Health Alliance Plan®
by Henry Ford Health

Effective: 1/1/2008
Revised: 10/01/2026

Services that require Prior Authorization

ADMISSION REQUIREMENTS

Health Alliance Plan by Henry Ford Health 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 Health Alliance Plan 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 Health Alliance Plan. In an unlikely event that a procedure code is not on the list it will require Health Alliance Plan 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 Health Alliance Plan 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.

Health Alliance Plan Benefit Coverage Policies and Procedure Reference Lists apply to all Health Alliance Plan lines of business offered through any Health Alliance Plan affiliate including insured and self-funded plans except for the following: Health Alliance TPA by Henry Ford Health 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 Health Alliance Plan 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 Health Alliance Plan 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 COORDINATED HEALTH INFORMATION

Medicaid and MI Coordinated Health Information: Prior Authorization requirements for Medicaid and MI Coordinated 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 **hap.org**; select *Quick Links; Procedure Reference Lists; CBHM Outpatient Authorization Requirement list*.

IMPORTANT

Health Alliance Plan 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 our 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

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

LEGEND (Key):	
BPF	Non-Preferred Formulations must be reviewed and approved by Health Alliance Plan 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.
EVICORE	**Evicore healthcare**, formerly known as CareCore National, Inc (CCN) authorization is required for CCN participating networks. Authorization required from Health Alliance Plan for non-CCN participating networks.
CBHM	Authorization must be received from the Health Alliance Plan 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 Health Alliance Plan Referral Management Team. For services that require a prior authorization, contact our Referral Management Team directly by calling 313-664-8950 option #1 or submit the request online by logging in at **hap.org** and selecting *Authorizations.*
Preferred provider HFCPD	**Genetic testing must be sent to HFH.** **If testing is sent to any other laboratory (other than HFCPD) authorization would then be required as the servicing provider is not preferred.** ***Medicare Advantage embers can utilize any contracted provider for genetic testing.**
Preferred provider HFCPD OR UofM	**Genetic testing must be sent to HFH or UofM.** **If testing is sent to any other laboratory (other than HFCPD) authorization would then be required as the servicing provider is not preferred.** ***Medicare Advantage members can utilize any contracted provider for genetic testing.**
INFO	Informational/reporting code - code not separately payable
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.
NTM Policy	New to Market Medical Drugs must be reviewed and approved by Health Alliance Plan 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.
PCM	Submit request for authorization online by logging in at **hap.org** and selecting *Authorizations* . 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 online by logging in at **hap.org** and selecting *Authorizations* . Please select appropriate Request Type based on the type of service/place of service that care is being provided.
RX coverage rules apply	Not covered under medical benefit, may be covered under member’s prescription drug plan.

SPC	Denotes Specialty Medication and requires Pharmacy AUTHORIZATION with ONE of the following: (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. (2) SELF-ADMINISTERED DRUGS: Covered under the pharmacy benefit. Refer to the Health Alliance Plan Formulary (covered drug list). (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. (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.** Effective for DOS 6/1/24: Providers should submit prior authorization request for MSK services to TurningPoint.

Rider Requirement Key:	
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 may be required for coverage.
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
I	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 Health Alliance Plan, 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
DSNP	HAP Medicare Complete Duals (HMO D-SNP)
FED	Federal Government Employee Contract Members
HAP	HAP HMO, HAP POS
MA or MED	Medicare Advantage
MEDICARE COMP/ MCWRAP	**Medicare Comp/Wrap Plans: 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.**
QHP	Qualified Health Plans
UAW	Select Groups with Extended DME coverage

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
00100	ANESTHESIA FOR PROCEDURES ON S	No			ALL	
00102	ANESTHESIA FOR PROCEDURES INVO	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
00103	ANESTHESIA FOR RECONSTRUCTIVE I	No			ALL	
00104	ANESTHESIA FOR ELECTROCONVULS	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 PROCE	No			ALL	
00172	ANESTHESIA FOR INTRAORAL PROCE	No			ALL	
00174	ANESTHESIA FOR INTRAORAL PROCE	No			ALL	
00176	ANESTHESIA FOR INTRAORAL PROCE	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	
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; n	No			ALL	
00524	Anesthesia for closed chest procedures; p	No			ALL	
00528	Anesthesia for closed chest procedures; n	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
00529	Anesthesia for closed chest procedures; n	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 kı	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
01932	Anesthesia for therapeutic interventional r	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	EVICORE		ALL (Except MCWRAP)	
01939	Anesthesia for percutaneous image-guide	No			MCWRAP	
01940	Anesthesia for percutaneous image-guide	Yes	EVICORE		ALL (Except MCWRAP)	
01940	Anesthesia for percutaneous image-guide	No			MCWRAP	
01941	Anesthesia for percutaneous image-guide	Yes	EVICORE		ALL (Except MCWRAP)	
01941	Anesthesia for percutaneous image-guide	No			MCWRAP	
01942	Anesthesia for percutaneous image-guide	Yes	EVICORE		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	EVICORE		ALL (Except MCWRAP)	
01991	Anesthesia for diagnostic or therapeutic n	No			MCWRAP	
01992	Anesthesia for diagnostic or therapeutic n	Yes	EVICORE		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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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, sin	No			ALL	
11301	Shaving of epidermal or dermal lesion, sin	No			ALL	
11302	Shaving of epidermal or dermal lesion, sin	No			ALL	
11303	Shaving of epidermal or dermal lesion, sin	No			ALL	
11305	Shaving of epidermal or dermal lesion, sin	No			ALL	
11306	Shaving of epidermal or dermal lesion, sin	No			ALL	
11307	Shaving of epidermal or dermal lesion, sin	No			ALL	
11308	Shaving of epidermal or dermal lesion, sin	No			ALL	
11310	Shaving of epidermal or dermal lesion, sin	No			ALL	
11311	Shaving of epidermal or dermal lesion, sin	No			ALL	
11312	Shaving of epidermal or dermal lesion, sin	No			ALL	
11313	Shaving of epidermal or dermal lesion, sin	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
11750	Excision of nail and nail matrix, partial or	No			ALL	
11755	Biopsy of nail unit (eg, plate, bed, matrix,	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 AUTO	No			ALL	
15151	TISSUE CULTURED EPIDERMAL AUTO	No			ALL	
15152	TISSUE CULTURED EPIDERMAL AUTO	No			ALL	
15155	TISSUE CULTURED EPIDERMAL AUTO	No			ALL	
15156	TISSUE CULTURED EPIDERMAL AUTO	No			ALL	
15157	TISSUE CULTURED EPIDERMAL AUTO	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, FO	Yes			ALL (Except Medicare Comp)	
15780	DERMABRASION; TOTAL FACE (EG, FO	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	
15783	DERMABRASION; SUPERFICIAL, ANY S	No			MEDICARE COMP/MCWRAP	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 excisior	No			ALL	
19112	Excision of lactiferous duct fistula	No			ALL	
19120	Excision of cyst, fibroadenoma, or other be	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	
19361	Breast reconstruction with latissimus dors	No			ALL	
19364	BREAST RECONSTRUCTION WITH FRE	No			ALL	
19367	Breast reconstruction with transverse rectu	No			ALL	
19368	BREAST RECONSTRUCTION WITH TRA	No			ALL	
19369	Breast reconstruction with transverse rectu	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	EVICORE		ALL (Except MCWRAP)	
20552	Injection(s); single or multiple trigger point	No			MCWRAP	
20553	Injection(s); single or multiple trigger point	Yes	EVICORE		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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, TEMPOROMANDIBULAI	Yes			ALL (Except McWRAP)	
21010	ARTHROTOMY, TEMPOROMANDIBULAI	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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		I	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	
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	
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
21175	RECONSTRUCTION, BIFRONTAL, SUPE	Yes			ALL (Except Medicare Comp)	
21175	RECONSTRUCTION, BIFRONTAL, SUPE	No			MEDICARE COMP/MCWRAP	
21179	RECONSTRUCTION, ENTIRE OR MAJOI	Yes			ALL (Except Medicare Comp)	
21179	RECONSTRUCTION, ENTIRE OR MAJOI	No			MEDICARE COMP/MCWRAP	
21180	RECONSTRUCTION, ENTIRE OR MAJOI	Yes			ALL (Except Medicare Comp)	
21180	RECONSTRUCTION, ENTIRE OR MAJOI	No			MEDICARE COMP/MCWRAP	
21181	RECONSTRUCTION BY CONTOURING (	Yes			ALL (Except Medicare Comp)	
21181	RECONSTRUCTION BY CONTOURING (	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 (	Yes			ALL (Except Medicare Comp)	
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (	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 (	Yes			ALL (Except Medicare Comp)	
21215	GRAFT, BONE; MANDIBLE (INCLUDES (	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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
21248	RECONSTRUCTION OF MANDIBLE OR I	Not Covered			ALL	
21249	RECONSTRUCTION OF MANDIBLE OR I	Not Covered			ALL	
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 PR	Yes			ALL (Except MED COMP/MCWrap/PRICHO)	
21280	MEDIAL CANTHOPEXY (SEPARATE PR	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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; v	No			ALL	
21451	Closed treatment of mandibular fracture; v	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	
21554	EXCISION TUMOR, SOFT TISSUE OF NE	No			ALL	
21555	Excision tumor, soft tissue of neck or thora	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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 odonte	No			ALL	
22319	Open treatment and/or reduction of odonte	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 syr	Yes	TPC-MSK		ALL (Except McWRAP)	
23106	Arthrotomy; sternoclavicular joint, with syr	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 interna	No			ALL	
23485	Osteotomy, clavicle, with or without interna	No			ALL	
23490	Prophylactic treatment (nailing, pinning, pl	No			ALL	
23491	Prophylactic treatment (nailing, pinning, pl	No			ALL	
23500	Closed treatment of clavicular fracture; wit	No			ALL	
23505	Closed treatment of clavicular fracture; wit	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
23532	Open treatment of sternoclavicular disloca	No			ALL	
23540	Closed treatment of acromioclavicular disl	No			ALL	
23545	Closed treatment of acromioclavicular disl	No			ALL	
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, c	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 c	No			ALL	
24076	Excision, tumor, soft tissue of upper arm c	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	No			ALL	
24420	Osteoplasty, humerus (eg, shortening or l	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, p	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	No			ALL	
24516	Treatment of humeral shaft fracture, with	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 supracor	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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/o	No			ALL	
25023	Decompression fasciotomy, forearm and/o	No			ALL	
25024	Decompression fasciotomy, forearm and/o	No			ALL	
25025	Decompression fasciotomy, forearm and/o	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/o	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 exploratio	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 c	No			ALL	
25312	Tendon transplantation or transfer, flexor c	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 ANI	No			ALL	
25430	Insertion of vascular pedicle into carpal bo	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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; v	No			ALL	
26535	Arthroplasty, interphalangeal joint; each jo	No			ALL	
26536	Arthroplasty, interphalangeal joint; with pr	No			ALL	
26540	Repair of collateral ligament, metacarpoph	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 m	No			ALL	
26593	Release, intrinsic muscles of hand, each r	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, v	No			ALL	
26608	Percutaneous skeletal fixation of metacar	No			ALL	
26615	Open treatment of metacarpal fracture, sir	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 metacar	No			ALL	
26715	Open treatment of metacarpophalangeal c	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	
26842	Arthrodesis, carpometacarpal joint, thumb	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 v	No			ALL	
26861	Arthrodesis, interphalangeal joint, with or v	No			ALL	
26862	Arthrodesis, interphalangeal joint, with or v	No			ALL	
26863	Arthrodesis, interphalangeal joint, with or v	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, ir	Yes	TPC-MSK		ALL (Except McWRAP)	
27091	Removal of hip prosthesis; complicated, ir	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	EVICORE		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	
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 con	Yes	TPC-MSK		ALL (Except McWRAP)	
27134	Revision of total hip arthroplasty; both con	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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) i	No			ALL	
27228	Open treatment of acetabular fracture(s) i	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 o	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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	
27441	Arthroplasty, knee, tibial plateau; with deb	Yes	TPC-MSK		ALL (Except McWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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, v	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
27888	Amputation, ankle, through malleoli of tibi	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 ter	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 tarsc	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
28118	Ostectomy, calcaneus;	No			ALL	
28119	Ostectomy, calcaneus; for spur, with or wi	No			ALL	
28120	Partial excision (craterization, saucerizatic	No			ALL	
28122	Partial excision (craterization, saucerizatic	No			ALL	
28124	Partial excision (craterization, saucerizatic	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 lengthe	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 t	No			ALL	
28455	Treatment of tarsal bone fracture (except t	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 arı	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 c	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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, I	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 os	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, c	No			ALL	
29901	Arthroscopy, metacarpophalangeal joint, s	No			ALL	
29902	Arthroscopy, metacarpophalangeal joint, s	No			ALL	
29904	ARTHROSCOPY, SUBTALAR JOINT, SU	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 nos	No			ALL	
30124	Excision dermoid cyst, nose; simple, skin,	No			ALL	
30125	Excision dermoid cyst, nose; complex, un	No			ALL	
30130	Excision turbinate, partial or complete, an	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 STENC	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
30520	SEPTOPLASTY OR SUBMUCOUS RESE	No			ALL	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
31299	UNLISTED PROCEDURE, ACCESSORY	Yes			ALL (Except MCWRAP)	
31299	UNLISTED PROCEDURE, ACCESSORY	No			MCWRAP	
31300	Laryngotomy (thyrotomy, laryngofissure); v	No			ALL	
31360	Laryngectomy; total, without radical neck d	No			ALL	
31365	Laryngectomy; total, with radical neck diss	No			ALL	
31367	Laryngectomy; subtotal supraglottic, witho	No			ALL	
31368	Laryngectomy; subtotal supraglottic, with r	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 d	No			ALL	
31395	Pharyngolaryngectomy, with radical neck d	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 for	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, w	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; tran	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 tran	No			ALL	
31613	Tracheostoma revision; simple, without fla	No			ALL	
31614	Tracheostoma revision; complex, with flap	No			ALL	
31615	Tracheobronchoscopy through established	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	No			ALL	
31648	Bronchoscopy, rigid or flexible, including fl	No			ALL	
31649	Bronchoscopy, rigid or flexible, including fl	No			ALL	
31651	Bronchoscopy, rigid or flexible, including fl	No			ALL	
31652	Bronchoscopy, rigid or flexible, including fl	No			ALL	
31653	Bronchoscopy, rigid or flexible, including fl	No			ALL	
31654	Bronchoscopy, rigid or flexible, including fl	No			ALL	
31660	Bronchoscopy, rigid or flexible, including fl	No			ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 inser	No			ALL	
32557	Pleural drainage, percutaneous, with inser	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 p	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 wo	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	
32850	DONOR PNEUMONECTOMY(IES) (INCLU	No			ALL	
32851	LUNG TRANSPLANT, SINGLE; WITHOUT	No			ALL	
32852	LUNG TRANSPLANT, SINGLE; WITH CA	No			ALL	
