covered | | | ALL |
| S4016 | FROZEN IN VITRO FERTILIZATION CYC | Not Covered | | | ALL |
| S4017 | INCOMPLETE CYCLE, TREATMENT CAI | Not Covered | | | ALL |
| S4018 | FROZEN EMBRYO TRANSFERPROCED | Not Covered | | | ALL |
| S4020 | IN VITRO FERTILIZATION PROCEDURE | Not Covered | | | ALL |
| S4021 | IN VITRO FERTILIZATION PROCEDURE | Not Covered | | | ALL |
| S4022 | ASSISTED OOCYTE FERTILIZATION, CA | Not Covered | | | ALL |
| S4023 | DONOR CYCLE, INCOMPLETE, CASE R | Not Covered | | | ALL |
| S4025 | DONOR SERVICES FOR IN VETRO FER | Not Covered | | | ALL |
| S4026 | PROCUREMENT OF DONOR SPERM FR | Not Covered | | | ALL |
| S4027 | STORAGE OF PREVIOUSLY FROZEN EI | Not Covered | | | ALL |
| S4028 | MICROSURGICAL EPIDIDYMAL SPERM | Not Covered | | | ALL |
| S4030 | SPERM PROCUREMENT AND CRYOPRI | Not Covered | | | ALL |
| S4031 | SPERM PROCUREMENT AND CRYOPRI | Not Covered | | | ALL |
| S4035 | STIMULATED INTRAUTERINE INSEMINA | Not Covered | | | ALL |
| S4037 | CRYOPRESERVED EMBRYO TRANSFEI | Not Covered | | | ALL |
| S4040 | MONITORING AND STORAGE OF CRYO | Not Covered | | | ALL |
| S4042 | MANAGEMENT OF OVULATION INDUCT | Not Covered | | | ALL |
| S4981 | INSERTION OF LEVONORGESTREL-RE | No | | | ALL |
| S4989 | CONTRACEPTIVE INTRAUTERINE DEVI | No | | | ALL |
| S4990 | NICOTINE PATCHES, LEGEND | Not Covered | | | AHL |
| S4990 | NICOTINE PATCHES, LEGEND | No | | | ALL (Except AHL) |
| S4991 | NICOTINE PATCHES, NON-LEGEND | Not Covered | | | AHL |
| S4991 | NICOTINE PATCHES, NON-LEGEND | No | | | ALL (Except AHL) |
| S4993 | CONTRACEPTIVE PILLS FOR BIRTH CO | No | | | ALL |
| S4995 | SMOKING CESSATION GUM | Not Covered | | | AHL |
| S4995 | SMOKING CESSATION GUM | No | | | ALL (Except AHL) |
| S5000 | PRESCRIPTION DRUG, GENERIC | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| S5000 | PRESCRIPTION DRUG, GENERIC | No | | | MCWRAP |
| S5001 | PRESCRIPTION DRUG, BRAND NAME | Yes | PCM/ExGEN | | ALL (Except McWrap) |
| S5001 | PRESCRIPTION DRUG, BRAND NAME | No | | | MCWRAP |
| S5010 | 5% DEXTROSE AND 0.45% NORMAL SA | No | | | ALL |
| S5012 | 5% DEXTROSE WITH POTASSIUM CHL | No | | | ALL |
| S5013 | 5% DEXTROSE/0.45% NORMAL SALINE | No | | | ALL |
| S5014 | 5% DEXTROSE/0.45% NORMAL SALINE | No | | | ALL |
| S5035 | HOME INFUSION THERAPY, ROUTINE S | No | | | ALL |
| S5036 | HOME INFUSION THERAPY, REPAIR OF | No | | | ALL |
| S5100 | DAY CARE SERVICES, ADULT; PER 15 I | Not Covered | | | ALL |
| S5101 | DAY CARE SERVICES, ADULT; PER HAI | Not Covered | | | ALL |
| S5102 | DAY CARE SERVICES, ADULT; PER DIE | Not Covered | | | ALL |
| S5105 | DAY CARE SERVICES, CENTER-BASED | Not Covered | | | ALL |
| S5108 | HOME CARE TRAINING TO HOME CARE | No | | | ALL |
| S5109 | HOME CARE TRAINING TO HOME CARE | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S5110 | HOME CARE TRAINING, FAMILY; PER 1 | Not Covered | | | ALL |
| S5111 | HOME CARE TRAINING, FAMILY; PER S | No | | | ALL |
| S5115 | HOME CARE TRAINING, NON-FAMILY; F | Not Covered | | | ALL |
| S5116 | HOME CARE TRAINING, NON-FAMILY; F | No | | | ALL |
| S5120 | CHORE SERVICES; PER 15 MINUTES | Not Covered | | | ALL |
| S5121 | CHORE SERVICES; PER DIEM | Not Covered | | | ALL |
| S5125 | ATTENDANT CARE SERVICES; PER 15 | Not Covered | | | ALL |
| S5126 | ATTENDANT CARE SERVICES; PER DIE | Not Covered | | | ALL |
| S5130 | HOMEMAKER SERVICE, NOS; PER 15 M | Not Covered | | | ALL |
| S5131 | HOMEMAKER SERVICE, NOS; PER DIEM | Not Covered | | | ALL |
| S5135 | COMPANION CARE, ADULT (E.G. IADL/A | Not Covered | | | ALL |
| S5136 | COMPANION CARE, ADULT (E.G. IADL/A | Not Covered | | | ALL |
| S5140 | FOSTER CARE, ADULT; PER DIEM | Not Covered | | | ALL |
| S5141 | FOSTER CARE, ADULT; PER MONTH | Not Covered | | | ALL |
| S5145 | FOSTER CARE, THERAPEUTIC, CHILD; | Not Covered | | | ALL |
| S5146 | FOSTER CARE, THERAPEUTIC, CHILD; | Not Covered | | | ALL |
| S5150 | UNSKILLED RESPITE CARE, NOT HOSP | Not Covered | | | ALL |
| S5151 | UNSKILLED RESPITE CARE, NOT HOSP | Not Covered | | | ALL |
| S5160 | EMERGENCY RESPONSE SYSTEM; INS | Not Covered | | | ALL |
| S5161 | EMERGENCY RESPONSE SYSTEM; SEI | Not Covered | | | ALL |
| S5162 | EMERGENCY RESPONSE SYSTEM; PU | Not Covered | | | ALL |
| S5165 | HOME MODIFICATIONS; PER SERVICE | Not Covered | | | ALL |
| S5170 | HOME DELIVERED MEALS, INCLUDING | Not Covered | | | ALL |
| S5175 | LAUNDRY SERVICE, EXTERNAL, PROF | Not Covered | | | ALL |
| S5180 | HOME HEALTH RESPIRATORY THERAP | No | | | ALL |
| S5181 | HOME HEALTH RESPIRATORY THERAP | No | | | ALL |
| S5185 | MEDICATION REMINDER SERVICE, NO | Not Covered | | | ALL |
| S5190 | WELLNESS ASSESSMENT, PERFORME | Not Covered | | | ALL |
| S5199 | PERSONAL CARE ITEM, NOS EACH | Not Covered | | | ALL |
| S5497 | HOME INFUSION THERAPY, CATHETER | No | | | ALL |
| S5498 | HOME INFUSION THERAPY, CATHETER | No | | | ALL |
| S5501 | HOME INFUSION THERAPY, CATHETER | No | | | ALL |
| S5502 | HOME INFUSION THERAPY, CATHETER | No | | | ALL |
| S5517 | HOME INFUSION THERAPY, ALL SUPPL | No | | | ALL |
| S5518 | HOME INFUSION THERAPY, ALL SUPPL | No | | | ALL |
| S5520 | HOME INFUSION THERAPY, ALL SUPPL | No | | | ALL |
| S5521 | HOME INFUSION THERAPY, ALL SUPPL | No | | | ALL |
| S5522 | HOME INFUSION THERAPY, INSERTION | No | | | ALL |
| S5523 | HOME INFUSION THERAPY, INSERT MI | No | | | ALL |
| S5550 | INSULIN, RAPID ONSET; 5 UNITS | Not Covered | | | ALL |
| S5551 | INSULIN, MOST RAPID ONSET (LISPRO | Not Covered | | | ALL |
| S5552 | INSULIN, INTERMEDIATE ACTING (NPH | Not Covered | | | ALL |
| S5553 | INSULIN, LONG ACTING; 5 UNITS | Not Covered | | | ALL |
| S8030 | SCLERAL APPLICATION OF TANTALUM | Yes | | | ALL |
| S8035 | MAGNETIC SOURCE IMAGING | No | | | ALL |
| S8037 | MAGNETIC RESONANCE CHOLANGIOP | Yes | | | ALL (Except MCWRAP) |
| S8037 | MAGNETIC RESONANCE CHOLANGIOP | No | | | MCWRAP |
| S8040 | TOPOGRAPHIC BRAIN MAPPING | No | | | ALL |
| S8042 | MAGNETIC RESONANCE IMAGING (MR | Yes | | | ALL (Except MCWRAP) |
| S8042 | MAGNETIC RESONANCE IMAGING (MR | No | | | MCWRAP |
| S8055 | ULTRASOUND GUIDANCE FOR MULTIF | Not Covered | | | ALL |
| S8080 | SCINTIMAMMOGRAPHY (RADIOIMMUNO | Not Covered | | | ALL |
| S8085 | FLUORINE-18 FLUORODEOXYGLUCOS | Not Covered | | | ALL |
| S8092 | ELECTRON BEAM COMPUTED TOMOG | Not Covered | | | ALL |
| S8301 | INFECTION CONTROL SUPPLIES, NOT | Not Covered | | | ALL (Except MA) |