32853	LUNG TRANSPLANT, DOUBLE (BILATER	No			ALL	
32854	LUNG TRANSPLANT, DOUBLE (BILATER	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 eradicatio	No			ALL	
32997	Total lung lavage (unilateral)	No			ALL	
32998	ALBATION THERAPY FOR REDUCTION	No			ALL	
32999	UNLISTED PROCEDURE, LUNGS AND P	Yes			ALL (Except MCWRAP)	
32999	UNLISTED PROCEDURE, LUNGS AND P	No			MCWRAP	
33016	Pericardiocentesis, including imaging guid	No			ALL	
33017	Pericardial drainage with insertion of indw	No			ALL	
33018	Pericardial drainage with insertion of indw	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 g	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
33227	Removal of permanent pacemaker pulse g	No			MCWRAP	
33228	Removal of permanent pacemaker pulse g	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
33228	Removal of permanent pacemaker pulse g	No			MCWRAP	
33229	Removal of permanent pacemaker pulse g	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
33229	Removal of permanent pacemaker pulse g	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
33230	Insertion of pacing cardioverter-defibrillato	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
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	
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 def	No			ALL	
33273	Repositioning of previously implanted sub	No			ALL	
33274	Transcatheter insertion or replacement of	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
33274	Transcatheter insertion or replacement of	No			MCWRAP	
33275	Transcatheter removal of permanent lead	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
33275	Transcatheter removal of permanent lead	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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 sten	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 t	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 co	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
33513	Coronary artery bypass, vein only; four co	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 ster	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 ventricula	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 CAI	No			ALL	
33935	HEART-LUNG TRANSPLANT WITH REC	No			ALL	
33940	DONOR CARDIECTOMY, WITH COLD PI	No			ALL	
33944	BACKBENCH STANDARD PREP OF CAI	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
33990	Insertion of ventricular assist device, perc	No			ALL	
33991	Insertion of ventricular assist device, perc	No			ALL	
33992	Removal of percutaneous ventricular assi	No			ALL	
33993	Repositioning of percutaneous ventricular	No			ALL	
33995	Insertion of ventricular assist device, perc	No			ALL	
33997	Removal of percutaneous right heart vent	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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-verteb	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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; AORTOBIF	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; aortobif	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 a	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	
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 pe	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 sclero	No			ALL	
36466	Injection of non-compounded foam sclero	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 WHITE	No			ALL	
36512	Therapeutic apheresis; for red blood cells	No			ALL	
36513	THERAPEUTIC APHERESIS; FOR PLATE	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 inserted	No			ALL	
36556	Insertion of non-tunneled centrally inserted	No			ALL	
36557	Insertion of tunneled centrally inserted cer	No			ALL	
36556	Insertion of non-tunneled centrally inserted	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-tunneled	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 creatic	No			ALL	
36837	Percutaneous arteriovenous fistula creatic	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 s	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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	
37262	Intravascular lithotripsy(ies), iliac vascular	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
37289	Revascularization, endovascular, open or	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
37289	Revascularization, endovascular, open or	No			MCWRAP	
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	Yes			ALL (Except McWRAP)	
37799	UNLISTED PROCEDURE, VASCULAR SU	No			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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 HEMATC	No			ALL	
38205	BLOOD-DERIVED HEMATOPOIETIC PR	No			ALL	
38206	BLOOD-DERIVED HEMATOPOIETIC PR	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, M	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	No			ALL	
38225	Chimeric antigen receptor T-cell (CAR-T)	Yes			ALL (Except MCWRAP)	
38225	Chimeric antigen receptor T-cell (CAR-T)	No			MCWRAP	
38226	Chimeric antigen receptor T-cell (CAR-T)	Yes			ALL (Except MCWRAP)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, ve	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 (FRENO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
41114	Excision of lesion of tongue with closure; v	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	
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 quac	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 OF	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, INCLU	No			ALL	
42260	REPAIR OF NASOLABIAL FISTULA	No			ALL	
42280	MAXILLARY IMPRESSION FOR PALATA	No			ALL	
42281	INSERTION OF PIN-RETAINED PALATAL	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 al	No			ALL	
43231	Esophagoscopy, rigid or flexible; with endo	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 ENDOSCC	No			ALL	
43257	UPPER GI ENDOSCOPY INCL ESOPHAC	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 CHOLANC	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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; cervi	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	
43645	LAPAROSCOPY, SURGICAL, GASTRIC F	Yes			ALL (Except McWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	No			ALL	
43882	REVISION OR REMOVAL OF GASTRIC N	No			ALL	
43886	GASTRIC RESTRICTIVE PROCEDURE, (	Yes			ALL (Except McWRAP)	
43886	GASTRIC RESTRICTIVE PROCEDURE, (	Yes		ABAR	AHL	
43886	GASTRIC RESTRICTIVE PROCEDURE, (	No			MCWRAP	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 COLC	No			ALL	
44207	COLETOMY, PARTIAL WITH ANASTOMC	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, ab	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	
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 parac	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 (	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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, TRANS/	No			ALL	
45172	EXCISION OF RECTAL TUMOR, TRANS/	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
45330	Sigmoidoscopy, flexible; diagnostic, with c	No			ALL	
45331	Sigmoidoscopy, flexible; with biopsy, singl	No			ALL	
45332	Sigmoidoscopy, flexible; with removal of fc	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 magnificati	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	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; trisegmen	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 C/	No			ALL	
47147	BACKBENCH RECONSTRUCTION OF C/	No			ALL	
47300	Marsupialization of cyst or abscess of live	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-expl	No			ALL	
47370	Laparoscopy, surgical, ablation of one or r	No			ALL	
47371	Laparoscopy, surgical, ablation of one or r	No			ALL	
47379	UNLISTED LAPAROSCOPIC PROCEDUF	Yes			ALL (Except MCWRAP)	
47379	UNLISTED LAPAROSCOPIC PROCEDUF	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	
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, percuta	No			ALL	
47534	Placement of biliary drainage catheter, percuta	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 d	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 PAN	No			ALL	
48120	Excision of lesion of pancreas (eg, cyst, a	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 SUBTC	No			ALL	
48400	Injection procedure for intraoperative panc	No			ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 cathe	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
49419	Insertion of tunneled intraperitoneal cathe	No			ALL	
49421	Insertion of tunneled intraperitoneal cathe	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 absc	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 J	No			ALL	
49442	INSERTION OF CECOSTOMY OR OTHE	No			ALL	
49446	CONVERSION OF GASTROSTOMY TUB	No			ALL	
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 o	No			ALL	
49507	Repair initial inguinal hernia, age 5 years o	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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-infecte	No			ALL	
49650	Laparoscopy, surgical; repair initial inguin	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	
50236	Nephrectomy with total ureterectomy and	No			ALL	
50240	Nephrectomy, partial	No			ALL	
50250	Ablation, open, 1 or more renal mass lesio	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
50580	Renal endoscopy through nephrotomy or	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
50948	Laparoscopy, surgical; ureteroneocystostc	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	
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 voic	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
51720	Bladder instillation of anticarcinogenic age	No			ALL	
51721	Insertion of transurethral ablation transduc	Yes			ALL (Except McWrap)	
51721	Insertion of transurethral ablation transduc	No			MCWRAP	
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, inj	No			ALL	
51865	Cystorrhaphy, suture of bladder wound, inj	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 (includ	No			ALL	
52234	Cystourethroscopy, with fulguration (includ	No			ALL	
52235	Cystourethroscopy, with fulguration (includ	No			ALL	
52240	Cystourethroscopy, with fulguration (includ	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
52275	Cystourethroscopy, with internal urethroto	No			ALL	
52276	Cystourethroscopy with direct vision interr	No			ALL	
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	No			ALL	
52318	Litholapaxy: crushing or fragmentation of	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, fulguratic	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	
52443	Cystourethroscopy with initial transurethra	Yes			ALL (Except McWrap)	
52443	Cystourethroscopy with initial transurethra	No			MCWRAP	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 c	No			ALL	
53500	URETHROLYSIS, TRANSVAGINAL, SEC	No			ALL	
53502	Urethrorrhaphy, suture of urethral wound c	No			ALL	
53505	Urethrorrhaphy, suture of urethral wound c	No			ALL	
53510	Urethrorrhaphy, suture of urethral wound c	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
53515	Urethrorrhaphy, suture of urethral wound c	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 neck	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	Yes			ALL (Except McWrap)	
53855	INSERTION OF A TEMPORARY PROSTA	No			MCWRAP	
53860	Transurethral radiofrequency micro-remoc	Not Covered			ALL	
53865	Cystourethroscopy with insertion of tempo	Yes			ALL (Except McWrap)	
53865	Cystourethroscopy with insertion of tempo	No			MCWRAP	
53866	Catheterization with removal of temporary	Yes			ALL (Except McWrap)	
53866	Catheterization with removal of temporary	No			MCWRAP	
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, condyl	No			ALL	
54055	Destruction of lesion(s), penis (eg, condyl	No			ALL	
54056	Destruction of lesion(s), penis (eg, condyl	No			ALL	
54057	Destruction of lesion(s), penis (eg, condyl	No			ALL	
54060	Destruction of lesion(s), penis (eg, condyl	No			ALL	
54065	Destruction of lesion(s), penis (eg, condyl	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	
54220	Irrigation of corpora cavernosa for priapism	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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; I	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
54600	Reduction of torsion of testis, surgical, wit	No			ALL	
54620	Fixation of contralateral testis (separate p	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	
55000	Puncture aspiration of hydrocele, tunica va	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
55877	Ablation, irreversible electroporation, pros	Not Covered			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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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; transvesic	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 du	Not Covered			ALL	
57500	Biopsy, single or multiple, or local excision	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 re	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
57555	Excision of cervical stump, vaginal approa	No			ALL	
57556	Excision of cervical stump, vaginal approa	No			ALL	
57558	DILATION AND CURETTAGE OF CERVI(	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	
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	ALL	
58322	ARTIFICIAL INSEMINATION; INTRA-UTE	No		A	ALL	
58323	SPERM WASHING FOR ARTIFICIAL INS	No		A	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, W	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, ovariol	No			ALL	
58750	TUBOTUBAL ANASTOMOSIS	Yes			ALL (Except McWRAP)	
58750	TUBOTUBAL ANASTOMOSIS	No			MCWRAP	
58752	TUBOUTERINE IMPLANTATION	Yes			ALL (Except McWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	VERIFYING BENEFIT CO	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 consultin	No			ALL	
59051	Fetal monitoring during labor by consultin	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
59200	Insertion of cervical dilator (eg, laminaria,	No			ALL	
59300	Episiotomy or vaginal repair, by other thar	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	
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	
59830	Treatment of septic abortion, completed s	No			ALL	
59840	INDUCED ABORTION, BY DILATION AND	Yes	VERIFYING BENEFIT CO	P	ALL (Except McWRAP)	
59840	INDUCED ABORTION, BY DILATION AND	No	VERIFYING BENEFIT CO	P	MCWRAP	
59841	INDUCED ABORTION, BY DILATION AND	No	VERIFYING BENEFIT CO	P	ALL (Except McWRAP)	
59841	INDUCED ABORTION, BY DILATION AND	Yes	VERIFYING BENEFIT CO	P	MCWRAP	
59850	INDUCED ABORTION, BY ONE OR MOR	Yes	VERIFYING BENEFIT CO	P	ALL (Except McWRAP)	
59850	INDUCED ABORTION, BY ONE OR MOR	No	VERIFYING BENEFIT CO	P	MCWRAP	
59851	INDUCED ABORTION, BY ONE OR MOR	Yes	VERIFYING BENEFIT CO	P	ALL (Except McWRAP)	
59851	INDUCED ABORTION, BY ONE OR MOR	No	VERIFYING BENEFIT CO	P	MCWRAP	
59852	INDUCED ABORTION, BY ONE OR MOR	Yes	VERIFYING BENEFIT CO	P	ALL (Except McWRAP)	
59852	INDUCED ABORTION, BY ONE OR MOR	No	VERIFYING BENEFIT CO	P	MCWRAP	
59855	INDUCED ABORTION, BY ONE OR MOR	Yes	VERIFYING BENEFIT CO	P	ALL (Except McWRAP)	
59855	INDUCED ABORTION, BY ONE OR MOR	No	VERIFYING BENEFIT CO	P	MCWRAP	
59856	INDUCED ABORTION, BY ONE OR MOR	Yes	VERIFYING BENEFIT CO	P	ALL (Except McWRAP)	
59856	INDUCED ABORTION, BY ONE OR MOR	No	VERIFYING BENEFIT CO	P	MCWRAP	
59857	INDUCED ABORTION, BY ONE OR MOR	Yes	VERIFYING BENEFIT CO	P	ALL (Except McWRAP)	
59857	INDUCED ABORTION, BY ONE OR MOR	No	VERIFYING BENEFIT CO	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 PROCEDUI	Yes			ALL (Except McWRAP)	
59897	UNLISTED FETAL INVASIVE PROCEDUI	No			MCWRAP	
59898	UNLISTED LAPAROSCOPY PROCEDUR	Yes			ALL (Except McWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 thyroi	No			ALL	
60271	Thyroidectomy, including substernal thyroi	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	No			ALL	
61571	Craniectomy or craniotomy; with treatmen	No			ALL	
61575	Transoral approach to skull base, brain ste	No			ALL	
61576	Transoral approach to skull base, brain ste	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 f	No			ALL	
61585	Orbitocranial approach to anterior cranial f	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 BALLOO	No			ALL	
61624	Transcatheter permanent occlusion or em	No			ALL	
61626	Transcatheter permanent occlusion or em	No			ALL	
61630	BALLOON ANGIOPLASTY, INTRACRANI	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 malfc	No			ALL	
61682	Surgery of intracranial arteriovenous malfc	No			ALL	
61684	Surgery of intracranial arteriovenous malfc	No			ALL	
61686	Surgery of intracranial arteriovenous malfc	No			ALL	
61690	Surgery of intracranial arteriovenous malfc	No			ALL	
61692	Surgery of intracranial arteriovenous malfc	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	EVICORE		ALL (Except McWRAP)	
61790	CREATION OF LESION BY STEREOTAC	No			MCWRAP	
61791	Creation of lesion by stereotactic method,	Yes	EVICORE		ALL (Except McWRAP)	
61791	Creation of lesion by stereotactic method,	No			MCWRAP	
61796	Stereotactic radiosurgery (particle beam, g	No			ALL	
61797	Stereotactic radiosurgery (particle beam, g	No			ALL	
61798	Stereotactic radiosurgery (particle beam, g	No			ALL	
61799	Stereotactic radiosurgery (particle beam, g	No			ALL	
61800	Application of stereotactic headframe for s	No			ALL	
61850	Twist drill or burr hole(s) for implantation c	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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; W	No			ALL	
62162	NEUROENDOSCOPY, INTRACRANIAL; W	No			ALL	
62163	NEUROENDOSCOPY, INTRACRANIAL; W	No			ALL	
62164	NEUROENDOSCOPY, INTRACRANIAL; W	No			ALL	
62165	NEUROENDOSCOPY, INTRACRANIAL; W	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
62280	Injection/infusion of neurolytic substance (	Not Covered			ALL	
62281	Injection/infusion of neurolytic substance (	Yes	EVICORE		ALL (Except McWRAP)	
62281	Injection/infusion of neurolytic substance (	No			MCWRAP	
62282	Injection/infusion of neurolytic substance (	Yes	EVICORE		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	EVICORE		ALL (Except McWRAP)	
62290	Injection procedure for diskography, each	No			MCWRAP	
62291	Injection procedure for diskography, each	Yes	EVICORE		ALL (Except McWRAP)	
62291	Injection procedure for diskography, each	No			MCWRAP	
62292	Injection procedure for chemonucleolysis,	Yes	EVICORE		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	EVICORE		ALL (Except McWRAP)	
62320	Injection(s), of diagnostic or therapeutic substar	No			MCWRAP	
62321	Injection(s), of diagnostic or therapeutic substar	Yes	EVICORE		ALL (Except McWRAP)	
62321	Injection(s), of diagnostic or therapeutic substar	No			MCWRAP	
62322	Injection(s), of diagnostic or therapeutic substar	Yes	EVICORE		ALL (Except McWRAP)	
62322	Injection(s), of diagnostic or therapeutic substar	No			MCWRAP	
62323	Injection(s), of diagnostic or therapeutic substar	Yes	EVICORE		ALL (Except McWRAP)	
62323	Injection(s), of diagnostic or therapeutic substar	No			MCWRAP	
62324	Injection(s), including indwelling catheter placen	Yes	EVICORE		ALL (Except McWRAP)	
62324	Injection(s), including indwelling catheter placen	No			MCWRAP	
62325	Injection(s), including indwelling catheter placen	Yes	EVICORE		ALL (Except McWRAP)	
62325	Injection(s), including indwelling catheter placen	No			MCWRAP	
62326	Injection(s), including indwelling catheter placen	Yes	EVICORE		ALL (Except McWRAP)	
62326	Injection(s), including indwelling catheter placen	No			MCWRAP	
62327	Injection(s), including indwelling catheter placen	Yes	EVICORE		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	EVICORE		ALL (Except McWRAP)	
62350	IMPLANTATION, REVISION OR REPOSI	No			MCWRAP	
62351	Implantation, revision or repositioning of tu	Yes	EVICORE		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	EVICORE		ALL (Except McWRAP)	
62360	Implantation or replacement of device for	No			MCWRAP	
62361	Implantation or replacement of device for	Yes	EVICORE		ALL (Except McWRAP)	
62361	Implantation or replacement of device for	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
62362	Implantation or replacement of device for	Yes	EVICORE		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	
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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
63172	Laminectomy with drainage of intramedull	No			MCWRAP	
63173	Laminectomy with drainage of intramedull	Yes	TPC-MSK		ALL (Except McWRAP)	
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 section	Yes	TPC-MSK		ALL (Except McWRAP)	
63197	Laminectomy with cordotomy, with section	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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	
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 stereot	No			ALL	
63610	Stereotactic stimulation of spinal cord, per	No			ALL	
63620	Stereotactic radiosurgery (particle beam, g	No			ALL	
63621	Stereotactic radiosurgery (particle beam, g	No			ALL	
63650	PERCUTANEOUS IMPLANTATION OF N	Yes	EVICORE		ALL (Except McWRAP)	
63650	PERCUTANEOUS IMPLANTATION OF N	No			MCWRAP	
63655	LAMINECTOMY FOR IMPLANTATION OF	Yes	EVICORE		ALL (Except McWRAP)	
63655	LAMINECTOMY FOR IMPLANTATION OF	No			MCWRAP	
63661	REMOVAL OF SPINAL NEUROSTIMULAT	No			ALL	
63662	REMOVAL OF SPINAL NEUROSTIMULAT	No			ALL	
63663	REVISION INCL REPLACEMENT, WHEN	Yes	EVICORE		ALL (Except McWRAP)	
63663	REVISION INCL REPLACEMENT, WHEN	No			MCWRAP	
63664	REVISION, INCLUD REPLACEMENT, WH	Yes	EVICORE		ALL (Except McWRAP)	
63664	REVISION, INCLUD REPLACEMENT, WH	No			MCWRAP	
63685	INSERTION OR REPLCMNT OF SPINAL	Yes	EVICORE		ALL (Except McWRAP)	
63685	INSERTION OR REPLCMNT OF SPINAL	No			MCWRAP	
63688	REVISION OR REMOVAL OF IMPLANTE	Yes	EVICORE		ALL (Except McWRAP)	
63688	REVISION OR REMOVAL OF IMPLANTE	No			MCWRAP	
63700	Repair of meningocele; less than 5 cm dia	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
63702	Repair of meningocele; larger than 5 cm c	No			ALL	
63704	Repair of myelomeningocele; less than 5 c	No			ALL	
63706	Repair of myelomeningocele; larger than 5	No			ALL	
63707	Repair of dural/cerebrospinal fluid leak, nc	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	EVICORE		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, c	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 c	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	EVICORE		ALL (Except McWRAP)	
64479	Injection(s), anesthetic agent and/or stero	No			MCWRAP	
64480	Injection(s), anesthetic agent and/or stero	Yes	EVICORE		ALL (Except McWRAP)	
64480	Injection(s), anesthetic agent and/or stero	No			MCWRAP	
64483	Injection(s), anesthetic agent and/or stero	Yes	EVICORE		ALL (Except McWRAP)	
64483	Injection(s), anesthetic agent and/or stero	No			MCWRAP	
64484	Injection(s), anesthetic agent and/or stero	Yes	EVICORE		ALL (Except McWRAP)	
64484	Injection(s), anesthetic agent and/or stero	No			MCWRAP	
64486	Transversus abdominis plane (TAP) block	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	EVICORE		ALL (Except McWRAP)	
64490	INJECTION(S), DIAGNOSTIC OR THERA	No			MCWRAP	
64491	INJECTION(S), DIAGNOSTIC OR THERA	Yes	EVICORE		ALL (Except McWRAP)	
64491	INJECTION(S), DIAGNOSTIC OR THERA	No			MCWRAP	
64492	INJECTION(S), DIAGNOSTIC OR THERA	Yes	EVICORE		ALL (Except McWRAP)	
64492	INJECTION(S), DIAGNOSTIC OR THERA	No			MCWRAP	
64493	INJECTION(S), DIAGNOSTIC OR THERA	Yes	EVICORE		ALL (Except McWRAP)	
64493	INJECTION(S), DIAGNOSTIC OR THERA	No			MCWRAP	
64494	INJECTION(S), DIAGNOSTIC OR THERA	Yes	EVICORE		ALL (Except McWRAP)	
64494	INJECTION(S), DIAGNOSTIC OR THERA	No			MCWRAP	
64495	INJECTION(S), DIAGNOSTIC OR THERA	Yes	EVICORE		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	EVICORE		ALL (Except McWRAP)	
64510	Injection, anesthetic agent; stellate gangli	No			MCWRAP	
64517	INJECTION, ANESTHETIC AGENT; SUPI	No			ALL	
64520	Injection, anesthetic agent; lumbar or thor	Yes	EVICORE		ALL (Except McWRAP)	
64520	Injection, anesthetic agent; lumbar or thor	No			MCWRAP	
64520	Injection, anesthetic agent; lumbar or thor	Yes	EVICORE		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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
64633	Destruction by neurolytic agent, paraverte	Yes	EVICORE		ALL (Except McWRAP)	
64633	Destruction by neurolytic agent, paraverte	No			MCWRAP	
64634	Destruction by neurolytic agent, paraverte	Yes	EVICORE		ALL (Except McWRAP)	
64634	Destruction by neurolytic agent, paraverte	No			MCWRAP	
64635	Destruction by neurolytic agent, paraverte	Yes	EVICORE		ALL (Except McWRAP)	
64635	Destruction by neurolytic agent, paraverte	No			MCWRAP	
64636	Destruction by neurolytic agent, paraverte	Yes	EVICORE		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 AGENT	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
64722	Decompression; unspecified nerve(s) (spe	No			ALL	
64726	Decompression; plantar digital nerve	No			ALL	
64727	Internal neurolysis, requiring use of operat	No			ALL	
64728	Decompression; median nerve at the carp	Not Covered			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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, nonperforatir	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, tenc	No			ALL	
65400	Excision of lesion, cornea (keratectomy, la	No			ALL	
65410	Biopsy of cornea	No			ALL	
65420	Excision or transposition of pterygium; witl	No			ALL	
65426	Excision or transposition of pterygium; witl	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 cryother	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 CC	No			ALL	
65775	CORNEAL WEDGE RESECTION FOR C(	No			ALL	
65778	Placement of amniotic membrane on the c	No			ALL	
65779	Placement of amniotic membrane on the c	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 n	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 techn	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 s	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 c	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
69200	Removal foreign body from external auditc	No			ALL	
69205	Removal foreign body from external auditc	No			ALL	
69209	Removal impacted cerumen using irrigation/lava	No			ALL	
69210	Removal impacted cerumen (separate prc	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 dilation	No			ALL	
69706	Nasopharyngoscopy, surgical, with dilation	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 ARTHR(	No			ALL	
70336	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		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 AN	No			ALL	
70380	Radiologic examination, salivary gland for	No			ALL	
70390	Sialography, radiological supervision and	No			ALL	
70450	COMPUTED TOMOGRAPHY, HEAD OR	Yes	EVICORE		ALL (Except MCWRAP)	
70450	COMPUTED TOMOGRAPHY, HEAD OR	No			MCWRAP	
70460	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
70460	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
70470	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
70470	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
70471	Computed tomographic angiography (CTA	Yes	EVICORE		ALL (Except MCWRAP)	
70471	Computed tomographic angiography (CTA	No			MCWRAP	
70472	Computed tomographic (CT) cerebral perf	Yes	EVICORE		ALL (Except MCWRAP)	
70472	Computed tomographic (CT) cerebral perf	No			MCWRAP	
70473	Computed tomographic (CT) cerebral perf	Yes	EVICORE		ALL (Except MCWRAP)	
70473	Computed tomographic (CT) cerebral perf	No			MCWRAP	
70480	COMPUTED TOMOGRAPHY, ORBIT, SE	Yes	EVICORE		ALL (Except MCWRAP)	
70480	COMPUTED TOMOGRAPHY, ORBIT, SE	No			MCWRAP	
70481	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
70481	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
70482	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
70482	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
70486	COMPUTED TOMOGRAPHY, MAXILLOF	Yes	EVICORE		ALL (Except MCWRAP)	
70486	COMPUTED TOMOGRAPHY, MAXILLOF	No			MCWRAP	
70487	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
70487	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
70488	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
70488	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
70490	COMPUTED TOMOGRAPHY, SOFT TISS	Yes	EVICORE		ALL (Except MCWRAP)	
70490	COMPUTED TOMOGRAPHY, SOFT TISS	No			MCWRAP	
70491	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
70491	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
70492	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
70492	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
70496	COMPUTED TOMOGRAPHIC ANGIOGG	Yes	EVICORE		ALL (Except MCWRAP)	
70496	COMPUTED TOMOGRAPHIC ANGIOGG	No			MCWRAP	
70498	COMPUTED TOMOGRAPHIC ANGIOGR/	Yes	EVICORE		ALL (Except MCWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
70498	COMPUTED TOMOGRAPHIC ANGIOGR/	No			MCWRAP	
70540	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
70540	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
70542	MRI ORBIT/FACE/NECK W/DYE	Yes	EVICORE		ALL (Except MCWRAP)	
70542	MRI ORBIT/FACE/NECK W/DYE	No			MCWRAP	
70543	MRI ORBT/FAC/NCK W/O&W DYE	Yes	EVICORE		ALL (Except MCWRAP)	
70543	MRI ORBT/FAC/NCK W/O&W DYE	No			MCWRAP	
70544	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
70544	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
70545	MR ANGIOGRAPHY HEAD W/DYE	Yes	EVICORE		ALL (Except MCWRAP)	
70545	MR ANGIOGRAPHY HEAD W/DYE	No			MCWRAP	
70546	MR ANGIOGRAPH HEAD W/O&W DYE	Yes	EVICORE		ALL (Except MCWRAP)	
70546	MR ANGIOGRAPH HEAD W/O&W DYE	No			MCWRAP	
70547	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except MCWRAP)	
70547	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
70548	MR ANGIOGRAPHY NECK W/DYE	Yes	EVICORE		ALL (Except MCWRAP)	
70548	MR ANGIOGRAPHY NECK W/DYE	No			MCWRAP	
70549	MR ANGIOGRAPH NECK W/O&W DYE	Yes	EVICORE		ALL (Except MCWRAP)	
70549	MR ANGIOGRAPH NECK W/O&W DYE	No			MCWRAP	
70551	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
70551	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
70552	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
70552	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
70552	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
70552	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
70553	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
70553	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
70554	MAGNETIC RESONANCE IMAGEING, BF	Yes	EVICORE		ALL (Except MCWRAP)	
70554	MAGNETIC RESONANCE IMAGEING, BF	No			MCWRAP	
70555	MAGNETIC RESONANCE IMAGEING, BF	Yes	EVICORE		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 view	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; thre	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; V	Yes	EVICORE		ALL (Except MCWRAP)	
71250	COMPUTED TOMOGRAPHY, THORAX; V	No			MCWRAP	
71260	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
71260	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
71270	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
71270	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
71271	Computed tomography, thorax, low dose f	Yes	EVICORE		ALL (Except MCWRAP)	
71271	Computed tomography, thorax, low dose f	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
71275	COMPUTED TOMOGRAPHIC ANGIOGRA	Yes	EVICORE		ALL (Except MCWRAP)	
71275	COMPUTED TOMOGRAPHIC ANGIOGRA	No			MCWRAP	
71550	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
71550	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
71551	MRI CHEST W/DYE	Yes	EVICORE		ALL (Except MCWRAP)	
71551	MRI CHEST W/DYE	No			MCWRAP	
71552	MRI CHEST W/O&W DYE	Yes	EVICORE		ALL (Except MCWRAP)	
71552	MRI CHEST W/O&W DYE	No			MCWRAP	
71555	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		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	EVICORE		ALL (Except MCWRAP)	
72125	COMPUTED TOMOGRAPHY, CERVICAL	No			MCWRAP	
72126	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
72126	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
72127	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
72127	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
72128	COMPUTED TOMOGRAPHY, THORACIC	Yes	EVICORE		ALL (Except MCWRAP)	
72128	COMPUTED TOMOGRAPHY, THORACIC	No			MCWRAP	
72129	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
72129	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
72130	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
72130	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
72131	COMPUTED TOMOGRAPHY, LUMBAR S	Yes	EVICORE		ALL (Except MCWRAP)	
72131	COMPUTED TOMOGRAPHY, LUMBAR S	No			MCWRAP	
72132	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
72132	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
72133	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
72133	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
72141	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72141	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72142	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72142	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72146	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72146	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
72147	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72147	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72148	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72148	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72149	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72149	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72156	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72156	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72157	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72157	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72158	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72158	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72159	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		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	EVICORE		ALL (Except MCWRAP)	
72191	COMPUTED TOMOGRAPHIC ANGIOGRA	No			MCWRAP	
72192	COMPUTED TOMOGRAPHY, PELVIS; W	Yes	EVICORE		ALL (Except MCWRAP)	
72192	COMPUTED TOMOGRAPHY, PELVIS; W	No			MCWRAP	
72193	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
72193	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
72194	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
72194	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
72195	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72195	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72196	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
72196	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
72197	MRI PELVIS W/O & W DYE	Yes	EVICORE		ALL (Except MCWRAP)	
72197	MRI PELVIS W/O & W DYE	No			MCWRAP	
72198	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		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 REGI	No			ALL	
0228t	Diskography, cervical or thoracic, radiolog	Yes	EVICORE		ALL (Except MCWRAP)	
72285	Diskography, cervical or thoracic, radiolog	No			MCWRAP	
72295	Diskography, lumbar, radiological supervis	Yes	EVICORE		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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	EVICORE		ALL (Except MCWRAP)	
73200	COMPUTED TOMOGRAPHY, UPPER EX	No			MCWRAP	
73201	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
73201	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
73202	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except MCWRAP)	
73202	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
73206	COMPUTED TOMOGRAPHIC ANGIOGRA	Yes	EVICORE		ALL (Except MCWRAP)	
73206	COMPUTED TOMOGRAPHIC ANGIOGRA	No			MCWRAP	
73218	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
73218	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
73218	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
73218	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
73219	MRI UPPER EXTREMITY W/DYE	Yes	EVICORE		ALL (Except MCWRAP)	
73219	MRI UPPER EXTREMITY W/DYE	No			MCWRAP	
73220	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
73220	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
73221	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except MCWRAP)	
73221	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
73222	MRI JOINT UPR EXTREM W/ DYE	Yes	EVICORE		ALL (Except MCWRAP)	
73222	MRI JOINT UPR EXTREM W/ DYE	No			MCWRAP	
73223	MRI JOINT UPR EXTR W/O&W DYE	Yes	EVICORE		ALL (Except MCWRAP)	
73223	MRI JOINT UPR EXTR W/O&W DYE	No			MCWRAP	
73225	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	EVICORE		ALL (Except McWRAP)	
73700	COMPUTED TOMOGRAPHY, LOWER EX	No			MCWRAP	