| S8301 | INFECTION CONTROL SUPPLIES, NOT | No | | | MA |
| S8415 | SUPPLIES FOR HOME DELIVERY OF IN | Not Covered | | | ALL |
| S8930 | Electrical stimulation of auricular acupunc | Not Covered | | | ALL |
| S8940 | EQUESTRIAN/HIPPOTHERAPY, PER SE | Not Covered | | | ALL |
| S8948 | APPLICATION OF A MODALITY (REQUIF | Not Covered | | | ALL |
| S8950 | COMPLEX LYMPHEDEMA THERAPY, EA | No | | | ALL |
| S8990 | PHYSICAL OR MANIPULATIVE THERAP | Not Covered | | | ALL |
| S9002 | Intra-vaginal motion sensor system, provic | Not Covered | | | ALL |
| S9007 | ULTRAFILTRATION MONITOR | Not Covered | | | ALL |
| S9024 | PARANASAL SINUS ULTRASOUND | No | | | ALL |
| S9025 | OMNICARDIOGRAM/CARDIOINTEGRAM | No | | | ALL |
| S9034 | EXTRACORPOREAL SHOCKWAVE LITH | No | | | ALL |
| S9055 | PROCUREN OR OTHER GROWTH FACT | Not Covered | | | ALL |
| S9056 | COMA STIMULATION PER DIEM | Not Covered | | | ALL |
| S9061 | HOME ADMINISTRATION OF AEROSOL | No | | | ALL |
| S9083 | GLOBAL FEE URGENT CARE CENTERS | No | | | ALL |
| S9088 | SERVICES PROVIDED IN AN URGENT C | No | | | ALL |
| S9090 | VERTEBRAL AXIAL DECOMPRESSION, | Not Covered | | | ALL |
| S9097 | HOME VISIT FOR WOUND CARE | No | | | ALL |
| S9098 | HOME VISIT, PHOTOTHERAPY SERVIC | No | | | ALL |
| S9110 | Telemonitoring of patient in their home, in | Not Covered | | | ALL |
| S9117 | BACK SCHOOL, PER VISIT | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9122 | HOME HEALTH AIDE OR CERTIFIED NU | Not Covered | | | ALL |
| S9123 | NURSING CARE, IN THE HOME; BY REC | Yes | * | | ALL (Except MCWRAP) |
| S9123 | NURSING CARE, IN THE HOME; BY REC | No | | | MCWRAP |
| S9124 | NURSING CARE, IN THE HOME; BY LICE | Yes | * | | ALL (Except MCWRAP) |
| S9124 | NURSING CARE, IN THE HOME; BY LICE | No | | | MCWRAP |
| S9125 | RESPITE CARE, IN THE HOME, PER DIE | No | | | ALL |
| S9126 | HOSPICE CARE, IN THE HOME, PER DI | No | | | ALL |
| S9127 | SOCIAL WORK VISIT, IN THE HOME, PE | No | | | ALL |
| S9128 | SPEECH THERAPY, IN THE HOME, PER | No | * | | ALL |
| S9129 | OCCUPATIONAL THERAPY, IN THE HOI | No | | | ALL |
| S9131 | PHYSICAL THERAPY; IN THE HOME, PE | No | | | ALL |
| S9140 | DIABETIC MANAGEMENT PROGRAM, F | No | | | ALL |
| S9141 | DIABETIC MANAGEMENT PROGRAM, F | No | | | ALL |
| S9145 | INSULIN PUMP INITIATION, INSTRUCTIC | No | | | ALL |
| S9150 | EVALUATION BY OCULARIST | No | | | ALL |
| S9152 | SPEECH THERAPY, RE-EVALUATION | No | * | | ALL |
| S9208 | HOME MANAGEMENT OF PRETERM LA | No | | | ALL |
| S9209 | HOME MANAGEMENT OF PRETERM PR | No | | | ALL |
| S9211 | HOME MANAGEMENT OF GESTATIONA | No | | | ALL |
| S9212 | HOME MANAGEMENT OF POSTPARTUI | No | | | ALL |
| S9213 | HOME MANAGEMENT OF PREECLAMPS | No | | | ALL |
| S9214 | HOME MANAGEMENT OF GESTATIONA | No | | | ALL |
| S9325 | HOME INFUSION THERAPY, PAIN MANA | No | | | ALL |
| S9326 | HOME INFUSION THERAPY, CONTINUC | No | | | ALL |
| S9327 | HOME INFUSION THERAPY, INTERMITT | No | | | ALL |
| S9328 | HOME INFUSION THERAPY, IMPLANTEI | No | | | ALL |
| S9329 | HOME INFUSION THERAPY, CHEMOTH | No | | | ALL |
| S9330 | HOME INFUSION THERAPY, CONTINUC | No | | | ALL |
| S9331 | HOME INFUSION THERAPY, INTERMITT | No | | | ALL |
| S9335 | HOME THERAPY, HEMODIALYSIS, ADM | No | | | ALL |
| S9336 | HOME INFUSION THERAPY, CONTINUC | No | | | ALL |
| S9338 | HOME INFUSION THERAPY, IMMUNOTH | No | | | ALL |
| S9339 | HOME THERAPY; PERITONEAL DIALYS | No | | | ALL |
| S9340 | HOME THERAPY; ENTERNAL NUTRITIC | No | | | ALL |
| S9341 | HOME THERAPY; ENTERNAL NUTRITIC | No | | | ALL |
| S9342 | HOME THERAPY; ENTERNAL NUTRITIC | No | | | ALL |
| S9343 | HOME THERAPY; ENTERAL NUTRITION | No | | | ALL |
| S9345 | HOME INFUSION THERAPY, ANTI-HEMC | No | | | ALL |
| S9346 | HOME INFUSION THERAPY, ALPHA-1-P | No | | | ALL |
| S9347 | HOME INFUSION THERAPY, UNINTERR | No | | | ALL |
| S9348 | HOME INFUSION THERAPY, SYMPATHC | No | | | ALL |
| S9349 | HOME INFUSION THERAPY, TOCOLYTI | Not Covered | | | ALL |
| S9351 | HOME INFUSION THERAPY, CONTINUC | No | | | ALL |
| S9353 | HOME INFUSION THERAPY, CONTINUC | No | | | ALL |
| S9355 | HOME INFUSION THERAPY, CHELATIOI | No | | | ALL |
| S9357 | HOME INFUSION THERAPY, ENZYME R | No | | | ALL |
| S9359 | HOME INFUSION THERAPY, ANTI-TUMC | No | | | ALL |
| S9361 | HOME INFUSION THERAPY, DIURETIC I | No | | | ALL |
| S9363 | HOME INFUSION THERAPY, ANTI-SPAS | No | | | ALL |
| S9364 | HOME INFUSION THERAPY, TOTAL PAI | No | | | ALL |
| S9365 | HOME INFUSION THERAPY, TOTAL PAI | No | | | ALL |
| S9366 | HOME INFUSION THERAPY, TOTAL PAI | No | | | ALL |
| S9367 | HOME INFUSION THERAPY, TOTAL PAI | No | | | ALL |
| S9368 | HOME INFUSION THERAPY, TOTAL PAI | No | | | ALL |
| S9370 | HOME THERAPY, INTERMITTENT ANTI- | No | | | ALL |
| S9372 | HOME THERAPY; INTERMITTENT ANTIC | No | | | ALL |
| S9373 | HOME INFUSION THERAPY, HYDRATIO | No | | | ALL |
| S9374 | HOME INFUSION THERAPY, HYDRATIO | No | | | ALL |
| S9375 | HOME INFUSION THERAPY, HYDRATIO | No | | | ALL |
| S9376 | HOME INFUSION THERAPY, HYDRATIO | No | | | ALL |
| S9377 | HOME INFUSION THERAPY, HYDRATIO | No | | | ALL |
| S9379 | HOME INFUSION THERAPY, INFUSION T | No | | | ALL |
| S9381 | DELIVERY OR SERVICE TO HIGH RISK | Not Covered | | | ALL |
| S9401 | ANTICOAGULATION CLINIC, INCLUSIVE | No | | | ALL |
| S9430 | PHARMACY COMPOUNDING AND DISP | No | | | ALL |
| S9432 | Medical foods for non-inborn errors of met | Yes | | | ALL (Except MCWRAP) |
| S9432 | Medical foods for non-inborn errors of met | No | | | MCWRAP |
| S9433 | MEDICAL FOOD NUTRITIONALLY COMF | Not Covered | | | ALL |
| S9434 | MODIFIED SOLID FOOD SUPPLEMENTS | Yes | | | ALL |
| S9435 | MEDICAL FOODS FOR INBORN ERROR | Yes | | | ALL |
| S9436 | CHILDBIRTH PREPARATION/LAMAZE C | No | | | ALL |
| S9437 | CHILDBIRTH REFRESHER CLASSES, N | No | | | ALL |
| S9438 | CESAREAN BIRTH CLASSES, NON-PHY | Not Covered | | | ALL |
| S9439 | VBAC (VAGINAL BIRTH AFTER CESARE | Not Covered | | | ALL |
| S9441 | ASTHMA EDUCATION, NON-PHYSICIAN | No | | | ALL |
| S9442 | BIRTHING CLASSES, NON-PHYSICIAN F | No | | | ALL |
| S9443 | LACTATION CLASSES, NON-PHYSICIAN | No | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9444 | PARENTING CLASSES, NON-PHYSICIAN | Not Covered | | | ALL |
| S9445 | PATIENT EDUCATION, NOT OTHERWIS | Not Covered | | | ALL |
| S9446 | PATIENT EDUCATION, NOT OTHERWIS | Not Covered | | | ALL |
| S9447 | INFANT SAFETY (INCLUDING CPR) CLA | Not Covered | | | ALL |