73701	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except McWRAP)	
73701	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
73702	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except McWRAP)	
73702	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
73706	COMPUTED TOMOGRAPHIC ANGIOGRA	Yes	EVICORE		ALL (Except McWRAP)	
73706	COMPUTED TOMOGRAPHIC ANGIOGRA	No			MCWRAP	
73718	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except McWRAP)	
73718	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
73719	MRI LOWER EXTREMITY W/DYE	Yes	EVICORE		ALL (Except McWRAP)	
73719	MRI LOWER EXTREMITY W/DYE	No			MCWRAP	
73720	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except McWRAP)	
73720	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
73721	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except McWRAP)	
73721	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	
73722	MRI JOINT OF LWR EXTR W/DYE	Yes	EVICORE		ALL (Except McWRAP)	
73722	MRI JOINT OF LWR EXTR W/DYE	No			MCWRAP	
73723	MRI JOINT LWR EXTR W/O&W DYE	Yes	EVICORE		ALL (Except McWRAP)	
73723	MRI JOINT LWR EXTR W/O&W DYE	No			MCWRAP	
73725	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		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	EVICORE		ALL (Except McWRAP)	
74150	COMPUTED TOMOGRAPHY, ABDOMEN	No			MCWRAP	
74160	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except McWRAP)	
74160	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
74170	COMPUTERIZED AXIAL TOMOGRAPHY,	Yes	EVICORE		ALL (Except McWRAP)	
74170	COMPUTERIZED AXIAL TOMOGRAPHY,	No			MCWRAP	
74174	Computed tomographic angiography, abd	Yes	EVICORE		ALL (Except McWRAP)	
74174	Computed tomographic angiography, abd	No			MCWRAP	
74175	COMPUTED TOMOGRAPHIC ANGIOGRA	Yes	EVICORE		ALL (Except McWRAP)	
74175	COMPUTED TOMOGRAPHIC ANGIOGRA	No			MCWRAP	
74176	Computed tomography, abdomen and pel	Yes	EVICORE		ALL (Except McWRAP)	
74176	Computed tomography, abdomen and pel	No			MCWRAP	
74177	Computed tomography, abdomen and pel	Yes	EVICORE		ALL (Except McWRAP)	
74177	Computed tomography, abdomen and pel	No			MCWRAP	
74178	Computed tomography, abdomen and pel	Yes	EVICORE		ALL (Except McWRAP)	
74178	Computed tomography, abdomen and pel	No			MCWRAP	
74181	MAGNETIC RESONANCE (EG, PROTON	Yes	EVICORE		ALL (Except McWRAP)	
74181	MAGNETIC RESONANCE (EG, PROTON	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
74182	MRI ABDOMEN W/DYE	Yes	EVICORE		ALL (Except McWRAP)	
74182	MRI ABDOMEN W/DYE	No			MCWRAP	
74183	MRI ABDOMEN W/O & W/DYE	Yes	EVICORE		ALL (Except McWRAP)	
74183	MRI ABDOMEN W/O & W/DYE	No			MCWRAP	
74185	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		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	EVICORE		ALL (Except McWRAP)	
74261	COMPUTED TOMOGRAPHIC COLONGR	No			MCWRAP	
74262	COMPUTED TOMOGRAPHIC COLONGR	Yes	EVICORE		ALL (Except McWRAP)	
74262	COMPUTED TOMOGRAPHIC COLONGR	No			MCWRAP	
74263	COMPUTED TOMOGRAPHIC (CT) COLO	Yes	EVICORE		ALL (Except McWRAP)	
74263	COMPUTED TOMOGRAPHIC (CT) COLO	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 th	No			ALL	
74340	Introduction of long gastrointestinal tube (e	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 biliar	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 KUB	No			ALL	
74425	Urography, antegrade, (pyelostogram, nep	No			ALL	
74430	Cystography, minimum of three views, rad	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	EVICORE		ALL (Except McWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
74712	Magnetic resonance (e.g., proton) imaging fetal	No			MCWRAP	
74713	Magnetic resonance (e.g., proton) imaging fetal	Yes	EVICORE		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	EVICORE		ALL (Except MCWRAP)	
75577	Quantification and characterization of corc	No			MCWRAP	
75580	Noninvasive estimate of coronary fractiona	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	EVICORE		ALL (Except MCWRAP)	
75635	COMPUTED TOMOGRAPHIC ANGIOGRA	No			MCWRAP	
75705	Angiography, spinal, selective, radiologica	No			ALL	
75710	Angiography, extremity, unilateral, radiolog	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
75710	Angiography, extremity, unilateral, radiolog	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	
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 supervisio	No			ALL	
75820	Venography, extremity, unilateral, radiolog	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
75820	Venography, extremity, unilateral, radiolog	No			MCWRAP	
75822	Venography, extremity, bilateral, radiologic	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
75822	Venography, extremity, bilateral, radiologic	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, rac	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	
76014	MR safety implant and/or foreign body ass	No			ALL	
76015	MR safety implant and/or foreign body ass	No			ALL	
76016	MR safety determination by a physician or	No			ALL	
76017	MR safety medical physics examination cu	No			ALL	
76018	MR safety implant electronics preparation	No			ALL	
76019	MR safety implant positioning and/or imm	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	EVICORE		ALL (Except McWRAP)	
76376	3D RENDER W/O POSTPROCESS	No			MCWRAP	
76377	3D RENDERING W/POSTPROCESS	Yes	EVICORE		ALL (Except McWRAP)	
76377	3D RENDERING W/POSTPROCESS	No			MCWRAP	
76380	CT SCAN FOLLOWUP STUDY, LIM	Yes	EVICORE		ALL (Except McWRAP)	
76380	CT SCAN FOLLOWUP STUDY, LIM	No			MCWRAP	
76390	MAGNETIC RESONANCE SPECTROSC	Yes	EVICORE		ALL (Except McWRAP)	
76390	MAGNETIC RESONANCE SPECTROSC	No			MCWRAP	
76391	Magnetic resonance (eg, vibration) elasto	Yes	EVICORE		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	EVICORE		ALL (Except McWRAP)	
76497	UNLISTED COMPUTED TOMOGRAPHY	No			MCWRAP	
76498	UNLISTED DIAGNOSTIC RADIOGRAPHI	Yes			ALL (Except McWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
76498	UNLISTED DIAGNOSTIC RADIOGRAPHI	No			MCWRAP	
76499	UNLISTED DIAGNOSTIC RADIOLOGIC P	Yes			ALL (Except McWRAP)	
76499	UNLISTED DIAGNOSTIC RADIOLOGIC P	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 bi	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 sa	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	EVICORE		ALL (Except McWRAP)	
77021	MAGNETIC RESONANCE GUIDANCE FO	No			MCWRAP	
77022	MAGNETIC RESONANCE GUIDANCE FO	No			ALL	
77046	Magnetic resonance imaging, breast, with	Yes	EVICORE		ALL (Except McWRAP)	
77046	Magnetic resonance imaging, breast, with	No			MCWRAP	
77047	Magnetic resonance imaging, breast, with	Yes	EVICORE		ALL (Except McWRAP)	
77047	Magnetic resonance imaging, breast, with	No			MCWRAP	
77048	Magnetic resonance imaging, breast, with	Yes	EVICORE		ALL (Except McWRAP)	
77048	Magnetic resonance imaging, breast, with	No			MCWRAP	
77049	Magnetic resonance imaging, breast, with	Yes	EVICORE		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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 MC	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	EVICORE		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 c	No			ALL	
77090	Trabecular bone score (TBS), structural c	No			ALL	
77091	Trabecular bone score (TBS), structural c	No			ALL	
77092	Trabecular bone score (TBS), structural c	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 SIMULATIC	No			ALL	
77293	Respiratory motion management simulatic	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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; co	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	No			ALL	
78013	Thyroid imaging (including vascular flow, v	No			ALL	
78014	Thyroid imaging (including vascular flow, v	No			ALL	
78015	Thyroid carcinoma metastases imaging; li	No			ALL	
78016	Thyroid carcinoma metastases imaging; w	No			ALL	
78018	Thyroid carcinoma metastases imaging; w	No			ALL	
78020	Thyroid carcinoma metastases uptake (Lis	No			ALL	
78070	Parathyroid imaging	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
78071	Parathyroid planar imaging (including subt	No			ALL	
78072	Parathyroid planar imaging (including subt	No			ALL	
78075	Adrenal imaging, cortex and/or medulla	No			ALL	
78099	UNLISTED ENDOCRINE PROCEDURE, D	Yes			ALL (Except MCWRAP)	
78099	UNLISTED ENDOCRINE PROCEDURE, D	No			MCWRAP	
78102	Bone marrow imaging; limited area	No			ALL	
78103	Bone marrow imaging; multiple areas	No			ALL	
78104	Bone marrow imaging; whole body	No			ALL	
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	
78140	LABELED RED CELL SEQUESTRATION,	No			ALL	
78185	Spleen imaging only, with or without vascu	No			ALL	
78191	Platelet survival study	No			ALL	
78195	Lymphatics and lymph nodes imaging	No			ALL	
78199	UNLISTED HEMATOPOIETIC, RETICULC	Yes			ALL	
78201	Liver imaging; static only	No			ALL	
78202	Liver imaging; with vascular flow	No			ALL	
78215	Liver and spleen imaging; static only	No			ALL	
78216	Liver and spleen imaging; with vascular flo	No			ALL	
78226	Hepatobiliary system imaging, including ga	No			ALL	
78227	Hepatobiliary system imaging, including ga	No			ALL	
78230	Salivary gland imaging;	No			ALL	
78231	Salivary gland imaging; with serial images	No			ALL	
78232	Salivary gland function study	No			ALL	
78258	Esophageal motility	No			ALL	
78261	Gastric mucosa imaging	No			ALL	
78262	Gastroesophageal reflux study	No			ALL	
78264	Gastric emptying study	No			ALL	
78265	Gastric emptying imaging study (e.g., solid, liqu	No			ALL	
78266	Gastric emptying imaging study (e.g., solid, liqu	No			ALL	
78267	Urea breath test, C-14 (isotopic); acquisitio	No			ALL	
78268	Urea breath test, C-14 (isotopic); analysis	No			ALL	
78278	Acute gastrointestinal blood loss imaging	No			ALL	
78282	Gastrointestinal protein loss	No			ALL	
78290	Intestine imaging (eg, ectopic gastric muc	No			ALL	
78291	Peritoneal-venous shunt patency test (eg,	No			ALL	
78299	UNLISTED GASTROINTESTINAL PROCE	Yes			ALL (Except MCWRAP)	
78299	UNLISTED GASTROINTESTINAL PROCE	No			MCWRAP	
78300	Bone and/or joint imaging; limited area	No			ALL	
78305	Bone and/or joint imaging; multiple areas	No			ALL	
78306	Bone and/or joint imaging; whole body	No			ALL	
78315	Bone and/or joint imaging; three phase stu	No			ALL	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
78399	UNLISTED MUSCULOSKELETAL PROCE	No			MCWRAP	
78414	Determination of central c-v hemodynamic	No			ALL	
78428	Cardiac shunt detection	Yes	EVICORE		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	No			ALL	
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, peptide	Not Covered			ALL (Except MED)	
78456	Acute venous thrombosis imaging, peptide	Yes			MED	
78457	Venous thrombosis imaging, venogram; u	No			ALL	
78458	Venous thrombosis imaging, venogram; b	No			ALL	
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, GATE	No			ALL	
78473	CARDIAC BLOOD POOL IMAGING, GATE	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, GATE	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	No			ALL	
78580	Pulmonary perfusion imaging, particulate	No			ALL	
78582	Pulmonary ventilation imaging (eg, aerosc	No			ALL	
78597	Quantitative differential pulmonary perfusi	No			ALL	
78598	Quantitative differential pulmonary perfusi	No			ALL	
78599	UNLISTED RESPIRATORY PROCEDURE	Yes			ALL (Except MCWRAP)	
78599	UNLISTED RESPIRATORY PROCEDURE	No			MCWRAP	
78600	BRAIN IMAGING, LIMITED PROCEDURE	No			ALL	
78601	BRAIN IMAGING, LIMITED PROCEDURE	No			ALL	
78605	BRAIN IMAGING, COMPLETE STUDY; ST	No			ALL	
78606	BRAIN IMAGING, COMPLETE STUDY; W	No			ALL	
78608	BRAIN IMAGING, POSITRON EMISSION	Yes	EVICORE		ALL (Except MCWRAP)	
78608	BRAIN IMAGING, POSITRON EMISSION	No			MCWRAP	
78609	BRAIN IMAGING, POSITRON EMISSION	Not Covered			ALL	
78610	BRAIN IMAGING, VASCULAR FLOW ONL	No			ALL	
78630	CEREBROSPINAL FLUID FLOW, IMAGIN	No			ALL	
78635	Cerebrospinal fluid flow, imaging (not inclu	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
78645	Cerebrospinal fluid flow, imaging (not inclu	No			ALL	
78650	Cerebrospinal fluid leakage detection and	No			ALL	
78660	Radiopharmaceutical dacryocystography	No			ALL	
78699	UNLISTED NERVOUS SYSTEM PROCED	Yes			ALL (Except MCWRAP)	
78699	UNLISTED NERVOUS SYSTEM PROCED	No			MCWRAP	
78700	KIDNEY IMAGING MORPHOLOGY	No			ALL	
78701	KIDNEY IMAGING MORPHOLOGY; WITH	No			ALL	
78707	KIDNEY IMAGING MORPHOLOGY; WITH	No			ALL	
78708	KIDNEY IMAGING MORPHOLOGY; WITH	No			ALL	
78709	KIDNEY IMAGING MORPHOLOGY; W/VA	No			ALL	
78725	KIDNEY FUNCTION STUDY, NON-IMAGI	No			ALL	
78730	URINARY BLADDER RESIDUAL STUDY	No			ALL	
78740	URETERAL REFLUX STUDY (RADIOPHA	No			ALL	
78761	TESTICULAR IMAGING WITH VASCULA	No			ALL	
78799	UNLISTED GENITOURINARY PROCEDU	Yes			ALL (Except MCWRAP)	
78799	UNLISTED GENITOURINARY PROCEDU	No			MCWRAP	
78800	RADIOPHARMACEUTICAL LOCALIZATIC	No			ALL	
78801	RADIOPHARMACEUTICAL LOCALIZATIC	No			ALL	
78802	RADIOPHARMACEUTICAL LOCALIZATIC	No			ALL	
78803	RADIOPHARMACEUTICAL LOCALIZATIC	Yes	EVICORE		ALL (Except MCWRAP)	
78803	RADIOPHARMACEUTICAL LOCALIZATIC	No			MCWRAP	
78804	RADIOPHARMACEUTICAL LOCALIZATIC	No			ALL	
78808	Injection procedure for radiopharmaceutic	No			ALL	
78811	TUMOR IMAGING, POSITRON EMISSION	Yes	EVICORE		ALL (Except MCWRAP)	
78811	TUMOR IMAGING, POSITRON EMISSION	No			MCWRAP	
78812	TUMOR IMAGING, POSITRON EMISSION	Yes	EVICORE		ALL (Except MCWRAP)	
78812	TUMOR IMAGING, POSITRON EMISSION	No			MCWRAP	
78813	TUMOR IMAGING, POSITRON EMISSION	Yes	EVICORE		ALL (Except MCWRAP)	
78813	TUMOR IMAGING, POSITRON EMISSION	No			MCWRAP	
78814	TUMOR IMAGING, POSITRON EMISSION	Yes	EVICORE		ALL (Except MCWRAP)	
78814	TUMOR IMAGING, POSITRON EMISSION	No			MCWRAP	
78815	TUMOR IMAGING, POSITRON EMISSION	Yes	EVICORE		ALL (Except MCWRAP)	
78815	TUMOR IMAGING, POSITRON EMISSION	No			MCWRAP	
78816	TUMOR IMAGING, POSITRON EMISSION	Yes	EVICORE		ALL (Except MCWRAP)	
78816	TUMOR IMAGING, POSITRON EMISSION	No			MCWRAP	
78830	Radiopharmaceutical localization of tumor	Yes	EVICORE		ALL (Except MCWRAP)	
78830	Radiopharmaceutical localization of tumor	No			MCWRAP	
78831	Radiopharmaceutical localization of tumor	No			ALL	
78832	Radiopharmaceutical localization of tumor	No			ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 2	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 (gluco	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
81186	CACNA1A (calcium voltage-gated channe	No			MCWRAP	
81187	CNBP (CCHC-type zinc finger nucleic acid	Yes			ALL (Except MCWRAP)	
81187	CNBP (CCHC-type zinc finger nucleic acid	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
81194	NTRK (neurotrophic-tropomyosin receptor	Yes			ALL (Except MCWRAP)	
81194	NTRK (neurotrophic-tropomyosin receptor	No			MCWRAP	
81195	Cytogenomic (genome-wide) analysis, her	Yes			ALL (Except MCWRAP)	
81195	Cytogenomic (genome-wide) analysis, her	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-like	Yes			ALL (Except MCWRAP)	
81209	BLM (Bloom syndrome, RecQ helicase-like	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, sul	Yes			ALL (Except MCWRAP)	
81225	CYP2C19 (cytochrome P450, family 2, sul	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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, complementatic	Yes			ALL (Except MCWRAP)	
81242	FANCC (Fanconi anemia, complementatic	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
81265	Comparative analysis using Short Tandem	No	Preferred provider HFCPD or UofM		ALL (Except McWrap, MA)	
81265	Comparative analysis using Short Tandem	No			McWrap/MA	
81266	Comparative analysis using Short Tandem	No	Preferred provider HFCPD or UofM		ALL (Except McWrap, MA)	
81266	Comparative analysis using Short Tandem	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
81301	Microsatellite instability analysis (eg, here	No			McWrap/MA	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 regulate	Yes			ALL (Except MCWRAP)	
81343	PPP2R2B (protein phosphatase 2 regulate	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
81372	HLA Class I and II typing, low resolution (e	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, Cl	Yes			ALL (Except MCWRAP)	
81448	Hereditary peripheral neuropathies (eg, Cl	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)	
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	
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 deletic	Yes			ALL (Except MCWRAP)	
81465	Whole mitochondrial genome large deletic	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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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 expressio	Yes			ALL (Except MCWRAP)	
81546	Oncology (thyroid), mRNA, gene expressio	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
82172	Apolipoprotein, each	No			ALL	
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); c	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
82726	Very long chain fatty acids	No			ALL	
82728	Ferritin	No			ALL	
82731	Fetal fibronectin, cervicovaginal secretion	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 spec	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	
83003	Growth hormone, human (HGH) (somatot	No			ALL	
83006	Growth stimulation expressed gene 2 (ST2	Yes			ALL (Except MCWRAP)	
83006	Growth stimulation expressed gene 2 (ST2	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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) (SGO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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; plasmino	No			ALL	
85420	Fibrinolytic factors and inhibitors; plasmino	No			ALL	
85421	Fibrinolytic factors and inhibitors; plasmino	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
86063	Antistreptolysin 0; screen	No			ALL	
86077	Blood bank physician services; difficult cro	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 (hsCRF	No			ALL	
86146	Beta 2 Glycoprotein I antibody, each	No			ALL	
86147	Cardiolipin (phospholipid) antibody, each I	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; nat	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 PF	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 (M	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 anti	No			ALL	
86976	Pretreatment of serum for use in RBC anti	No			ALL	
86977	Pretreatment of serum for use in RBC anti	No			ALL	