| S9449 | WEIGHT MANAGEMENT CLASSES, NON | Not Covered | | | ALL |
| S9451 | EXERCISE CLASSES, NON-PHYSICIAN | Not Covered | | | ALL |
| S9452 | NUTRITION CLASSES, NON-PHYSICIAN | Not Covered | | | ALL |
| S9453 | SMOKING CESSATION CLASSES, NON- | No | | | ALL |
| S9454 | STRESS MANAGEMENT CLASSES, NON | Not Covered | | | ALL |
| S9455 | DIABETIC MANAGEMENT PROGRAM, G | No | | | ALL |
| S9460 | DIABETIC MANAGEMENT PROGRAM, N | No | | | ALL |
| S9465 | DIABETIC MANAGEMENT PROGRAM, D | No | | | ALL |
| S9470 | NUTRITIONAL COUNSELING, DIETITIAN | No | * | | ALL |
| S9472 | CARDIAC REHABILITATION PROGRAM, | No | | | ALL |
| S9473 | PULMONARY REHABILITATION PROGR | No | | | ALL |
| S9474 | ENTEROSTOMAL THERAPY BY A REGIS | No | | | ALL |
| S9476 | VESTIBULAR REHABILITATION PROGR | No | | | ALL |
| S9482 | FAMILY STABILIZATION SERVICES, PER | Not Covered | | | ALL |
| S9490 | HOME INFUSION THERAPY, CORTICOS | No | | | ALL |
| S9494 | HOME INFUSION THERAPY, ANTIBIOTIC | No | | | ALL |
| S9497 | HOME INFUSION THERAPY, ANTIBIOTIC | No | | | ALL |
| S9500 | HOME INFUSION THERAPY, ANTIBIOTIC | No | | | ALL |
| S9501 | HOME INFUSION THERAPY, ANTIBIOTIC | No | | | ALL |
| S9502 | HOME INFUSION THERAPY, ANTIBIOTIC | No | | | ALL |
| S9503 | HOME INFUSION THERAPY, ANTIBIOTIC | No | | | ALL |
| S9504 | HOME INFUSION THERAPY, ANTIBIOTIC | No | | | ALL |
| S9529 | ROUTINE VENIPUNCTURE FOR COLLEC | Not Covered | | | ALL |
| S9537 | HOME THERAPY; HEMATOPOIETIC HOI | No | | | ALL |
| S9538 | HOME TRANSFUSION OF BLOOD PROD | No | | | ALL |
| S9542 | HOME INJECTABLE THERAPY, NOT OT | Not Covered | | | ALL |
| S9558 | HOME INJECTABLE THERAPY; GROWT | No | | | ALL |
| S9559 | HOME INJECTABLE THERAPY, INTERF | No | | | ALL |
| S9560 | HOME INJECTABLE THERAPY; HORMO | No | | | ALL |
| S9562 | HOME INJECTABLE THERAPY, PALIVIZ | No | | | ALL |
| S9563 | Home injectable therapy, immunotherapy, | No | | | ALL |
| S9590 | HOME THERAPY, IRRIGATION THERAP | No | | | ALL |
| S9810 | HOME THERAPY; PROFESSIONAL PHA | No | | | ALL |
| S9900 | SERVICES BY AUTHORIZED CHRISTIAN | Not Covered | | | ALL |
| S9901 | Services by a journal-listed christian scien | Not Covered | | | ALL |
| S9960 | Ambulance service, conventional air servi | Not Covered | | | ALL |
| S9961 | Ambulance service, conventional air servi | Not Covered | | | ALL |
| S9970 | HEALTH CLUB MEMBERSHIP, ANNUAL | Not Covered | | | ALL |
| S9975 | TRANSPLANT RELATED LODGING, MEA | Not Covered | | | ALL |
| S9976 | LODGING, PER DIEM, NOT OTHERWISE | Not Covered | | | ALL |
| S9977 | MEALS, PER DIEM, NOT OTHERWISE S | Not Covered | | | ALL (Except MA) |
| S9977 | MEALS, PER DIEM, NOT OTHERWISE S | No | | | MA |
| S9981 | MEDICAL RECORDS COPYING FEE, AD | Not Covered | | | ALL |
| S9982 | MEDICAL RECORDS COPYING FEE, PE | Not Covered | | | ALL |
| S9986 | NOT MEDICALLY NECESSARY SERVICE | Not Covered | | | ALL |
| S9988 | SERVICES PROVIDED AS PART OF A P | Not Covered | | | ALL |
| S9989 | SERVICES PROVIDED OUTSIDE OF THE | Not Covered | | | ALL |
| S9990 | SERVICES PROVIDED AS PART OF A P | Not Covered | | | ALL |
| S9991 | SERVICES PROVIDED AS PART OF A P | Not Covered | | | ALL |
| S9992 | TRANSPORTATION COSTS TO AND FR | Not Covered | | | ALL |
| S9994 | LODGING COSTS (E.G. HOTEL CHARGE | Not Covered | | | ALL |
| S9996 | MEALS FOR CLINICAL TRIAL PARTICIPA | Not Covered | | | ALL |
| S9999 | SALES TAX | Not Covered | | | ALL |
| T1000 | PRIVATE DUTY/ INDEPENDENT NURSIN | Not Covered | | | ALL |
| T1001 | NURSING ASSESSMENT/EVALUATION | Not Covered | | | ALL |
| T1002 | RN SERVICES, UP TO 15 MINUTES | Not Covered | | | ALL |
| T1003 | LPN/LVN SERVICES UP TO 15 MINUTES | Not Covered | | | ALL |
| T1004 | SERVICES OF A QUALIFIED NURSING A | Not Covered | | | ALL |
| T1005 | RESPITE CARE SERVICES, UP TO 15 M | Not Covered | | | ALL |
| T1006 | ALCOHOL AND/OR SUBSTANCE ABUSE | Not Covered | | | ALL |
| T1007 | ALCOHOL AND/OR SUBSTANCE ABUSE | Not Covered | | | ALL |
| T1009 | CHILD SITTING SERVICES FOR CHILDR | Not Covered | | | ALL |
| T1010 | MEALS FOR INDIVIDUALS RECEIVING A | Not Covered | | | ALL |
| T1012 | ALCOHOL AND/OR SUBSTANCE ABUSE | Not Covered | | | ALL |
| T1013 | SIGN LANGUAGE OR ORAL INTERPRET | Not Covered | | | ALL |
| T1014 | TELEHEALTH TRANSMISSION, PER MIN | Not Covered | | | ALL |
| T1015 | CLINIC VISIT/ENCOUNTER, ALL INCLUS | Not Covered | | | ALL |
| T1016 | CASE MANAGEMENT, EACH 15 MINUTE | Not Covered | | | ALL |
| T1017 | TARGETED CASE MANAGEMENT, EACH | Not Covered | | | ALL |
| T1018 | SCHOOL-BASED INDIVIDUALIZED EDUC | Not Covered | | | ALL |
| T1019 | PERSONAL CARE SERVICES, PER 15 M | Not Covered | | | ALL |
| T1020 | PERSONAL CARE SERVICES, PER DIEM | Not Covered | | | ALL |
| T1021 | HOME HEALTH AIDE OR CERTIFIED NU | Not Covered | | | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| T1022 | CONTRACTED HOME HEALTH AGENC | Not Covered | | | ALL |
| T1023 | SCREENING TO DETERMINE THE APPF | Not Covered | | | ALL |
| T1024 | EVALUATION AND TREATMENT BY AN | Not Covered | | | ALL |
| T1025 | INTENSIVE, EXTENDED MULTIDISCIPLI | Not Covered | | | ALL |
| T1026 | INTENSIVE, EXTENDED MULTIDISCIPLI | Not Covered | | | ALL |
| T1027 | FAMILY TRAINING AND COUNSELING F | Not Covered | | | ALL |
| T1028 | ASSESSMENT OF HOME, PHYSICAL AN | Not Covered | | | ALL |
| T1029 | COMPREHENSIVE ENVIRONMENT LEA | Not Covered | | | ALL |
| T1030 | NURSING CARE, IN THE HOME, BY REC | Not Covered | | | ALL |
| T1031 | NURSING CARE, IN THE HOME, BY LICE | Not Covered | | | ALL |
| T1032 | Services performed by a doula birth worke | Not covered | | | ALL |
| T1033 | Services performed by a doula birth worke | Not covered | | | ALL |
| T1040 | Medicaid certified community behavioral h | Not Covered | | | ALL |
| T1041 | Medicaid certified community behavioral h | Not Covered | | | ALL |
| T1502 | ADMINISTRATION OF ORAL, INTRAMUS | Not Covered | | | ALL |
| T1503 | ADMINISTRATION OF MEDICATION, OT | Not Covered | | | ALL |
| T1999 | MISCELLANEOUS THERAPEUTIC ITEMS | Yes | | | ALL (Except MCWRAP) |
| T1999 | MISCELLANEOUS THERAPEUTIC ITEMS | No | | | MCWRAP |
| T2001 | NON- EMERGENCY TRANSPORTATION | Not Covered | | | ALL |
| T2002 | NON-EMERGENCY TRANSPORTATION; | Not Covered | | | ALL |
| T2003 | NON-EMERGENCY TRANSPORTATION; | Not Covered | | | ALL |
| T2004 | NON-EMERGENCY TRANSPORT; COMM | Not Covered | | | ALL |
| T2005 | NON-EMERGENCY TRANSPORTATION; | Not Covered | | | ALL |
| T2007 | TRANSPORTATION WAITING TIME, AIR | Not Covered | | | ALL |
| T2010 | PREADMISSION SCREENING AND RES | Not Covered | | | ALL |
| T2011 | PREADMISSION SCREENING AND RES | Not Covered | | | ALL |
| T2012 | HABILITATION, EDUCATIONAL, WAIVER | Not Covered | | | ALL |
| T2013 | HABILITATION, EDUCATIONAL, WAIVER | Not Covered | | | ALL |
| T2014 | HABILITATION, PREVOCATIONAL, WAI | Not Covered | | | ALL |
| T2015 | HABILITATION, PREVOCATIONAL, WAI | Not Covered | | | ALL |
| T2016 | HABILITATION, RESIDENTIAL, WAIVER; | Not Covered | | | ALL |
| T2017 | HABILITATION, RESIDENTIAL, WAIVER; | Not Covered | | | ALL |
| T2018 | HABILITATION, SUPPORTED EMPLOYM | Not Covered | | | ALL |
| T2019 | HABILITATION, SUPPORTED EMPLOYM | Not Covered | | | ALL |
| T2020 | DAY HABILITATION, WAIVER; PER DIEM | Not Covered | | | ALL |
| T2021 | ASSISTED LIVING; WAIVER, PER DIEM | Not Covered | | | ALL |
| T2022 | CASE MANAGEMENT; PER MONTH | Not Covered | | | ALL |
| T2023 | TARGETED CASE MANAGEMENT; PER | Not Covered | | | ALL |
| T2024 | SERVICE ASSESSMENT/PLAN OF CARE | Not Covered | | | ALL |
| T2025 | WAIVER SERVICES; NOT OTHERWISE | Not Covered | | | ALL |
| T2026 | SPECIALIZED CHILDCARE, WAIVER; PE | Not Covered | | | ALL |
| T2027 | SPECIALIZED CHILDCARE, WAIVER; PE | Not Covered | | | ALL |
| T2028 | SPECIALIZED SUPPLY, NOT OTHERWIS | Not Covered | | | ALL |
| T2029 | SPECIALIZED MEDICAL EQUIPMENT, N | Not Covered | | | ALL |
| T2030 | ASSISTED LIVING, WAIVER; PER MONT | Not Covered | | | ALL |
| T2031 | ASSISTED LIVING, WAIVER; PER DIEM | Not Covered | | | ALL |
| T2032 | RESIDENTIAL CARE, NOT OTHERWISE | Not Covered | | | ALL |
| T2033 | RESIDENTIAL CARE, NOT OTHERWISE | Not Covered | | | ALL |
| T2034 | CRISIS INTERVENTION, WAIVER; PER D | Not Covered | | | ALL |
| T2035 | UTILITY SERVICES TO SUPPORT MEDI | Not Covered | | | ALL |
| T2036 | THERAPEUTIC CAMPING, OVERNIGHT, | Not Covered | | | ALL |
| T2037 | THERAPEUTIC CAMPING, DAY, WAIVER | Not Covered | | | ALL |
| T2038 | COMMUNITY TRANSITION, WAIVER; PE | Not Covered | | | ALL |
| T2039 | VEHICLE MODIFICATIONS, WAIVER; PE | Not Covered | | | ALL |
| T2040 | FINANCIAL MANAGEMENT, SELF-DIREC | Not Covered | | | ALL |
| T2041 | SUPPORTS BROKERAGE, SELF-DIREC | Not Covered | | | ALL |
| T2042 | HOSPICE ROUTINE HOME CARE, PER D | Not Covered | | | ALL |
| T2043 | HOSPICE CONTINUOUS HOME CARE, F | Not Covered | | | ALL |
| T2044 | HOSPICE INPATIENT RESPITE CARE; P | Not Covered | | | ALL |
| T2045 | HOSPICE GENERAL INPATIENT CARE; | Not Covered | | | ALL |
| T2046 | HOSPICE LONG TERM CARE, R&B ONL | Not Covered | | | ALL |
| T2047 | Habilitation, prevocational, waiver; per 15 | Not Covered | | | ALL |
| T2048 | BEHAVIORAL HEALTH; LONG-TERM CA | Not Covered | | | ALL |
| T2049 | NON-EMERGENCY TRANSPORTATION; | Not Covered | | | ALL |
| T2050 | Financial management, self-directed, waiv | Not Covered | | | ALL |
| T2051 | Supports brokerage, self-directed, waiver; | Not Covered | | | ALL |
| T2101 | HUMAN BREAST MILK PROCESSING, S | Not Covered | | | ALL |
| T4544 | Adult sized disposable incontinence produ | Not Covered | | | ALL |
| U0001 | Cdc 2019 novel coronavirus (2019-ncov) r | No | | | ALL |
| U0002 | SARS-CoV-2/2019-nCoV (COVID-19) | No | | | ALL |
| U0003 | Infectious agent detection by nucleic acid | No | | | ALL |
| U0004 | 2019-nCoV Coronavirus, SARS-CoV-2/20 | No | | | ALL |
| U0005 | Infectious agent detection by nucleic acid | No | | | ALL |
| V2020 | FRAMES, PURCHASES | No | * | V | ALL |
| V2025 | DELUXE FRAME | No | * | V | ALL |
| V2100 | SPHERE, SINGLE VISION, PLANO TO PI | No | * | V | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| V2101 | SPHERE, SINGLE VISION, PLUS OR MIN | No | | V | ALL |
| V2102 | SPHERE, SINGLE VISION, PLUS OR MIN | No | | V | ALL |
| V2103 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2104 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2105 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2106 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2107 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2108 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2109 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2110 | SPEROCYLINDER, SINGLE VISION, PLU | No | | V | ALL |
| V2111 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2112 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2113 | SPHEROCYLINDER, SINGLE VISION, PL | No | | V | ALL |
| V2114 | SPHEROCYLINDER, SINGLE VISION, SF | No | | V | ALL |
| V2115 | LENTICULAR, (MYODISC), PER LENS, S | No | | V | ALL |
| V2118 | ANISEIKONIC LENS, SINGLE VISION | No | | V | ALL |
| V2121 | LENTICULAR LENS, PER LENS, SINGLE | No | | V | ALL |
| V2199 | NOT OTHERWISE CLASSIFIED, SINGLE | No | * | | ALL |
| V2200 | SPHERE, BIFOCAL, PLANO TO PLUS OI | No | * | V | ALL |
| V2201 | SPHERE, BIFOCAL, PLUS OR MINUS 4. | No | | V | ALL |
| V2202 | SPHERE, BIFOCAL, PLUS OR MINUS 7. | No | | V | ALL |
| V2203 | SPHEROCYLINDER, BIFOCAL, PLANO T | No | | V | ALL |
| V2204 | SPHEROCYLINDER, BIFOCAL, PLANO T | No | | V | ALL |
| V2205 | SPHEROCYLINDER, BIFOCAL, PLANO T | No | | V | ALL |
| V2206 | SPHEROCYLINDER, BIFOCAL, PLANO T | No | | V | ALL |
| V2207 | SPHEROCYLINDER, BIFOCAL, PLUS OF | No | | V | ALL |
| V2208 | SPHEROCYLINDER, BIFOCAL, PLUS OF | No | | V | ALL |
| V2209 | SPHEROCYLINDER, BIFOCAL, PLUS OF | No | | V | ALL |
| V2210 | SPHEROCYLINDER, BIFOCAL, PLUS OF | No | | V | ALL |
| V2211 | SPHEROCYLINDER, BIFOCAL, PLUS OF | No | | V | ALL |
| V2212 | SPHEROCYLINDER, BIFOCAL, PLUS OF | No | | V | ALL |
| V2213 | SPHEROCYLINDER, BIFOCAL, PLUS OF | No | | V | ALL |
| V2214 | SPHEROCYLINDER, BIFOCAL, SPHERE | No | | V | ALL |
| V2215 | LENTICULAR (MYODISC), PER LENS, BI | No | | V | ALL |
| V2218 | ANISEIKONIC, PER LENS, BIFOCAL | No | | V | ALL |
| V2219 | BIFOCAL SEG WIDTH OVER 28MM | No | | V | ALL |
| V2220 | BIFOCAL ADD OVER 3.25D | No | | V | ALL |
| V2221 | LENTICULAR LENS, PER LENS, BIFOCA | No | | V | ALL |
| V2299 | SPECIALTY BIFOCAL (BY REPORT) | No | | V | ALL |
| V2300 | SPHERE, TRIFOCAL, PLANO TO PLUS ( | No | | V | ALL |
| V2301 | SPHERE, TRIFOCAL, PLUS OR MINUS 4 | No | | V | ALL |
| V2302 | SPHERE, TRIFOCAL, PLUS OR MINUS 7 | No | | V | ALL |
| V2303 | SPHEROCYLINDER, TRIFOCAL, PLANO | No | | V | ALL |
| V2304 | SPHEROCYLINDER, TRIFOCAL, PLANO | No | | V | ALL |