86978	Pretreatment of serum for use in RBC anti	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE (	No			ALL	
87250	Virus isolation; inoculation of embryonated	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 SUSCEPTIB	No			ALL	
87901	Infectious agent genotype analysis by nuc	No			ALL	
87902	Infectious agent genotype analysis by nuc	No			ALL	
87903	INFECTIOUS AGENT PHENOTYPE ANA	No			ALL	
87904	INFECTIOUS AGENT PHENOTYPE ANA	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 PROCEDUR	Yes			ALL (Except MCWRAP)	
87999	UNLISTED MICROBIOLOGY PROCEDUR	No			MCWRAP	
88000	NECROPSY (AUTOPSY), GROSS EXAM	Not Covered			ALL	
88005	NECROPSY (AUTOPSY), GROSS EXAM	Not Covered			ALL	
88007	NECROPSY (AUTOPSY), GROSS EXAM	Not Covered			ALL	
88012	NECROPSY (AUTOPSY), GROSS EXAM	Not Covered			ALL	
88014	NECROPSY (AUTOPSY), GROSS EXAM	Not Covered			ALL	
88016	NECROPSY (AUTOPSY), GROSS EXAM	Not Covered			ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	Yes			ALL (Except MCWRAP)	
88230	Tissue culture for non-neoplastic disorders	No			MCWRAP	
88233	Tissue culture for non-neoplastic disorders	Yes			ALL (Except MCWRAP)	
88233	Tissue culture for non-neoplastic disorders	No			MCWRAP	
88235	Tissue culture for non-neoplastic disorders	Yes			ALL (Except MCWRAP)	
88235	Tissue culture for non-neoplastic disorders	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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; INTERP	Yes			ALL (Except MCWRAP)	
88274	MOLECULAR CYTOGENETICS; INTERP	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 materi	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; eac	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	
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 cap	No			ALL	
88381	MICRODISSECTION (IE, SAMPLE PREP/	No			ALL	
88387	MACROSCOPIC EXAM, DISSECTION, &	No			ALL	
88399	UNLISTED SURGICAL PATHOLOGY PRC	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
88749	Unlisted in vivo (eg, transcutaneous) labor	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	ALL	
89258	CRYOPRESERVATION; EMBRYO	Not Covered			ALL	
89259	CRYOPRESERVATION, SPERM	Yes	VERIFYING BENEFIT CO	MED NEC FERT PRE SERV	ALL	
89260	SPERM ISOLATION; SIMPLE PREP (EG,	No		A	ALL	
89261	SPERM ISOLATION; COMPLEX PREP (E	No		A	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	VERIFYING BENEFIT CO	MED NEC FERT PRE SERV	ALL	
89342	STORAGE/YEAR; EMBRYO(S)	Not Covered			ALL	
89343	STORAGE, (PER YEAR); SPERM/SEMEN	Yes	VERIFYING BENEFIT CO	MED NEC FERT PRE SERV	ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
89344	STORAGE, (PER YEAR); REPRODUCTIV	Not Covered			ALL	
89346	STORAGE, (PER YEAR); OOCYTE	Yes	VERIFYING BENEFIT CO	MED NEC FERT PRE SERV	ALL	
89352	THAWING OF CRYOPRESERVED; EMBF	Not Covered			ALL	
89353	THAWING OF CRYOPRESERVED; SPEF	Not Covered			ALL	
89354	THAWING OF CRYOPRESERVED; REPF	Not Covered			ALL	
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		ALL (Except McWrap, MA)	
90281	IMMUNE GLOBULIN (IG), HUMAN, FOR	No			MCWRAP, MA	
90283	IMMUNE GLOBULIN (IGIV), HUMAN, FOF	Yes	SPC		ALL (Except McWrap, MA)	
90283	IMMUNE GLOBULIN (IGIV), HUMAN, FOF	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		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, m	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
90581	Anthrax vaccine, for subcutaneous use	No			ALL	
90584	Dengue vaccine, quadrivalent, live, 2 dose	Not covered			ALL	
90585	Bacillus Calmette-Guerin vaccine (BCG) f	No			ALL	
90586	Bacillus Calmette-Guerin vaccine (BCG) f	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	
90616	Influenza virus vaccine, trivalent (tIRV), m	No			ALL	
90619	Meningococcal conjugate vaccine, serogroups A	No			ALL	
90620	Meningococcal recombinant protein and outer n	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 d	No			ALL	
90634	Hepatitis A vaccine, pediatric/adolescent d	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	
90639	Influenza virus vaccine, quadrivalent (qIRV	No			ALL	
90644	Meningococcal conjugate vaccine, serogro	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, 11	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
90672	Influenza virus vaccine, quadrivalent, live,	No			ALL	
90673	Influenza virus vaccine, trivalent, derived f	No			ALL	
90674	Influenza virus vaccine, quadrivalent (ccIV	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 p	No			ALL	
90702	Diphtheria and tetanus toxoids (DT) adsor	No			ALL	
90707	Measles, mumps and rubella virus vaccine	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, serogro	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 sc	No			ALL	
90744	Hepatitis B vaccine, pediatric/adolescent c	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 (ccIV	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
90758	Zaire ebolavirus vaccine, live, for intramus	Yes			ALL (Except MCWRAP)	
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
92134	Scanning computerized ophthalmic diagnc	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	
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,	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
92508	TREATMENT OF SPEECH, LANGUAGE,	No			ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 me	No			ALL	
92997	Percutaneous transluminal pulmonary arte	No			ALL	
92998	Percutaneous transluminal pulmonary arte	No			ALL	
93000	Electrocardiogram, routine ECG with at lea	No			ALL	
93005	Electrocardiogram, routine ECG with at lea	No			ALL	
93010	Electrocardiogram, routine ECG with at lea	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
93041	Rhythm ECG, one to three leads; tracing c	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 velo	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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 t	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	
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
93615	Esophageal recording of atrial electrogran	No			ALL	
93616	Esophageal recording of atrial electrogran	No			ALL	
93618	Induction of arrhythmia by electrical pacin	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 subcutan	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 cath	No			ALL	
93660	EVALUATION OF CARDIOVASCULAR FU	No			ALL	
93662	Intracardiac echocardiography during ther	No			ALL	
93668	Peripheral arterial disease (PAD) rehabilit	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, SUBSEQ	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	
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 in	No			ALL	
95079	Ingestion challenge test (sequential and in	No			ALL	
95115	Professional services for allergen immuno	No			ALL	
95117	Professional services for allergen immuno	No			ALL	
95120	Professional services for allergen immuno	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
95125	Professional services for allergen immuno	No			ALL	
95130	Professional services for allergen immuno	No			ALL	
95131	Professional services for allergen immuno	No			ALL	
95132	Professional services for allergen immuno	No			ALL	
95133	Professional services for allergen immuno	No			ALL	
95134	Professional services for allergen immuno	No			ALL	
95144	Professional services for the supervision o	No			ALL	
95145	Professional services for the supervision o	No			ALL	
95146	Professional services for the supervision o	No			ALL	
95147	Professional services for the supervision o	No			ALL	
95148	Professional services for the supervision o	No			ALL	
95149	Professional services for the supervision o	No			ALL	
95165	Professional services for the supervision o	No			ALL	
95170	Professional services for the supervision o	No			ALL	
95180	RAPID DESENSITIZATION PROCEDURE	No			ALL	
95199	UNLISTED ALLERGY/CLINICAL IMMUNO	Yes			ALL	
95199	UNLISTED ALLERGY/CLINICAL IMMUNO	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	
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, s	Yes	MSI		ALL (Except MCWRAP)	
95782	Polysomnography; younger than 6 years, s	No			MCWRAP	
95783	Polysomnography; younger than 6 years, s	Yes	MSI		ALL (Except MCWRAP)	
95783	Polysomnography; younger than 6 years, s	No			MCWRAP	
95800	Sleep study, unattended, simultaneous re	No			ALL	
95801	Sleep study, unattended, simultaneous re	No			ALL	
95803	Actigraphy testing, recording, analysis, int	Not Covered			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
95805	MULTIPLE SLEEP LATENCY OR MAINTE	Yes	MSI		ALL (Except MCWRAP)	
95805	MULTIPLE SLEEP LATENCY OR MAINTE	No			MCWRAP	
95806	SLEEP STUDY, SIMULTANEOUS RECOI	No			ALL	
95807	SLEEP STUDY, SIMULTANEOUS RECOI	Yes	MSI		ALL (Except MCWRAP)	
95807	SLEEP STUDY, SIMULTANEOUS RECOI	No			MCWRAP	
95808	POLYSOMNOGRAPHY; SLEEP STAGINC	Yes	MSI		ALL (Except MCWRAP)	
95808	POLYSOMNOGRAPHY; SLEEP STAGINC	No			MCWRAP	
95810	POLYSOMNOGRAPHY; SLEEP STAGINC	Yes	MSI		ALL (Except MCWRAP)	
95810	POLYSOMNOGRAPHY; SLEEP STAGINC	No			MCWRAP	
95811	POLYSOMNOGRAPHY; SLEEP STAGINC	Yes	MSI		ALL (Except MCWRAP)	
95811	POLYSOMNOGRAPHY; SLEEP STAGINC	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 stuc	No			ALL	
95919	Quantitative pupillometry with physician or	Not Covered			ALL	
95921	Testing of autonomic nervous system func	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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) f	Not Covered			ALL	
96932	Reflectance confocal microscopy (RCM) f	Not Covered			ALL	
96933	Reflectance confocal microscopy (RCM) f	Not Covered			ALL	
96934	Reflectance confocal microscopy (RCM) f	Not Covered			ALL	
96935	Reflectance confocal microscopy (RCM) f	Not Covered			ALL	
96936	Reflectance confocal microscopy (RCM) f	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	
97036	APPLICATION OF A MODALITY TO ONE	No			ALL	
97037	Application of a modality to 1 or more area	Not Covered			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, I	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	
98941	CHIROPRACTIC MANIPULATIVE TREAT	No		C	ALL	
98942	CHIROPRACTIC MANIPULATIVE TREAT	No		C	ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	
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, TRANSPORTAT	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, quantitativ	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 SER	Yes			ALL	
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 addi	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 behaviora	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 (Except MCWRAP)	
99499	UNLISTED EVALUATION AND MANAGEI	No			MCWRAP	
99500	HOME VISIT FOR PRENATAL ASSESSM	No			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 A(	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	
99602	HOME INFUSION/SPECIALTY DRUG AD	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
0015F	Melanoma follow up completed (includes	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 autoan	Yes			ALL (Except MCWRAP)	
0021U	Oncology (prostate), detection of 8 autoan	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	
0028U	CYP2D6 (cytochrome P450, family 2, subf	Yes			ALL (Except MCWRAP)	
0028U	CYP2D6 (cytochrome P450, family 2, subf	No			MCWRAP	
0030U	Drug metabolism (warfarin drug response	Yes			ALL (Except MCWRAP)	
0030U	Drug metabolism (warfarin drug response	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 express	Yes			ALL (Except MCWRAP)	
0047U	Oncology (prostate), mRNA, gene express	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 TRANSPLA	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 THIC	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 TRANSPLAN	Not Covered			ALL	
0141U	Infectious disease (bacteria and fungi), gra	No			ALL	
0142T	PANCREATIC ISLET CELL TRANSPLAN	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	
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)	
0158U	MLH1 (mutL homolog 1) (eg, hereditary no	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 repair	Yes			ALL (Except MCWRAP)	
0161U	PMS2 (PMS1 homolog 2, mismatch repair	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
0197U	Red cell antigen (Landsteiner-Wiener bloc	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
0198U	Red cell antigen (RH blood group) genotyp	Yes			ALL (Except MCWRAP, PRICHO, PRIQHP)	
0198U	Red cell antigen (RH blood group) genotyp	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) genotypi	Yes			ALL (Except MCWRAP, PRICHO, PRIQHP)	
0201U	Red cell antigen (Yt blood group) genotypi	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	
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) genotyp	Yes			ALL (Except MCWRAP)	
0222U	Red cell antigen (RH blood group) genotyp	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 molecula	Yes			ALL (Except MCWRAP, PRICHO)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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	
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), targete	Yes			ALL (Except MCWRAP)	
0250U	Oncology (solid organ neoplasm), targete	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	Yes			ALL (Except McWRAP, PRICHO)	
0255U	Andrology (infertility), sperm-capacitation	No			MCWRAP, PRICHO	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 syn	Yes			ALL (Except MCWRAP)	
0268U	Hematology (atypical hemolytic uremic syn	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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)functiona	Yes			ALL (Except PRICHO, MCWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
0305U	Hematology, red blood cell (RBC)functiona	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	
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	
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 [ASD	Yes			ALL (Except PRICHO, MCWRAP)	
0322U	Neurology (autism spectrum disorder [ASD	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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)	
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 kid	Yes			ALL (Except MCWRAP)	
0355U	APOL1 (apolipoprotein L1) (eg, chronic kid	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
0370U	Infectious agent detection by nucleic acid	Yes			ALL (Except MCWRAP)	
0370U	Infectious agent detection by nucleic acid	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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,	Yes			ALL (Except MCWRAP, PRICHO)	
0406U	Oncology (lung), flow cytometry, sputum,	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 algo	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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)	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 expressior	Yes			ALL (Except MCWRAP)	
0463U	Oncology (cervix), mRNA gene expressior	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)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 genitaliun	Yes			ALL (Except MCWRAP)	
0484U	Infectious disease (Mycoplasma genitaliun	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
0511U	Oncology (solid tumor), tumor cell culture	Yes			ALL (Except MCWRAP)	
0511U	Oncology (solid tumor), tumor cell culture	No			MCWRAP	
0512U	Oncology (prostate), augmentative algorit	Yes			ALL (Except MCWRAP)	
0512U	Oncology (prostate), augmentative algorit	No			MCWRAP	
0513U	Oncology (prostate), augmentative algorit	Yes			ALL (Except MCWRAP)	
0513U	Oncology (prostate), augmentative algorit	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,	Yes			ALL (Except MCWRAP)	
0523U	Oncology (solid tumor), DNA, qualitative,	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), quantificati	Yes			ALL (Except MCWRAP)	
0526U	Nephrology (renal transplant), quantificati	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
0529U	Hematology (venous thromboembolism [V	Yes			ALL (Except MCWRAP)	
0529U	Hematology (venous thromboembolism [V	No			MCWRAP	
0530U	Oncology (pan-solid tumor), ctDNA, utilizir	Yes			ALL (Except MCWRAP)	
0530U	Oncology (pan-solid tumor), ctDNA, utilizir	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), chemilumi	Yes			ALL (Except McWRAP)	
0547U	Neurofilament light chain (NfL), chemilumi	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	
0558U	Oncology (colorectal), quantitative enzyme	Yes			ALL (Except McWRAP)	
0558U	Oncology (colorectal), quantitative enzyme	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
0559U	Oncology (breast), quantitative enzyme-lir	Yes			ALL (Except McWRAP)	
0559U	Oncology (breast), quantitative enzyme-lir	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□generatio	Yes			ALL (Except McWRAP)	
0569U	Oncology (solid tumor), next□generatio	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	
0578U	Oncology (cutaneous melanoma), RNA	Yes			ALL (Except McWRAP)	
0578U	Oncology (cutaneous melanoma), RNA	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	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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),	Yes			ALL (Except McWRAP)	
0588U	Infectious disease (bacterial or viral),	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), semiquan	Yes			ALL (Except McWRAP)	
0594U	Infectious disease (sepsis), semiquan	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 INFEC	Yes			ALL (Except McWRAP)	
0600U	INFECTIOUS DISEASE (WOUND INFEC	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 DRU	Yes			ALL (Except McWRAP)	
0603U	DRUG ASSAY, PRESUMPTIVE, 77 DRU	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 mitocl	Yes			ALL (Except McWRAP)	
0614U	Inborn error of metabolism (primary mitocl	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)	
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	
0631U	Oncology (solid tumor), DNA, sequence a	Yes			ALL (Except McWrap)	
0631U	Oncology (solid tumor), DNA, sequence a	No			MCWRAP	
0632U	Red blood cell antigen (fetal RhD gene an	Yes			ALL (Except McWrap)	
0632U	Red blood cell antigen (fetal RhD gene an	No			MCWRAP	
0633U	Obstetrics (single-gene noninvasive prena	Yes			ALL (Except McWrap)	
0633U	Obstetrics (single-gene noninvasive prena	No			MCWRAP	
0634U	Oncology (breast cancer), cell-free DNA (c	Yes			ALL (Except McWrap)	
0634U	Oncology (breast cancer), cell-free DNA (c	No			MCWRAP	
0635U	Autoimmune (atopic dermatitis), mRNA, n	Yes			ALL (Except McWrap)	
0635U	Autoimmune (atopic dermatitis), mRNA, n	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