| V2305 | SPHEROCYLINDER, TRIFOCAL, PLANO | No | | V | ALL |
| V2306 | SPHEROCYLINDER, TRIFOCAL, PLANO | No | | V | ALL |
| V2307 | SPHEROCYLINDER, TRIFOCAL, PLUS ( | No | | V | ALL |
| V2308 | SPHEROCYLINDER, TRIFOCAL, PLUS ( | No | | V | ALL |
| V2309 | SPHEROCYLINDER, TRIFOCAL, PLUS ( | No | | V | ALL |
| V2310 | SPHEROCYLINDER, TRIFOCAL, PLUS ( | No | | V | ALL |
| V2311 | SPHEROCYLINDER, TRIFOCAL, PLUS ( | No | | V | ALL |
| V2312 | SPHEROCYLINDER, TRIFOCAL, PLUS ( | No | | V | ALL |
| V2313 | SPHEROCYLINDER, TRIFOCAL, PLUS ( | No | | V | ALL |
| V2314 | SPHEROCYLINDER, TRIFOCAL, SPHER | No | | V | ALL |
| V2315 | LENTICULAR, (MYODISC), PER LENS, T | No | | V | ALL |
| V2318 | ANISEIKONIC LENS, TRIFOCAL | No | | V | ALL |
| V2319 | TRIFOCAL SEG WIDTH OVER 28 MM | No | | V | ALL |
| V2320 | TRIFOCAL ADD OVER 3.25D | No | | V | ALL |
| V2321 | LENTICULAR LENS, PER LENS, TRIFOC | No | | V | ALL |
| V2399 | SPECIALTY TRIFOCAL (BY REPORT) | No | | V | ALL |
| V2410 | VARIABLE ASPHERICITY LENS, SINGLE | No | | V | ALL |
| V2430 | VARIABLE ASPHERICITY LENS, BIFOCA | No | | V | ALL |
| V2499 | VARIABLE SPHERICITY LENS, OTHER T | No | | V | ALL |
| V2500 | CONTACT LENS, PMMA, SPHERICAL, P | No | * | V | ALL |
| V2501 | CONTACT LENS, PMMA, TORIC OR PRI | No | * | V | ALL |
| V2502 | CONTACT LENS PMMA, BIFOCAL, PER | No | * | V | ALL |
| V2503 | CONTACT LENS PMMA, COLOR VISION | No | * | V | ALL |
| V2510 | CONTACT LENS, GAS PERMEABLE, SP | No | * | V | ALL |
| V2511 | CONTACT LENS, GAS PERMEABLE, TO | No | * | V | ALL |
| V2512 | CONTACT LENS, GAS PERMEABLE, BIF | No | * | V | ALL |
| V2513 | CONTACT LENS, GAS PERMEABLE, EX | No | * | V | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| V2520 | CONTACT LENS HYDROPHILIC, SPHER | No | * | | ALL |
| V2521 | CONTACT LENS HYDROPHILIC, TORIC, | No | * | | ALL |
| V2522 | CONTACT LENS HYDROPHILLIC, BIFOC | No | * | | ALL |
| V2523 | CONTACT LENS HYDROPHILIC, EXTEN | No | * | | ALL |
| V2524 | Contact lens, hydrophilic, spherical, photo | No | | V | ALL |
| V2525 | Contact lens, hydrophilic, dual focus, per l | No | | | ALL |
| V2526 | Contact lens, hydrophilic, with blue-violet f | No | | | ALL |
| V2530 | CONTACT LENS, SCLERAL, GAS IMPER | No | * | | ALL |
| V2531 | CONTACT LENS, SCLERAL, GAS PERM | No | * | | ALL |
| V2599 | CONTACT LENS, OTHER TYPE | No | * | V | ALL |
| V2600 | HAND HELD LOW VISION AIDS AND OT | Not Covered | | | ALL |
| V2610 | SINGLE LENS SPECTACLE MOUNTED L | Not Covered | | | ALL |
| V2615 | TELESCOPIC AND OTHER COMPOUND | Not Covered | | | ALL |
| V2623 | PROSTHETIC EYE, PLASTIC, CUSTOM | No | | | ALL |
| V2624 | POLISHING/RESURFACING OF OCULAR | No | | | ALL |
| V2625 | ENLARGEMENT OF OCULAR PROSTHE | No | | | ALL |
| V2626 | REDUCTION OF OCULAR PROSTHESIS | No | | | ALL |
| V2627 | SCLERAL COVER SHELL | No | | | ALL |
| V2628 | FABRICATION AND FITTING OF OCULA | No | | | ALL |
| V2629 | PROSTHETIC EYE, OTHER TYPE | No | | | ALL |
| V2630 | ANTERIOR CHAMBER INTRAOCULAR L | No | | | ALL |
| V2631 | IRIS SUPPORTED INTRAOCULAR LENS | No | | | ALL |
| V2632 | POSTERIOR CHAMBER INTRAOCULAR | No | | | ALL |
| V2700 | BALANCE LENS, PER LENS | No | | | ALL |
| V2702 | DELUXE LENS FEATURE | No | * | | ALL |
| V2710 | SLAB OFF PRISM, GLASS OR PLASTIC, | No | | V | ALL |
| V2715 | PRISM, PER LENS | No | | V | ALL |
| V2718 | PRESS-ON LENS, FRESNELL PRISM, PI | No | | V | ALL |
| V2730 | SPECIAL BASE CURVE, GLASS OR PLA | No | | V | ALL |
| V2744 | TINT, PHOTOCHROMATIC, PER LENS | No | * | | ALL |
| V2745 | ADDITION TO LENS, TINT, ANY COLOR, | No | * | | ALL |
| V2750 | ANTI-REFLECTIVE COATING, PER LENS | No | * | | ALL |
| V2755 | U-V LENS, PER LENS | No | * | | ALL |
| V2756 | EYE GLASS CASE | Not Covered | | | ALL |
| V2760 | SCRATCH RESISTANT COATING, PER L | No | * | V | ALL |
| V2761 | MIRROR COATING, ANY TYPE, SOLID, C | No | * | | ALL |
| V2762 | POLARIZATION, ANY LENS MATERAL, F | No | * | | ALL |
| V2770 | OCCLUDER LENS, PER LENS | No | | | ALL |
| V2780 | OVERSIZE LENS, PER LENS | No | * | | ALL |
| V2781 | PROGRESSIVE LENS, PER LENS | No | * | | ALL |
| V2782 | LENS, INDEX 1.54 TO 1.65 PLASTIC OR | No | | V | ALL |
| V2783 | LENS, INDEX GREATER THAN OR EQUA | No | * | V | ALL |
| V2784 | LENS, POLYCARBONATE OR EQUAL, A | No | * | | ALL |
| V2785 | PROCESSING, PRESERVING AND TRAN | No | | | ALL |
| V2786 | SPECIALTY OCCUPATIONAL MULTIFOC | Not Covered | | | ALL |
| V2787 | ASTIGMATISM CORRECTING FUNCTIOI | Not Covered | | | ALL |
| V2788 | PRESBYOPIA CORRECTING FUNCTION | Not Covered | | | ALL |
| V2790 | AMNIOTIC MEMBRANE FOR SURGICAL | No | | | ALL |
| V2797 | VISION SUPPLY, ACCESSORY AND/OR | Not Covered | | | ALL |
| V2799 | VISION SERVICE, MISCELLANEOUS | No | * | | ALL |
| V5008 | HEARING SCREENING | No | | | ALL |
| V5010 | ASSESSMENT FOR HEARING AID | No | NationsHearing | H | ALL |
| V5011 | FITTING/ORIENTATION/CHECKING OF H | No | NationsHearing | H | ALL |
| V5014 | REPAIR/MODIFICATION OF A HEARING | No | NationsHearing | H | ALL |
| V5020 | CONFORMITY EVALUATION | No | NationsHearing | H | ALL |
| V5030 | HEARING AID, MONAURAL, BODY WOR | No | NationsHearing | H | ALL |
| V5040 | HEARING AID, MONAURAL, BODY WOR | No | NationsHearing | H | ALL |
| V5050 | HEARING AID, MONAURAL, IN THE EAR | Not Covered | NationsHearing | | ALL |
| V5060 | HEARING AID, MONAURAL, BEHIND TH | Not Covered | NationsHearing | | ALL |
| V5070 | GLASSES, AIR CONDUCTION | Not Covered | | | ALL |
| V5080 | GLASSES, BONE CONDUCTION | Not Covered | | | ALL |
| V5090 | DISPENSING FEE, UNSPECIFIED HEAR | Not Covered | | | ALL |
| V5095 | SEMI-IMPLANT MIDDLE EAR HEARING I | No | | | ALL |
| V5100 | HEARING AID, BILATERAL, BODY WORI | Not Covered | NationsHearing | | ALL |
| V5110 | DISPENSING FEE, BILATERAL | Not Covered | NationsHearing | | ALL |
| V5120 | BINAURAL, BODY | Not Covered | NationsHearing | | ALL |
| V5130 | BINAURAL, IN THE EAR | No | NationsHearing | H | ALL |
| V5140 | BINAURAL, BEHIND EAR | No | NationsHearing | H | ALL |
| V5150 | BINAURAL, GLASSES | No | NationsHearing | H | ALL |
| V5160 | DISPENSING FEE, BINAURAL | Not Covered | NationsHearing | | ALL |
| V5171 | Hearing aid, contralateral routing device, r | No | NationsHearing | | ALL |
| V5172 | Hearing aid, contralateral routing device, r | No | NationsHearing | | ALL |
| V5181 | Hearing aid, contralateral routing device, r | No | NationsHearing | H | ALL |

| Services that require Prior Authorization List | | | | | |
|---|---|---|---|---|---|
| Code | Description | Prior Auth Required | Key | Rider Requirement | Product Lines |
| V5190 | HEARING AID, CROS, GLASSES | Not Covered | NationsHearing | | ALL |
| V5200 | DISPENSING FEE, CROS | Not Covered | NationsHearing | | ALL |
| V5211 | Hearing aid, contralateral routing system, | No | NationsHearing | H | ALL |
| V5212 | Hearing aid, contralateral routing system, | No | NationsHearing | H | ALL |
| V5213 | Hearing aid, contralateral routing system, | No | NationsHearing | H | ALL |
| V5214 | Hearing aid, contralateral routing system, | No | NationsHearing | H | ALL |
| V5215 | Hearing aid, contralateral routing system, | No | NationsHearing | H | ALL |
| V5221 | Hearing aid, contralateral routing system, | No | NationsHearing | H | ALL |
| V5230 | HEARING AID, BICROS, GLASSES | Not Covered | NationsHearing | | ALL |
| V5240 | DISPENSING FEE BICROS | Not Covered | NationsHearing | | ALL |
| V5241 | DISPENSING FEE, MONAURAL HEARIN | Not Covered | NationsHearing | | ALL |
| V5242 | HEARING AID, ANALOG, MONAURAL, C | Not Covered | NationsHearing | | ALL |
| V5243 | HEARING AID, ANALOG, MONAURAL, IT | Not Covered | NationsHearing | | ALL |
| V5244 | HEARING AID, DIGITALLY PROGRAMMA | Not Covered | NationsHearing | | ALL |
| V5245 | HEARING AID, DIGITALLY PROGRAMMA | Not Covered | NationsHearing | | ALL |
| V5246 | HEARING AID, DIGITALLY PROGRAMMA | Not Covered | NationsHearing | | ALL |
| V5247 | HEARING AID, DIGITALLY PROGRAMMA | Not Covered | NationsHearing | | ALL |
| V5248 | HEARING AID, ANALOG, BINAURAL, CIC | Not Covered | NationsHearing | | ALL |
| V5249 | HEARING AID, ANALOG, BINAURAL, ITC | Not Covered | NationsHearing | | ALL |
| V5250 | HEARING AID, DIGITALLY, PROGRAMM | Not Covered | NationsHearing | | ALL |
| V5251 | HEARING AID, DIGITALLY, PROGRAMM | Not Covered | NationsHearing | | ALL |
| V5252 | HEARING AID, DIGITALLY, PROGRAMM | Not Covered | NationsHearing | | ALL |
| V5253 | HEARING AID, DIGITALLY, PROGRAMM | Not Covered | NationsHearing | | ALL |
| V5254 | HEARING AID, DIGITAL, MONAURAL, CI | Not Covered | NationsHearing | | ALL |
| V5255 | HEARING AID, DIGITAL, MONAURAL, IT | No | NationsHearing | H | ALL |
| V5256 | HEARING AID, DIGITAL, MONAURAL, IT | No | NationsHearing | H | ALL |
| V5257 | HEARING AID, DIGITAL, MONAURAL, BT | No | NationsHearing | H | ALL |
| V5258 | HEARING AID, DIGITAL, BINAURAL, CIC | Not Covered | NationsHearing | H | ALL |
| V5259 | HEARING AID, DIGITAL, BINAURAL, ITC | No | NationsHearing | H | ALL |
| V5260 | HEARING AID, DIGITAL, BINAURAL, ITE | No | NationsHearing | H | ALL |
| V5261 | HEARING AID, DIGITAL, BINAURAL, BTE | No | NationsHearing | H | ALL |
| V5262 | HEARING AID, DISPOSABLE, ANY TYPE | Not Covered | NationsHearing | | ALL |
| V5263 | HEARING AID, DISPOSABLE, ANY TYPE | Not Covered | NationsHearing | | ALL |
| V5264 | EAR MOLD/INSERT, NOT DISPOSABLE, | No | NationsHearing | H | ALL |
| V5265 | EAR MOLD/INSERT, DISPOSABLE, ANY | Not Covered | NationsHearing | | ALL |
| V5266 | BATTERY FOR USE IN HEARING DEVIC | Not Covered | NationsHearing | | ALL |
| V5267 | HEARING AID SUPPLIES/ ACESSORIES | Not Covered | NationsHearing | | ALL |
| V5268 | ASSISTIVE LISTENING DEVICE, TELEPH | Not Covered | | | ALL |
| V5269 | ASSISTIVE LISTENING DEVICE, ALERTI | Not Covered | | | ALL |
| V5270 | ASSISTIVE LISTENING DEVICE, TELEVI | Not Covered | | | ALL |
| V5271 | ASSISTIVE LISTENING DEVICE, TELEVI | Not Covered | | | ALL |
| V5272 | ASSISTIVE LISTENING DEVICE, TDD | Not Covered | | | ALL |
| V5273 | ASSISTIVE LISTENING DEVICE, FOR US | Not Covered | | | ALL |
| V5274 | ASSISTIVE LISTENING DEVICE, NOT OT | Not Covered | NationsHearing | | ALL |
| V5275 | EAR IMPRESSION, EACH | Not Covered | | | ALL |
| V5281 | Assistive listening device, personal fm/dm | Not Covered | | | ALL |
| V5282 | Assistive listening device, personal fm/dm | Not Covered | | | ALL |
| V5283 | Assistive listening device, personal fm/dm | Not Covered | | | ALL |
| V5284 | Assistive listening device, personal fm/dm | Not Covered | | | ALL |
| V5285 | Assistive listening device, personal fm/dm | Not Covered | | | ALL |
| V5286 | Assistive listening device, personal blue to | Not Covered | | | ALL |
| V5287 | Assistive listening device, personal fm/dm | Not Covered | | | ALL |
| V5288 | Assistive listening device, personal fm/dm | Not Covered | | | ALL |
| V5289 | Assistive listening device, personal fm/dm | Not Covered | | | ALL |
| V5290 | Assistive listening device, transmitter micr | Not Covered | | | ALL |
| V5298 | HEARING AID, NOT OTHERWISE CLASS | Yes | NationsHearing | H | ALL (Except MCWRAP) |
| V5298 | HEARING AID, NOT OTHERWISE CLASS | No | NationsHearing | | MCWRAP |
| V5299 | HEARING SERVICE, MISCELLANEOUS | Yes | NationsHearing | | ALL (Except MCWRAP) |
| V5299 | HEARING SERVICE, MISCELLANEOUS | No | NationsHearing | | MCWRAP |
| V5336 | REPAIR/MODIFICATION OF AUGMENTA | No | | | ALL |
| V5362 | SPEECH SCREENING | Not Covered | | | ALL |
| V5363 | LANGUAGE SCREENING | Not Covered | | | ALL |
| V5364 | DYSPHAGIA SCREENING | Not Covered | | | ALL |