0636U	Babesia (Babesiosis), antibody detection	Yes			ALL (Except McWrap)	
0636U	Babesia (Babesiosis), antibody detection	No			MCWRAP	
0637U	Babesia (Babesiosis), antibody detection	Yes			ALL (Except McWrap)	
0637U	Babesia (Babesiosis), antibody detection	No			MCWRAP	
0638U	Bartonella (Bartonellosis), antibody detect	Yes			ALL (Except McWrap)	
0638U	Bartonella (Bartonellosis), antibody detect	No			MCWRAP	
0639U	Bartonella (Bartonellosis), antibody detect	Yes			ALL (Except McWrap)	
0639U	Bartonella (Bartonellosis), antibody detect	No			MCWRAP	
0640U	Oncology (leptomeningeal metastases), tu	Yes			ALL (Except McWrap)	
0640U	Oncology (leptomeningeal metastases), tu	No			MCWRAP	
0641U	Oncology (minimal residual disease [MRD	Yes			ALL (Except McWrap)	
0641U	Oncology (minimal residual disease [MRD	No			MCWRAP	
0642U	Oncology (minimal residual disease [MRD	Yes			ALL (Except McWrap)	
0642U	Oncology (minimal residual disease [MRD	No			MCWRAP	
0643U	Oncology (genitourinary cancer), cell-free	Yes			ALL (Except McWrap)	
0643U	Oncology (genitourinary cancer), cell-free	No			MCWRAP	
0644U	Oncology (leukemia), minimal residual dis	Yes			ALL (Except McWrap)	
0644U	Oncology (leukemia), minimal residual dis	No			MCWRAP	
0645U	Oncology (leukemia), minimal residual dis	Yes			ALL (Except McWrap)	
0645U	Oncology (leukemia), minimal residual dis	No			MCWRAP	
0646U	Oncology (molecular residual disease), wh	Yes			ALL (Except McWrap)	
0646U	Oncology (molecular residual disease), wh	No			MCWRAP	
0647U	Oncology (molecular residual disease), wh	Yes			ALL (Except McWrap)	
0647U	Oncology (molecular residual disease), wh	No			MCWRAP	
0648U	Oncology (solid tumor), targeted genomic	Yes			ALL (Except McWrap)	
0648U	Oncology (solid tumor), targeted genomic	No			MCWRAP	
0649U	Neurology (Alzheimer disease), DNA, targ	Yes			ALL (Except McWrap)	
0649U	Neurology (Alzheimer disease), DNA, targ	No			MCWRAP	
0650U	Drug metabolism (adverse drug reactions	Yes			ALL (Except McWrap)	
0650U	Drug metabolism (adverse drug reactions	No			MCWRAP	
0651U	Oncology (hereditary cancer), genomic DN	Yes			ALL (Except McWrap)	
0651U	Oncology (hereditary cancer), genomic DN	No			MCWRAP	
0652U	Drug metabolism (adverse drug reactions	Yes			ALL (Except McWrap)	
0652U	Drug metabolism (adverse drug reactions	No			MCWRAP	
0653U	Nephrology (inherited kidney disorders), D	Yes			ALL (Except McWrap)	
0653U	Nephrology (inherited kidney disorders), D	No			MCWRAP	
0654U	Inborn error of metabolism (primary mitocl	Yes			ALL (Except McWrap)	
0654U	Inborn error of metabolism (primary mitocl	No			MCWRAP	
0655U	Inborn error of metabolism (primary mitocl	Yes			ALL (Except McWrap)	
0655U	Inborn error of metabolism (primary mitocl	No			MCWRAP	
0656U	Inborn error of metabolism (primary mitocl	Yes			ALL (Except McWrap)	
0656U	Inborn error of metabolism (primary mitocl	No			MCWRAP	
0657U	Rare diseases (constitutional/heritable dis	Yes			ALL (Except McWrap)	
0657U	Rare diseases (constitutional/heritable dis	No			MCWRAP	
0658U	Rare diseases (constitutional/heritable dis	Yes			ALL (Except McWrap)	
0658U	Rare diseases (constitutional/heritable dis	No			MCWRAP	
0659U	Rare diseases (constitutional/heritable dis	Yes			ALL (Except McWrap)	
0659U	Rare diseases (constitutional/heritable dis	No			MCWRAP	
0660U	Human papillomavirus (HPV), genotypes	Yes			ALL	
0661U	Human papillomavirus (HPV), genotype 1	Yes			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
0662U	Transplantation medicine (kidney allograft	Yes			ALL	
0663U	Obstetrics (fetal platelet antigen noninvasi	Yes			ALL	
0664U	Transplantation medicine (kidney allograft	Yes			ALL	
0665U	Hepatology (metabolic dysfunction-associ	Yes			ALL	
0666U	Infectious disease (wound infection), DNA	Yes			ALL	
0667U	Inborn error of metabolism (primary mitocl	Yes			ALL	
0668U	Oncology (pancreas), DNA, genome sequ	Yes			ALL	
0669U	Infectious disease (Bartonella species, Bo	Yes			ALL	
0670U	Rare diseases (constitutional/heritable dis	Yes			ALL	
0671U	Rare diseases (constitutional/heritable dis	Yes			ALL	
0672U	Rare diseases (constitutional/heritable dis	Yes			ALL	
0673U	Rare diseases (constitutional/heritable dis	Yes			ALL	
0674U	Rare diseases (constitutional/heritable dis	Yes			ALL	
0675U	Rare diseases (constitutional/heritable dis	Yes			ALL	
0676U	Rare diseases (constitutional/heritable dis	Yes			ALL	
0677U	Rare diseases (constitutional/heritable dis	Yes			ALL	
0678U	Oncology (hereditary cancer), genome se	Yes			ALL	
0679U	Oncology (hereditary hematologic cancer)	Yes			ALL	
0680U	Tobacco use, DNA analysis of 1 methylati	Yes			ALL	
0681U	Tobacco use, DNA analysis of 2 methylati	Yes			ALL	
0682U	Oncology (lung cancer), DNA analysis of 1	Yes			ALL	
0683U	Oncology (lung cancer), DNA analysis of 2	Yes			ALL	
0684U	Alcohol use disorder, DNA analysis of 4 m	Yes			ALL	
0685U	Alcohol use disorder, DNA analysis of 5 m	Yes			ALL	
0686U	Oncology (prostate), mRNA, next-generati	Yes			ALL	
0687U	Comparative analysis using short tandem	Yes			ALL	
0688U	Oncology (colorectal cancer), analysis of r	Yes			ALL	
0689U	Oncology (colorectal cancer), analysis of r	Yes			ALL	
0690U	Transplantation medicine (allograft rejecti	Yes			ALL	
0691U	Carrier screening (cystic fibrosis, spinal m	Yes			ALL	
0692U	Cardiology (peripheral artery disease [PAD	Yes			ALL	
0693U	Oncology (head and neck), circulating tum	Yes			ALL	
0694U	Oncology (monoclonal gammopathy), imm	Yes			ALL	
0695U	Oncology (central nervous system), low-pa	Yes			ALL	
0696U	Oncology (solid organ), targeted genomic	Yes			ALL	
0697U	Obesity, DNA genotyping, analysis of up to	Yes			ALL	
0698U	Neurology (traumatic brain injury), analysis	Yes			ALL	
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) V	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	EVICORE		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	EVICORE		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	EVICORE		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	EVICORE		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	EVICORE		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	EVICORE		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)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 imagir	Not Covered			ALL	
0332T	Myocardial sympathetic innervation imagir	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	Yes			ALL	
0339T	Transcatheter renal sympathetic denervat	Yes			ALL	
0342T	Therapeutic apheresis with selective HDL	Not Covered			ALL	
0345T	Transcatheter mitral valve repair percutan	Yes			ALL (EXCEPT MED/MEDICARE COMP/MCWRAP/PRICHO)	
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 bc	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	
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 person	Not Covered			ALL	
0418T	Interrogation device evaluation (in person)	Not Covered			ALL	
0419T	Destruction neurofibroma, extensive, (cuta	Yes			ALL (Except MCWRAP, PRICHO)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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/electr	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
0573T	Removal of substernal implantable defibri	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
0573T	Removal of substernal implantable defibril	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 ven	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 programmi	Not Covered			ALL	
0590T	Electronic analysis with complex programı	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	
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 re	Not Covered			ALL	
0605T	Optical coherence tomography (OCT) of re	Not Covered			ALL	
0606T	Optical coherence tomography (OCT) of re	Not Covered			ALL	
0607T	Remote monitoring of an external continuc	Yes			ALL (Except McWrap, PRICHO, PRIQHP)	
0607T	Remote monitoring of an external continuc	No			MCWRAP	
0608T	Remote monitoring of an external continuc	Yes			ALL (Except McWrap, PRICHO, PRIQHP)	
0608T	Remote monitoring of an external continuc	No			MCWRAP	
0609T	Magnetic resonance spectroscopy, determ	Yes	EVICORE		ALL (Except McWrap, PRICHO, CAID, MMP)	
0609T	Magnetic resonance spectroscopy, determ	No			McWrap, PRICHO, CAID, MMP	
0610T	Magnetic resonance spectroscopy, determ	Yes	EVICORE		ALL (Except McWrap, PRICHO, CAID, MMP)	
0610T	Magnetic resonance spectroscopy, determ	No			McWrap, PRICHO, CAID, MMP	
0611T	Magnetic resonance spectroscopy, determ	Yes	EVICORE		ALL (Except McWrap, PRICHO, CAID, MMP)	
0611T	Magnetic resonance spectroscopy, determ	No			McWrap, PRICHO, CAID, MMP	
0612T	Magnetic resonance spectroscopy, determ	Yes	EVICORE		ALL (Except McWrap, PRICHO, CAID, MMP)	
0612T	Magnetic resonance spectroscopy, determ	No			McWrap, PRICHO, CAID, MMP	
0613T	Percutaneous transcatheter implantation c	Yes			ALL (Except McWrap, PRICHO, PRIQHP)	
0613T	Percutaneous transcatheter implantation c	No			MCWRAP	
0614T	Removal and replacement of substernal in	No			ALL	
0615T	Eye-movement analysis without spatial ca	Not Covered			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 cellu	Yes	EVICORE		ALL (Except MCWRAP)	
0627T	Percutaneous injection of allogeneic cellu	No			MCWRAP	
0628T	Percutaneous injection of allogeneic cellu	Yes	EVICORE		ALL (Except MCWRAP)	
0628T	Percutaneous injection of allogeneic cellu	No			MCWRAP	
0629T	Percutaneous injection of allogeneic cellu	Yes	EVICORE		ALL (Except MCWRAP)	
0629T	Percutaneous injection of allogeneic cellu	No			MCWRAP	
0630T	Percutaneous injection of allogeneic cellu	Yes	EVICORE		ALL (Except MCWRAP)	
0630T	Percutaneous injection of allogeneic cellu	No			MCWRAP	
0632T	Percutaneous transcatheter ultrasound ab	Not Covered			ALL	
0633T	Computed tomography, breast, including 3	Yes	EVICORE		ALL (Except MCWRAP)	
0633T	Computed tomography, breast, including 3	No			MCWRAP	
0634T	Computed tomography, breast, including 3	Yes	EVICORE		ALL (Except MCWRAP)	
0634T	Computed tomography, breast, including 3	No			MCWRAP	
0635T	Computed tomography, breast, including 3	Yes	EVICORE		ALL (Except MCWRAP)	
0635T	Computed tomography, breast, including 3	No			MCWRAP	
0636T	Computed tomography, breast, including 3	Yes	EVICORE		ALL (Except MCWRAP)	
0636T	Computed tomography, breast, including 3	No			MCWRAP	
0637T	Computed tomography, breast, including 3	Yes	EVICORE		ALL (Except MCWRAP)	
0637T	Computed tomography, breast, including 3	No			MCWRAP	
0638T	Computed tomography, breast, including 3	Yes	EVICORE		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	EVICORE		ALL (Except MCWRAP)	
0648T	Quantitative magnetic resonance for analy	No			MCWRAP	
0649T	Quantitative magnetic resonance for analy	Yes	EVICORE		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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 preser	Not covered			ALL	
0665T	Donor hysterectomy (including cold preser	Not covered			ALL	
0666T	Donor hysterectomy (including cold preser	Not covered			ALL	
0667T	Donor hysterectomy (including cold preser	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-person	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 pacem	Not Covered			ALL	
0696T	Body surface-activation mapping of pacem	Not Covered			ALL	
0697T	Quantitative magnetic resonance for analy	Yes	EVICORE		ALL (Except PRICHO, MMP, MCWRAP, CAID)	
0697T	Quantitative magnetic resonance for analy	No			MCWRAP, PRICHO	
0698T	Quantitative magnetic resonance for analy	Yes	EVICORE		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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
0709T	Intradermal cancer immunotherapy; each	Not Covered			ALL	
0710T	Noninvasive arterial plaque analysis using	Yes	EVICORE		ALL (Except PRICHO, MMP, MCWRAP, CAID)	
0710T	Noninvasive arterial plaque analysis using	No			MCWRAP, PRICHO	
0711T	Noninvasive arterial plaque analysis using	Yes	EVICORE		ALL (Except PRICHO, MMP, MCWRAP, CAID)	
0711T	Noninvasive arterial plaque analysis using	No			MCWRAP, PRICHO	
0712T	Noninvasive arterial plaque analysis using	Yes	EVICORE		ALL (Except PRICHO, MMP, MCWRAP, CAID)	
0712T	Noninvasive arterial plaque analysis using	No			MCWRAP, PRICHO	
0713T	Noninvasive arterial plaque analysis using	Yes	EVICORE		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	
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) ti	Yes			ALL (Except PRICHO, CAID, MMP, MCWRAP)	
0721T	Quantitative computed tomography (CT) ti	No			PRICHO, CAID, MMP, MCWRAP	
0722T	Quantitative computed tomography (CT) ti	Yes			ALL (Except PRICHO, CAID, MMP, MCWRAP)	
0722T	Quantitative computed tomography (CT) ti	No			PRICHO, CAID, MMP, MCWRAP	
0722T	Quantitative computed tomography (CT) ti	Yes			ALL (Except PRICHO, CAID, MMP, MCWRAP)	
0722T	Quantitative computed tomography (CT) ti	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	
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, u	Not covered			ALL	
0729T	Diagnostic analysis of vestibular implant, u	Not covered			ALL	
0730T	Trabeculotomy by laser, including optical c	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 placemer	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 le	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	
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	EVICORE		ALL (Except Mcwrap)	
0784T	Insertion or replacement of percutaneous	No			MCWRAP	
0785T	Revision or removal of neurostimulator ele	Yes	EVICORE		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 te	Yes	TPC-MSK		ALL (Except McWRAP)	
0790T	Revision (eg, augmentation, division of te	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 c	Yes	TPC-CARDIAC		ALL (Except McWRAP)	
0825T	Transcatheter removal and replacement c	No			MCWRAP	
0826T	Programming device evaluation (in persor	No			ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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)	
0863T	Relocation of pulse generator for wireless	No			MCWRAP	
0865T	Quantitative magnetic resonance image (M	Yes	EVICORE		ALL (Except Mcwrap)	
0865T	Quantitative magnetic resonance image (M	No			MCWRAP	
0866T	Quantitative magnetic resonance image (M	Yes	EVICORE		ALL (Except Mcwrap)	
0866T	Quantitative magnetic resonance image (M	No			MCWRAP	
0867T	Transperineal laser ablation of benign pro	Yes			ALL (Except McWrap)	
0867T	Transperineal laser ablation of benign pro	No			MCWRAP	
0882T	Intraoperative therapeutic electrical stimul	No			ALL	
0883T	Intraoperative therapeutic electrical stimul	No			ALL	
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 normotherm	No			ALL	
0896T	Connection of liver allograft to normotherm	No			ALL	
0901T	Placement of bone marrow sampling port,	Not Covered			ALL	
0902T	QTc interval derived by augmentative algo	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 neurostimulatio	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 du	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 card	Yes	TPC-CARDIAC		ALL (Except MCWRAP)	
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	Yes			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	
0950T	Ablation of benign prostate tissue, transre	Yes			ALL (Except McWrap)	
0950T	Ablation of benign prostate tissue, transre	No			MCWRAP	
1063T	Oncology (bladder), augmentative algorith	Yes			ALL	
1064T	Oncology (bladder), augmentative algorith	Yes			ALL	
1097T	Oncology (pancreas), augmentative algori	Yes			ALL	
1106T	Oncology (breast), augmentative algorithn	Yes			ALL	
1107T	Oncology (prostate), augmentative algorit	Yes			ALL	
1000F	TOBACCO USE ASSESSED (CAD, CAP,	Not Covered	INFO		ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 STAT	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 P	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 diagr	Not Covered	INFO		ALL	
1153F	Documentation of advanced disease diagr	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 PERFORMED	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 DOCUMENTED	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 RE	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	
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	Not Covered	INFO		ALL	
3062F	POSITIVE MACROABUMINURIA TEST R	Not Covered	INFO		ALL	
3066F	DOCUMENTATION OF TREATMENT FOR	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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) Clas	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 c	Not Covered	INFO		ALL	
3300F	American Joint Committee on Cancer (AJ	Not Covered	INFO		ALL	
3301F	Cancer stage documented in medical recc	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	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 d	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 perform	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 CO	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 WA	Not Covered	INFO		ALL	
4044F	DOCUMENTATION THAT AN ORDER WA	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 PR	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	
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 PLASI	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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-Stimulatin	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	
4193F	Patient receiving <10 mg daily prednisone	Not Covered	INFO		ALL	
4194F	Patient receiving >= 10 mg daily prednisor	Not Covered	INFO		ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 fo	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 Parkin	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
A0090	NON-EMERGENCY TRANSPORTATION:	Not Covered			ALL	
A0100	NON-EMERGENCY TRANSPORTATION:	Not Covered			ALL	
A0110	NON-EMERGENCY TRANSPORTATION	Not Covered			ALL	
A0120	NON-EMERGENCY TRANSPORTATION:	Not Covered			ALL	
A0130	NON-EMERGENCY TRANSPORTATION:	Not Covered			ALL	
A0140	NON-EMERGENCY TRANSPORTATION	Not Covered			ALL (Except MA)	
A0140	NON-EMERGENCY TRANSPORTATION	Yes			MA	
A0160	NON-EMERGENCY TRANSPORTATION:	Not Covered			ALL	
A0170	TRANSPORTATION ANCILLARY: PARK	Not Covered			ALL	
A0180	NON-EMERGENCY TRANSPORTATION:	Not Covered			ALL (Except MA)	
A0180	NON-EMERGENCY TRANSPORTATION:	Yes			MA	
A0190	NON-EMERGENCY TRANSPORTATION:	Not Covered			ALL	
A0200	NON-EMERGENCY TRANSPORTATION:	Not Covered			ALL (Except MA)	
A0200	NON-EMERGENCY TRANSPORTATION:	Yes			MA	
A0210	NON-EMERGENCY TRANSPORTATION:	Not Covered			ALL	