**(J2353) ICD9/ICD10 codes that do not require Prior Authorization**

| ICD9_Code | ICD9_Code_Description | ICD10_Code | ICD10_Code_Description |
|---|---|---|---|
| 1570 | Malignant neoplasm of head of pancreas | C250 | Malignant neoplasm of head of pancreas |
| 1571 | Malignant neoplasm of body of pancreas | C251 | Malignant neoplasm of body of pancreas |
| 1572 | Malignant neoplasm of tail of pancreas | C252 | Malignant neoplasm of tail of pancreas |
| 1573 | Malignant neoplasm of pancreatic duct | C253 | Malignant neoplasm of pancreatic duct |
| 1574 | Malignant neoplasm of islets of langerhans | C254 | Malignant neoplasm of endocrine pancreas |
| 1578 | Malignant neoplasm of other specified sites of pancreas | C257 | Malignant neoplasm of other parts of pancreas |
| 1578 | Malignant neoplasm of other specified sites of pancreas | C258 | Malignant neoplasm of overlapping sites of pancreas |
| 1940 | Malignant neoplasm of adrenal gland | C7400 | Malignant neoplasm of cortex of unspecified adrenal gland |
| 1940 | Malignant neoplasm of adrenal gland | C7401 | Malignant neoplasm of cortex of right adrenal gland |
| 1940 | Malignant neoplasm of adrenal gland | C7402 | Malignant neoplasm of cortex of left adrenal gland |
| 1940 | Malignant neoplasm of adrenal gland | C7410 | Malignant neoplasm of medulla of unspecified adrenal gland |

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| 1940 | Malignant neoplasm of adrenal gland | C7411 | Malignant neoplasm of medulla of right adrenal gland |
| 1940 | Malignant neoplasm of adrenal gland | C7412 | Malignant neoplasm of medulla of left adrenal gland |
| 1940 | Malignant neoplasm of adrenal gland | C7490 | Malignant neoplasm of unspecified part of unspecified adrenal gland |
| 1940 | Malignant neoplasm of adrenal gland | C7491 | Malignant neoplasm of unspecified part of right adrenal gland |
| 1940 | Malignant neoplasm of adrenal gland | C7492 | Malignant neoplasm of unspecified part of left adrenal gland |
| 1941 | Malignant neoplasm of parathyroid gland | C750 | Malignant neoplasm of parathyroid gland |
| 1943 | Malignant neoplasm of pituitary gland and craniopharyngeal duct | C751 | Malignant neoplasm of pituitary gland |
| 1943 | Malignant neoplasm of pituitary gland and craniopharyngeal duct | C752 | Malignant neoplasm of craniopharyngeal duct |
| 1944 | Malignant neoplasm of pineal gland | C753 | Malignant neoplasm of pineal gland |
| 1945 | Malignant neoplasm of carotid body | C754 | Malignant neoplasm of carotid body |
| 1946 | Malignant neoplasm of aortic body and other paraganglia | C755 | Malignant neoplasm of aortic body and other paraganglia |
| 1949 | Malignant neoplasm of endocrine gland, site unspecified | C759 | Malignant neoplasm of endocrine gland, unspecified |

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| 1977 | Malignant neoplasm of liver, secondary | C787 | Secondary malignant neoplasm of liver and intrahepatic bile duct |
| 20900 | Malignant carcinoid tumor of the small intestine, unspecified portion | C7A019 | Malignant carcinoid tumor of the small intestine, unspecified portion |
| 20901 | Malignant carcinoid tumor of the duodenum | C7A010 | Malignant carcinoid tumor of the duodenum |
| 20902 | Malignant carcinoid tumor of the jejunum | C7A011 | Malignant carcinoid tumor of the jejunum |
| 20903 | Malignant carcinoid tumor of the ileum | C7A012 | Malignant carcinoid tumor of the ileum |
| 20910 | Malignant carcinoid tumor of the large intestine, unspecified portion | C7A029 | Malignant carcinoid tumor of the large intestine, unspecified portion |
| 20911 | Malignant carcinoid tumor of the appendix | C7A020 | Malignant carcinoid tumor of the appendix |
| 20912 | Malignant carcinoid tumor of the cecum | C7A021 | Malignant carcinoid tumor of the cecum |
| 20913 | Malignant carcinoid tumor of the ascending colon | C7A022 | Malignant carcinoid tumor of the ascending colon |

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| 20914 | Malignant carcinoid tumor of the transverse colon | C7A023 | Malignant carcinoid tumor of the transverse colon |
| 20915 | Malignant carcinoid tumor of the descending colon | C7A024 | Malignant carcinoid tumor of the descending colon |
| 20916 | Malignant carcinoid tumor of the sigmoid colon | C7A025 | Malignant carcinoid tumor of the sigmoid colon |
| 20917 | Malignant carcinoid tumor of the rectum | C7A026 | Malignant carcinoid tumor of the rectum |
| 20920 | Malignant carcinoid tumor of unknown primary site | C7A00 | Malignant carcinoid tumor of unspecified site |
| 20921 | Malignant carcinoid tumor of the bronchus and lung | C7A090 | Malignant carcinoid tumor of the bronchus and lung |
| 20922 | Malignant carcinoid tumor of the thymus | C7A091 | Malignant carcinoid tumor of the thymus |
| 20923 | Malignant carcinoid tumor of the stomach | C7A092 | Malignant carcinoid tumor of the stomach |
| 20924 | Malignant carcinoid tumor of the kidney | C7A093 | Malignant carcinoid tumor of the kidney |
| 20925 | Malignant carcinoid tumor of foregut, not otherwise specified | C7A094 | Malignant carcinoid tumor of the foregut NOS |

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| 20926 | Malignant carcinoid tumor of midgut, not otherwise specified | C7A095 | Malignant carcinoid tumor of the midgut NOS |
| 20927 | Malignant carcinoid tumor of hindgut, not otherwise specified | C7A096 | Malignant carcinoid tumor of the hindgut NOS |
| 20929 | Malignant carcinoid tumor of other sites | C7A098 | Malignant carcinoid tumors of other sites |
| 20930 | Malignant poorly differentiated neuroendocrine carcinoma, any site | C7A1 | Malignant poorly differentiated neuroendocrine tumors |
| 20930 | Malignant poorly differentiated neuroendocrine carcinoma, any site | C7A8 | Other malignant neuroendocrine tumors |
| 20931 | Merkel cell carcinoma of the face | C4A0 | Merkel cell carcinoma of lip |
| 20931 | Merkel cell carcinoma of the face | C4A10 | Merkel cell carcinoma of unspecified eyelid, including canthus |
| 20931 | Merkel cell carcinoma of the face | C4A11 | Merkel cell carcinoma of right eyelid, including canthus |
| 20931 | Merkel cell carcinoma of the face | C4A12 | Merkel cell carcinoma of left eyelid, including canthus |
| 20931 | Merkel cell carcinoma of the face | C4A20 | Merkel cell carcinoma of unspecified ear and external auricular canal |
| 20931 | Merkel cell carcinoma of the face | C4A21 | Merkel cell carcinoma of right ear and external auricular canal |

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| 20931 | Merkel cell carcinoma of the face | C4A22 | Merkel cell carcinoma of left ear and external auricular canal |
| 20931 | Merkel cell carcinoma of the face | C4A30 | Merkel cell carcinoma of unspecified part of face |
| 20931 | Merkel cell carcinoma of the face | C4A31 | Merkel cell carcinoma of nose |
| 20931 | Merkel cell carcinoma of the face | C4A39 | Merkel cell carcinoma of other parts of face |
| 20932 | Merkel cell carcinoma of the scalp and neck | C4A4 | Merkel cell carcinoma of scalp and neck |
| 20933 | Merkel cell carcinoma of the upper limb | C4A60 | Merkel cell carcinoma of unspecified upper limb, including shoulder |
| 20933 | Merkel cell carcinoma of the upper limb | C4A61 | Merkel cell carcinoma of right upper limb, including shoulder |
| 20933 | Merkel cell carcinoma of the upper limb | C4A62 | Merkel cell carcinoma of left upper limb, including shoulder |
| 20934 | Merkel cell carcinoma of the lower limb | C4A70 | Merkel cell carcinoma of unspecified lower limb, including hip |
| 20934 | Merkel cell carcinoma of the lower limb | C4A71 | Merkel cell carcinoma of right lower limb, including hip |
| 20934 | Merkel cell carcinoma of the lower limb | C4A72 | Merkel cell carcinoma of left lower limb, including hip |
| 20935 | Merkel cell carcinoma of the trunk | C4A51 | Merkel cell carcinoma of anal skin |
| 20935 | Merkel cell carcinoma of the trunk | C4A52 | Merkel cell carcinoma of skin of breast |
| 20935 | Merkel cell carcinoma of the trunk | C4A59 | Merkel cell carcinoma of other part of trunk |

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| 20936 | Merkel cell carcinoma of other sites | C4A8 | Merkel cell carcinoma of overlapping sites |
| 20936 | Merkel cell carcinoma of other sites | C4A9 | Merkel cell carcinoma, unspecified |
| 20940 | Benign carcinoid tumor of the small intestine, unspecified portion | D3A019 | Benign carcinoid tumor of the small intestine, unspecified portion |
| 20941 | Benign carcinoid tumor of the duodenum | D3A010 | Benign carcinoid tumor of the duodenum |
| 20942 | Benign carcinoid tumor of the jejunum | D3A011 | Benign carcinoid tumor of the jejunum |
| 20943 | Benign carcinoid tumor of the ileum | D3A012 | Benign carcinoid tumor of the ileum |
| 20950 | Benign carcinoid tumor of the large intestine, unspecified portion | D3A029 | Benign carcinoid tumor of the large intestine, unspecified portion |
| 20951 | Benign carcinoid tumor of the appendix | D3A020 | Benign carcinoid tumor of the appendix |
| 20952 | Benign carcinoid tumor of the cecum | D3A021 | Benign carcinoid tumor of the cecum |
| 20953 | Benign carcinoid tumor of the ascending colon | D3A022 | Benign carcinoid tumor of the ascending colon |

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| 20954 | Benign carcinoid tumor of the transverse colon | D3A023 | Benign carcinoid tumor of the transverse colon |
| 20955 | Benign carcinoid tumor of the descending colon | D3A024 | Benign carcinoid tumor of the descending colon |
| 20956 | Benign carcinoid tumor of the sigmoid colon | D3A025 | Benign carcinoid tumor of the sigmoid colon |
| 20957 | Benign carcinoid tumor of the rectum | D3A026 | Benign carcinoid tumor of the rectum |
| 20960 | Benign carcinoid tumor of unknown primary site | D3A00 | Benign carcinoid tumor of unspecified site |
| 20960 | Benign carcinoid tumor of unknown primary site | D3A8 | Other benign neuroendocrine tumors |
| 20961 | Benign carcinoid tumor of the bronchus and lung | D3A090 | Benign carcinoid tumor of the bronchus and lung |
| 20962 | Benign carcinoid tumor of the thymus | D3A091 | Benign carcinoid tumor of the thymus |
| 20963 | Benign carcinoid tumor of the stomach | D3A092 | Benign carcinoid tumor of the stomach |
| 20964 | Benign carcinoid tumor of the kidney | D3A093 | Benign carcinoid tumor of the kidney |

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| 20965 | Benign carcinoid tumor of foregut, not otherwise specified | D3A094 | Benign carcinoid tumor of the foregut NOS |
| 20966 | Benign carcinoid tumor of midgut, not otherwise specified | D3A095 | Benign carcinoid tumor of the midgut NOS |
| 20967 | Benign carcinoid tumor of hindgut, not otherwise specified | D3A096 | Benign carcinoid tumor of the hindgut NOS |
| 20969 | Benign carcinoid tumor of other sites | D3A098 | Benign carcinoid tumors of other sites |
| 20970 | Secondary neuroendocrine tumor, unspecified site | C7B00 | Secondary carcinoid tumors, unspecified site |
| 20971 | Secondary neuroendocrine tumor of distant lymph nodes | C7B01 | Secondary carcinoid tumors of distant lymph nodes |
| 20972 | Secondary neuroendocrine tumor of liver | C7B02 | Secondary carcinoid tumors of liver |
| 20973 | Secondary neuroendocrine tumor of bone | C7B03 | Secondary carcinoid tumors of bone |
| 20974 | Secondary neuroendocrine tumor of peritoneum | C7B04 | Secondary carcinoid tumors of peritoneum |
| 20975 | Secondary Merkel cell carcinoma | C7B1 | Secondary Merkel cell carcinoma |

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| 20979 | Secondary neuroendocrine tumor of other sites | C7B09 | Secondary carcinoid tumors of other sites |
| 20979 | Secondary neuroendocrine tumor of other sites | C7B8 | Other secondary neuroendocrine tumors |
| 2117 | Benign neoplasm of islets of Langerhans | D137 | Benign neoplasm of endocrine pancreas |
| 2530 | Acromegaly and gigantism | E220 | Acromegaly and pituitary gigantism |
| 2530 | Acromegaly and gigantism | E344 | Constitutional tall stature |
| 2592 | Carcinoid syndrome | E340 | Carcinoid syndrome |

| (J1950 J9217 J1952 J1954) ICD10 codes that do not require Prior Authorization |
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| C000-D49<br>N80.0-N80.9 |

| J3315 J9219 J9225 J9226 J9202 ICD10 codes that do not require Prior Authorization |
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| C000-D49 |

| J9035 Q5126 Q5129 ICD10 codes that do not require Prior Authorization |
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| E0800-E139 |
| H00011-H5989 |