A0225	AMBULANCE SERVICE, NEONATAL TR	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 A	No			ALL	
A0424	EXTRA AMBULANCE ATTENDANT, GRO	No			ALL	
A0425	GROUND MILEAGE, PER STATUTE MIL	No			ALL	
A0426	AMBULANCE SERVICE, ADVANCED LIF	No			ALL	
A0427	AMBULANCE SERVICE, ADVANCED LIF	No			ALL	
A0428	AMBULANCE SERVICE, BASIC LIFE SU	No			ALL	
A0429	AMBULANCE SERVICE, BASIC LIFE SU	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	
A0436	ROTARY WING AIR MILEAGE, PER STA	No			ALL	
A0888	NONCOVERED AMBULANCE MILEAGE,	Not Covered			ALL	
A0998	AMBULANCE RESPONSE AND TREATM	Not Covered			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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
A2040	Microlyte painguard, per square centimete	Yes			ALL (Except McWrap)	
A2040	Microlyte painguard, per square centimete	No			McWRAP	
A2041	Foundation drs+ duo, per square centimet	Yes			ALL (Except McWrap)	
A2041	Foundation drs+ duo, per square centimet	No			McWRAP	
A2042	Foundation drs+ solo, per square centime	Yes			ALL (Except McWrap)	
A2042	Foundation drs+ solo, per square centime	No			McWRAP	
A2043	Biobrane, per square centimeter	Yes			ALL (Except McWrap)	
A2043	Biobrane, per square centimeter	No			McWRAP	
A2044	Biobrane glove, each	Yes			ALL (Except McWrap)	
A2044	Biobrane glove, each	No			McWRAP	
A2045	Novashield or novogen wound matrix, per	Yes			ALL (Except McWrap)	
A2045	Novashield or novogen wound matrix, per	No			McWRAP	
A4100	Skin substitute, fda cleared as a device, n	Yes			ALL (Except MCWRAP)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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,	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	
A4870	PLUMBING AND/OR ELECTRICAL WORI	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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. SUBCUTANEC	Yes			ALL (Except McWRAP, MA)	
A9276	SENSOR; INVASIVE (E.G. SUBCUTANEC	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, FOI	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, I	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, I	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 SOLUTIOI	No			ALL	
A9530	IODINE I-131 SODIUM IODIDE SOLUTIOI	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 TIUXETAI	No			ALL	
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAI	No			ALL	
A9546	COBALT CO-57/58, CYANOCOBALAMIN	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNC	No			ALL	
A9548	INDIUM IN-111 PENTETATE, DIAGNOST	No			ALL	
A9550	TECHNETIUM TC-99M SODIUM GLUCEF	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	
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, DIAGI	No			ALL	
A9573	Injection, gadopiclenol, 1 ml	No			ALL	
A9574	Injection, ferumoxytol, 1 mg	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 MAGI	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 (pylarify), diagnostic, 1 m	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, THERAF	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
A9606	Radium ra-223 dichloride, therapeutic, per	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	
A9613	Piflufolastat f 18 (pylarify truvu), diagn	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	
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, SING	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 DISSECT	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	No			ALL	
C1735	Catheter(s), intravascular for renal denerv	Yes			ALL	
C1736	Catheter(s), intravascular for renal denerv	Yes			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			ALL (Except McWRAP)	
C1740	Leadless electrode, transmitter, battery (a	No			MCWRAP	
C1741	Anchor/screw for bone fixation, absorbable	No			ALL	
C1747	Endoscope, single-use (i.e. disposable), u	No			ALL	
C1748	Endoscope, single-use (i.e. disposable), u	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
C1749	ENDOSCOPE, RETROGRADE IMAGING/	No			ALL	
C1750	CATHETER, HEMODIALYSIS, LONG-TEF	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 TECHNOLO	No			ALL	
C1781	MESH (IMPLANTABLE)	No			ALL	
C1782	MORCELLATOR	No			ALL	
C1783	OCULAR IMPLANT, AQUEOUS DRAINAG	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 (IN	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 DISTRACTIO	No			ALL	
C1822	Generator, neurostimulator (implantable),	No			ALL	
C1823	Generator, neurostimulator (implantable),	No			ALL	
C1824	Generator, cardiac contractility modulation	Yes	TPC-CARDIAC		ALL (Except McWRAP)	
C1824	Generator, cardiac contractility modulation	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, (e.g., one-	YES			ALL (Except McWRAP)	
C1982	Catheter, pressure-generating, (e.g., one-	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 OR	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/CYSTOSCOP	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
C7502	Percutaneous breast biopsies using magr	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	No			ALL	
C7541	Diagnostic endoscopic retrograde cholang	No			ALL	
C7542	Endoscopic retrograde cholangiopancreat	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
C8004	Simulation angiogram with use of a press	No			ALL	
C8005	Bronchoscopy, rigid or flexible, non-therm	No			ALL	
C8006	Insertion of pleural-peritoneal shunt with ir	No			ALL	
C8007	Open implantation of hypoglossal nerve n	No			ALL	
C8008	Revision or replacement of hypoglossal ne	No			ALL	
C8009	Removal of hypoglossal nerve neurostimu	No			ALL	
C8011	Open implantation of hypoglossal nerve(s	No			ALL	
C8012	Revision or replacement of hypoglossal ne	No			ALL	
C8013	Removal of hypoglossal nerve(s) neurosti	No			ALL	
C8900	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8900	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8901	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8901	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8902	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8902	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8903	MAGNETIC RESONANCE IMAGING WIT	Yes	EVICORE		ALL (Except McWRAP)	
C8903	MAGNETIC RESONANCE IMAGING WIT	No			MCWRAP	
C8905	MAGNETIC RESONANCE IMAGING WIT	Yes	EVICORE		ALL (Except McWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
C8905	MAGNETIC RESONANCE IMAGING WIT	No			MCWRAP	
C8906	MAGNETIC RESONANCE IMAGING WIT	Yes	EVICORE		ALL (Except McWRAP)	
C8906	MAGNETIC RESONANCE IMAGING WIT	No			MCWRAP	
C8908	MAGNETIC RESONANCE IMAGING WIT	Yes	EVICORE		ALL (Except McWRAP)	
C8908	MAGNETIC RESONANCE IMAGING WIT	No			MCWRAP	
C8909	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8909	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8910	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8910	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8911	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8911	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8912	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8912	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8913	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8913	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8914	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8914	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8918	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8918	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8919	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8919	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8920	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		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	EVICORE		ALL (Except McWRAP)	
C8931	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8932	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8932	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8933	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8933	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8934	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8934	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8935	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		ALL (Except McWRAP)	
C8935	MAGNETIC RESONANCE ANGIOGRAPH	No			MCWRAP	
C8936	MAGNETIC RESONANCE ANGIOGRAPH	Yes	EVICORE		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	
C9047	Injection, caplacizumab-yhdp, 1 mg	Yes	PCM		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		ALL (Except MA, MCWRAP)	
C9062	Injection, daratumumab 10 mg and hyalur	No			MA, MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
C9064	Mitomycin pyelocalyceal instillation, 1 mg	Yes	PCM		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 m	Yes	PCM		ALL (Except MA, MCWRAP)	
C9090	Injection, plasminogen, human-tvmh, 1 m	No			MA, MCWRAP	
C9091	Injection, sirolimus protein-bound particles	Yes	PCM		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	
C9132	PROTHROMBIN COMPLEX CONCENTRA	No			ALL	
C9143	Cocaine hydrochloride nasal solution (nun	No			ALL	
C9144	Injection, bupivacaine (posimir), 1 mg	No			ALL	
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 millio	Yes	RMT		ALL (Except MCWRAP)	
C9301	Obecabtagene autoleucel, up to 410 millio	No			MCWRAP	
C9302	Injection, zanidatamab-hrii, 2 mg	Yes	PCM		ALL (Except McWRAP, MA)	
C9302	Injection, zanidatamab-hrii, 2 mg	No			MCWRAP, MA	
C9303	Injection, zolbetuximab-clzb, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
C9303	Injection, zolbetuximab-clzb, 1 mg	No			MCWRAP, MA	
C9304	Injection, marstacimab-hncq, 0.5 mg	Yes	SPC		ALL (Except McWRAP)	
C9304	Injection, marstacimab-hncq, 0.5 mg	No			MCWRAP	
C9307	Injection, linvoseltamab-gcpt, 1 mg	Yes	PCM		ALL (Except MA, McWrap)	
C9307	Injection, linvoseltamab-gcpt, 1 mg	No			MA, MCWRAP	
C9311	Injection, eplontersen, 1 mg (code may be	Yes	PCM		ALL	
C9312	Injection, trabectedin (apotex), not therape	Yes	PCM		ALL (Except MA)	
C9312	Injection, trabectedin (apotex), not therape	No			MA	
C9313	Injection, pivekimab sunirine-pvzy, 0.01 m	Yes	PCM		ALL (Except MA)	
C9313	Injection, pivekimab sunirine-pvzy, 0.01 m	No			MA	
C9352	MICROPOROUS COLLAGEN IMPLANTA	No			ALL	
C9353	MICROPOROUS COLLAGEN IMPLANTA	No			ALL	
C9354	ACCELLULAR PERICARDIAL TISSUE MA	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	
C9482	Injection, sotalol hydrochloride, 1 mg	No			ALL	
C9488	Injection, conivaptan hydrochloride, 1 mg	Yes	PCM		ALL (Except MA, MCWRAP)	
C9488	Injection, conivaptan hydrochloride, 1 mg	No			MA, MCWRAP	
C9507	Fresh frozen plasma, high titer COVID-19	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 PERFO	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)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	EVICORE		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* pu	No			ALL	
C9806	Rotary peristaltic infusion pump (e.g., amb	No			ALL	
C9807	Nerve stimulator, percutaneous, periphera	Yes			ALL (Except MCWRAP)	
C9807	Nerve stimulator, percutaneous, periphera	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	
C9818	Suzetrigine, oral, 1 mg	Not Covered	RX coverage rules apply		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	
D0230	INTRAORAL-PERIAPICAL-EACH ADDITI	Not Covered			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 PREPARE	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 <	Not Covered			ALL	
D0603	Neurological with Motor >25.85 & Motor <	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	
D0999	UNSPECIFIED DIAGNOSTIC PROCEDUR	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; THERAP	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 SURF	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 - OI	Not Covered			ALL	
D2651	INLAY - RESIN-BASED COMPOSITE - TV	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 FLAP	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 PROCEDUR	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 ANTIMICROB	Not Covered			ALL	
D4381	PERIODONTAL MAINTENANCE	Not Covered			ALL	
D4910	UNSCHEDULED DRESSING CHANGE (B	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
D5810	RELINE MANDIBULAR PARTIAL DENTU	Not Covered			ALL	
D5811	INTERIM COMPLETE DENTURE (MAXIL	Not Covered			ALL	
D5820	INTERIM COMPLETE DENTURE (MANDI	Not Covered			ALL	
D5821	INTERIM PARTIAL DENTURE (MAXILLAI	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 REPOI	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 PAI	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, REPLACEMI	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	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 PROCEDUDR	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	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 SUPP	Not Covered			ALL	
D6093	RECEMENT IMPLANT/ABUTMENT SUPP	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 REPO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 PREDO	Not Covered			ALL	
D6243	Pontic - porcelain fused to titanium and tit	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 BO	Not Covered			ALL	
D6549	Resin retainer	Not Covered			ALL	
D6600	RETAINER - PORCELAIN/CERAMIC FOR	Not Covered			ALL	
D6601	INLAY-PORCELAIN/CERAMIC, TWO SUR	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, THR	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 SUR	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 CON	Not Covered			ALL	
D6720	CROWN - INDIRECT RESIN BASED CON	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 REPO	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 REPO	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	
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 FIXATIO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 — eacl	Yes			ALL (Except MCWRAP)	
D9223	Deep sedation/general anesthesia — eacl	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	
D9612	THERAPEUTIC PARENTERAL DRUGS, T	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 OCCLUSAI	Not Covered			ALL	
D9947	Custom sleep apnea appliance fabrication	No			ALL	
D9948	Adjustment of custom sleep apnea applia	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 RECOF	Yes			ALL (Except McWRAP)	
E0616	IMPLANTABLE CARDIAC EVENT RECOF	No			MCWRAP	
E0765	FDA APPROVED NERVE STIMULATOR,	Not Covered			ALL (Except MA)	
E0765	FDA APPROVED NERVE STIMULATOR,	No			MA	
E0782	INFUSION PUMP, IMPLANTABLE, NON-I	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 ar	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
G0045	Clinical follow-up and mrs score assessed	Not Covered	INFO		ALL	
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 mips	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 rep	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 h	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 h	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 h	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
G0127	TRIMMING OF DYSTROPHIC NAILS, AN	No			ALL	
G0128	DIRECT (FACE-TO-FACE WITH PATIEN	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
G0259	INJECTION PROCEDURE FOR SACROIL	Yes	EVICORE		ALL (Except MCWRAP)	
G0259	INJECTION PROCEDURE FOR SACROIL	No			MCWRAP	
G0260	INJECTION PROCEDURE FOR SACROIL	Yes	EVICORE		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 SURGE	No			ALL	
G0303	PRE-OPERATIVE PULMONARY SURGE	No			ALL	
G0304	PRE-OPERATIVE PULMONARY SURGE	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	
G0328	COLORECTAL CANCER SCREENING; F	No			ALL	
G0329	ELECTROMAGNTIC TX FOR ULCER TO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 PG	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 PEL	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
G0532	Take-home supply of nasal nalmefene hyc	Not Covered			ALL (Except MA)	
G0532	Take-home supply of nasal nalmefene hyc	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	
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 electronic	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 in	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	
G0571	Intraoperative nerve(s) cryoablation for po	No			ALL	
G0913	IMPROVEMENT IN VISUAL FUNCTION A	Not Covered	INFO		ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 Natic	Not Covered	INFO		ALL	
G1005	Clinical decision support mechanism Natic	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 evide	Not Covered	INFO		ALL	
G1014	Clinical decision support mechanism inver	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 healt	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 a	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
G2068	Medication assisted treatment, buprenorp	Not Covered			ALL (Except MA)	
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 bu	Not Covered			ALL (Except MA)	
G2074	Medication assisted treatment, weekly bu	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	Not Covered			ALL (Except MA)	
G2082	Office or other outpatient visit for the evalu	Yes			MA	
G2083	Office or other outpatient visit for the evalu	Not Covered			ALL (Except MA)	
G2083	Office or other outpatient visit for the evalu	Yes			MA	
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) inhit	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) inhit	Not Covered	INFO		ALL	
G2097	Children with a competing diagnosis for u	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 vaccin	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 t	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
G2181	Bmi not documented due to medical reasc	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	Not Covered			ALL (Except MA)	
G2211	Visit complexity inherent to evaluation and	No			MA	
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 (prot	Not Covered			ALL (Except MA)	
G2215	Take-home supply of nasal naloxone (prot	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 pair	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	Not Covered	INFO		ALL	
G4003	Emergency medicine mips specialty set	Not Covered	INFO		ALL	
G4004	Endocrinology mips specialty set	Not Covered	INFO		ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 "R	Not Covered	INFO		ALL	
G8567	PATIENT DOES NOT HAVE VERIFICATIO	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 WO	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 TO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 DISPEN	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 ANTIBIOT	Not Covered	INFO		ALL	
G8712	ANTIBIOTIC NOT PRESCRIBED OR DISP	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	
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 PERFO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 RES	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 ADHEF	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 ADHEF	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 ADMI	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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, I	Not Covered	INFO		ALL	
G9050	ONCOLOGY; PRIMARY FOCUS OF VISI	Not Covered	INFO		ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
G9231	Documentation of end stage renal disease	Not Covered			ALL	
G9232	Clinician treating major depressive disord	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 gr	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 h	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 n	Not Covered			ALL	
G9283	Non small cell lung cancer biopsy and cyt	Not Covered			ALL	
G9284	Non small cell lung cancer biopsy and cyt	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 n	Not Covered			ALL	
G9289	Non small cell lung cancer biopsy and cyt	Not Covered			ALL	
G9290	Non small cell lung cancer biopsy and cyt	Not Covered			ALL	
G9291	Specimen site other than anatomic locatio	Not Covered			ALL	
G9292	Documentation of medical reason(s) for n	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 decisior	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 n	Not Covered			ALL	
G9301	Patients who had the prophylactic antibiot	Not Covered			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 ir	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 r	Not Covered			ALL	
G9326	Ct studies performed not reported to a rad	Not Covered			ALL	
G9327	Ct studies performed reported to a radiatic	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	
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 sir	Not Covered			ALL	
G9352	More than one ct scan of the paranasal sir	Not Covered			ALL	
G9353	More than one ct scan of the paranasal sir	Not Covered			ALL	
G9354	More than one ct scan of the paranasal sir	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 locatio	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 locatio	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, c	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 receivir	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 in	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 pharmacis	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	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 gre	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 mir	Not Covered			ALL	
G9531	Patient has a valid reason for a head ct fo	Not Covered			ALL	
G9532	Patient's head injury occurred greater thar	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 mir	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 maxim	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	
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 time	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 beneficia	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	Not Covered	INFO		ALL	
G9693	Patient use of hospice services any time	Not Covered	INFO		ALL	
G9694	Hospice services utilized by patient any ti	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 3	Not Covered	INFO		ALL	
G9702	Patients who use hospice services any tim	Not Covered	INFO		ALL	
G9703	Children who are taking antibiotics in the 3	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 o	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 f	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 prophyla	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 n	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
G9793	Patient is currently on a daily aspirin or oth	Not Covered	INFO		ALL	
G9794	Documentation of medical reason(s) for n	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
G9874	Four total Medicare Diabetes Prevention Prog	Not Covered			ALL	
G9875	Nine total Medicare Diabetes Prevention Prog	Not Covered			ALL	
G9876	Two Medicare Diabetes Prevention Prgram (M	Not Covered			ALL	
G9877	Two Medicare Diabetes Prevention Prgram (M	Not Covered			ALL	
G9878	Two Medicare Diabetes Prevention Program (	Not Covered			ALL	
G9879	Two Medicare Diabetes Prevention Program (	Not Covered			ALL	
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	
G9883	Two Medicare Diabetes Prevention Program (	Not Covered			ALL	
G9884	Two Medicare Diabetes Prevention Program (	Not Covered			ALL	
G9885	Two Medicare Diabetes Prevention Program (	Not Covered			ALL	
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	
G9891	MDPP session reported as a line-item on a clai	Not Covered			ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 screen	Not Covered	INFO		ALL	
G9928	Warfarin or another fda-approved anticoag	Not Covered	INFO		ALL	
G9929	Patient with transient or reversible cause o	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 detec	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	
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 pr	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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		ALL (Except McWrap)	
J0013	Esketamine, nasal spray, 1 mg	No			MCWRAP	
J0014	Cocaine hydrochloride nasal solution (gop	No			ALL	
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		ALL (Except McWrap, MA)	
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	Not Covered	RX coverage rules apply	BPF	ALL (Except MA)	
J0139	Injection, adalimumab, 1 mg	Yes	PCM	BPF	MA	
J0153	Injection, adenosine, 1 mg (not to be used	No			ALL	
J0162	Injection, epinephrine (fresenius), not ther	No			ALL	
J0163	Injection, epinephrine in sodium chloride (	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	Lecanemab-irmb, for intravenous injec	Yes	PCM		ALL (Except MCWRAP)	
J0174	Lecanemab-irmb, for intravenous injec	No			MCWRAP	
J0175	Injection, donanemab-azbt, 2 mg	Yes	PCM		ALL (Except MCWRAP)	
J0175	Injection, donanemab-azbt, 2 mg	No			MCWRAP	
J0177	Injection, aflibercept hd, 1 mg	Yes	PCM		ALL (Except MCWRAP)	
J0177	Injection, aflibercept hd, 1 mg	No			MCWRAP	
J0178	INJECTION, AFLIBERCEPT, 1 mg	Yes	PCM		ALL (Except McWRAP)	
J0178	INJECTION, AFLIBERCEPT, 1 mg	No			MCWRAP	
J0179	Injection, brolucizumab-dbll, 1 mg	Yes	PCM		ALL (Except McWRAP)	
J0179	Injection, brolucizumab-dbll, 1 mg	No			MCWRAP	
J0180	INJECTION, AGALSIDASE BETA, 1 MG	Yes	SPC		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	BPF	ALL (Except McWRAP, MA)	
J0185	Injection, aprepitant, 1 mg	No			MCWRAP, MA	
J0202	Injection, alemtuzumab, 1 mg	Yes	PCM		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		ALL (Except McWRAP, MA)	
J0217	Injection, velmanase alfa-tycv, 1 mg	No			MCWRAP, MA	
J0218	Injection, olipudase alfa-rpcp, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J0218	Injection, olipudase alfa-rpcp, 1 mg	No			MCWRAP, MA	
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	No			MCWRAP, MA	
J0220	INJECTION, AGLUCOSIDASE ALFA, 10 M	Yes	PCM		ALL (Except McWRAP, MA)	
J0220	INJECTION, AGLUCOSIDASE ALFA, 10 M	No			MCWRAP, MA	
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LU	Yes	PCM		ALL (Except McWRAP, MA)	
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LU	No			MCWRAP, MA	
J0222	Injection, Patisiran, 0.1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J0222	Injection, Patisiran, 0.1 mg	No			MCWRAP, MA	
J0223	Injection, givosiran, 0.5 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J0223	Injection, givosiran, 0.5 mg	No			MCWRAP, MA	
J0224	Injection, lumasiran, 0.5 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J0224	Injection, lumasiran, 0.5 mg	No			MCWRAP, MA	
J0225	Injection, vutrisiran, 1 mg	Yes	PCM		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		ALL (Except McWRAP, MA)	
J0256	INJECTION, ALPHA 1 - PROTEINASE INI	No			MCWRAP, MA	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J0257	INJECTION, ALPHA 1 PROTEINASE INH	Yes	SPC		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 (next	No			ALL	
J0285	INJECTION, AMPHOTERICIN B, 50 MG	No			ALL	
J0287	INJECTION, AMPHOTERICIN B LIPID CO	No			ALL	
J0289	INJECTION, AMPHOTERICIN B LIPOSON	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 HYDROCHL	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	
J0461	INJECTION, ATROPINE SULFATE, 0.01 I	No			ALL	
J0462	Injection, atropine sulfate, not therapeutica	No			ALL	
J0463	Injection, atropine sulfate (fresenius and th	No			ALL	
J0470	INJECTION, DIMERCAPROL, PER 100 M	No			ALL	
J0475	INJECTION, BACLOFEN, 10 MG	Yes	PCM		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		ALL (Except McWRAP, MA)	
J0490	INJECTION, BELIMUMAB, 10 MG	No			MCWRAP, MA	
J0491	Injection, anifrolumab-fnia, 1 mg	Yes	PCM		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		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	
J0528	Injection, fosfomycin disodium, 20 mg	No			ALL	
J0558	INJECTION, PENICILLIN G BENZATHINE	No			ALL	
J0561	INJECTION, PENICILLIN G BENZATHINE	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J0565	Injection, bezlotoxumab, 10 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J0565	Injection, bezlotoxumab, 10 mg	No			MCWRAP, MA	
J0567	Injection, cerliponase alfa, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J0567	Injection, cerliponase alfa, 1 mg	No			MCWRAP, MA	
J0570	Buprenorphine implant, 74.2 mg	Yes	PCM		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		ALL (Except MA, McWRAP)	
J0577	Injection, buprenorphine extended-release	No			MA, McWRAP	
J0578	Injection, buprenorphine extended-release	Yes	PCM		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		ALL (Except McWRAP, MA)	
J0584	Injection, burosumab-twza 1 mg	No			MCWRAP, MA	
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	No			ALL	
J0586	INJECTION, ABOBOTULINUMTOXINA, 5	No			ALL	
J0587	BOTULINUM TOXIN TYPE B, PER 100 U	No			ALL	
J0588	INJECTION, INCOBOTULINUMTOXIN A,	No			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	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0593	Injection, lanadelumab-flyo, 1 mg (code m	No			MA	
J0594	INJECTION, BUSULFAN, 1 MG	No			ALL	
J0595	INJECTION, BUTORPHANOL TARTRATE	No			ALL	
J0596	Injection, c1 esterase inhibitor (recombina	Yes	PCM		ALL (Except McWRAP, MA)	
J0596	Injection, c1 esterase inhibitor (recombina	No			MCWRAP, MA	
J0597	INJECTION, C-1 ESTERASE INHIBITOR	Yes	PCM		ALL (Except McWRAP, MA)	
J0597	INJECTION, C-1 ESTERASE INHIBITOR	No			MCWRAP, MA	
J0598	INJECTION, C-1 ESTERASE INHIBITOR	Yes	PCM		ALL (Except McWrap, MA)	
J0598	INJECTION, C-1 ESTERASE INHIBITOR	No			MCWRAP, MA	
J0599	Injection, c-1 esterase inhibitor (human), (	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0599	Injection, c-1 esterase inhibitor (human), (	No			MA	
J0600	INJECTION, EDETATE CALCIUM DISOD	No			ALL	
J0601	Sevelamer carbonate (renvela or therapeu	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0601	Sevelamer carbonate (renvela or therapeu	No			MA	
J0602	Sevelamer carbonate (renvela or therapeu	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0602	Sevelamer carbonate (renvela or therapeu	No			MA	
J0603	Sevelamer hydrochloride (renagel or thera	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0603	Sevelamer hydrochloride (renagel or thera	No			MA	
J0604	Cinacalcet, oral, 1 mg, (for esrd on dialysis	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0604	Cinacalcet, oral, 1 mg, (for esrd on dialysis	No			MA	
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for e	Not Covered	RX coverage rules apply		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	RX coverage rules apply		ALL (Except MA)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J0607	Lanthanum carbonate, oral, 5 mg (for esrd	No			MA	
J0608	Lanthanum carbonate, oral, powder, 5 mg	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0608	Lanthanum carbonate, oral, powder, 5 mg	No			MA	
J0609	Ferric citrate, oral, 3 mg ferric iron, (for es	Not Covered	RX coverage rules apply		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		ALL (Except MCWRAP, MA)	
J0614	Injection, treosulfan, 50 mg	No			MCWRAP, MA	
J0615	Calcium acetate, oral, 23 mg (for esrd on	Not Covered	RX coverage rules apply		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 GLYCEROPHOSF	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		ALL (Except McWRAP, MA)	
J0638	INJECTION, CANAKINUMAB, 1 MG	No			MCWRAP, MA	
J0641	INJECTION, LEVOLEUCOVORIN CALCIU	Yes	PCM/BPF		ALL (Except McWRAP, MA)	
J0641	INJECTION, LEVOLEUCOVORIN CALCIU	No			MCWRAP, MA	
J0642	Injection, levoleucovorin (khapzory), 0.5 m	Yes	PCM/BPF		ALL (Except McWRAP, MA)	
J0642	Injection, levoleucovorin (khapzory), 0.5 m	No			MCWRAP, MA	
J0643	Injection, leucovorin calcium, not otherwis	No			ALL	
J0644	Injection, leucovorin calcium (avyxa), 1 mg	Yes	PCM/BPF		ALL	
J0643	Injection, leucovorin calcium, not otherwis	No			ALL	
J0644	Injection, leucovorin calcium (avyxa), 1 mg	Yes	PCM/BPF		ALL	
J0650	Injection, levothyroxine sodium, not otherw	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 HYDROCHL	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, PEF	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0717	Injection, certolizumab pegol, 1 mg (code	No			MA	
J0720	INJECTION, CHLORAMPHENICOL SODI	No			ALL	
J0725	INJECTION, CHORIONIC GONADOTROF	Yes	SPC		ALL (Except McWRAP, MA)	
J0725	INJECTION, CHORIONIC GONADOTROF	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		ALL (Except MCWRAP, MA)	
J0738	Injection, lenacapavir, 1 mg, fda approved	No			MCWRAP, MA	
J0739	Injection, cabotegravir, 1 mg	Yes	PCM		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		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	
J0750	Emtricitabine 200mg and tenofovir disopro	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0750	Emtricitabine 200mg and tenofovir disopro	No			MA	
J0751	Emtricitabine 200mg and tenofovir alafena	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0751	Emtricitabine 200mg and tenofovir alafena	No			MA	
J0752	Oral, lenacapavir, 300 mg, fda approved p	Not Covered	RX coverage rules apply		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			ALL	
J0780	INJECTION, PROCHLORPERAZINE, UP	No			ALL	
J0791	Injection, crizanlizumab-tmca, 5 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J0791	Injection, crizanlizumab-tmca, 5 mg	No			MCWRAP, MA	
J0799	Fda approved prescription drug, only for u	Not Covered	RX coverage rules apply		ALL (Except MA)	
J0799	Fda approved prescription drug, only for u	No			MA	
J0801	Injection, corticotropin (acthar gel), up to 4	Yes	PCM		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		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		ALL (Except McWRAP, MA)	
J0850	INJECTION, CYTOMEGALOVIRUS IMMU	No			MCWRAP, MA	
J0870	Injection, imetelstat, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J0870	Injection, imetelstat, 1 mg	No			MCWRAP, MA	
J0871	Injection, daptomycin (endo), not therapeu	No			ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J0877	Injection, daptomycin (hospira), not therap	No			ALL	
J0878	INJECTION, DAPTOMYCIN, 1 MG	No			ALL	
J0879	Injection, difelikefalin, 0.1 microgram, (for	Yes	PCM		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		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	RX coverage rules apply		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		ALL (Except MA, McWrap)	
J1073	Testosterone pellet, implant, 75 mg	No			MA, MCWRAP	
J1095	Injection, dexamethasone 9%, intraocular,	No			ALL	
J1096	Dexamethasone, lacrimal ophthalmic inse	No			ALL	
J1097	phenylephrine 10.16 mg/ml and ketorolac	No			ALL	
J1098	Articaine ophthalmic, 8% solution, 0.4 ml	No			ALL	
J1100	INJECTION, DEXAMETHASONE SODIUM	No			ALL	
J1105	Dexmedetomidine, oral, 1 mcg	Not Covered	RX coverage rules apply		ALL (Except MA)	
J1105	Dexmedetomidine, oral, 1 mcg	No			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	
J1164	Injection, diltiazem hydrochloride in 0.72%	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J1200	INJECTION, DIPHENHYDRAMINE HCL, U	No			ALL	
J1201	Injection, cetirizine hydrochloride, 0.5 mg	Yes	PCM		ALL (Except MA, MCWRAP)	
J1201	Injection, cetirizine hydrochloride, 0.5 mg	No			MA, McWRAP	
J1202	Miglustat, oral, 65 mg	Yes	PCM		ALL (Except MA, McWRAP)	
J1202	Miglustat, oral, 65 mg	No			MA, McWRAP	
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Yes	PCM		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		ALL (Except MA, McWRAP)	
J1246	Injection, dinutuximab, 0.1 mg	No			MA, McWRAP	
J1250	INJECTION, DOBUTAMINE HYDROCHLC	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	
J1289	Injection, narsoplimab-wuug, 1 mg	Yes	RMT		ALL	
J1290	INJECTION, ECALLANTIDE, 1 MG	Yes	PCM		ALL (Except MA, MCWRAP)	
J1290	INJECTION, ECALLANTIDE, 1 MG	No			MA, McWRAP	
J1299	Injection, eculizumab, 2 mg	Yes	PCM	BPF	ALL (Except McWRAP)	
J1299	Injection, eculizumab, 2 mg	No			MCWRAP	
J1301	Injection, edaravone, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J1301	Injection, edaravone, 1 mg	No			MCWRAP, MA	
J1302	Injection, sutimlimab-jome, 10 mg	Yes	PCM		ALL (Except MA, MCWRAP)	
J1302	Injection, sutimlimab-jome, 10 mg	No			MA, McWRAP	
J1303	Injection, ravulizumab-cwvz, 10 mg	Yes	PCM		ALL (Except McWRAP)	
J1303	Injection, ravulizumab-cwvz, 10 mg	No			MCWRAP	
J1304	Injection, tofersen, 1 mg	Yes	PCM		ALL (Except MA, McWRAP)	
J1304	Injection, tofersen, 1 mg	No			MA, McWRAP	
J1305	Injection, evinacumab-dgnb, 5mg	Yes	PCM		ALL (Except McWRAP)	
J1305	Injection, evinacumab-dgnb, 5mg	No			MCWRAP	
J1306	Injection, inclisiran, 1 mg	Yes	PCM		ALL (Except McWrap)	
J1306	Injection, inclisiran, 1 mg	No			MCWRAP	
J1307	Injection, crovalimab-akkz, 10 mg	Yes	PCM		ALL (Except McWRAP)	
J1307	Injection, crovalimab-akkz, 10 mg	No			MCWRAP	
J1308	Injection, famotidine, 0.25 mg	No			ALL	
J1320	INJECTION, AMITRIPTYLINE HCL, UP TC	No			ALL	
J1322	Injection, elosulfase alfa, 1mg	Yes	PCM		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		ALL (Except MA, MCWRAP)	
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	No			MA, McWRAP	
J1326	Injection, zolbetuximab-clzb, 2 mg	Yes	PCM		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 LACTOBIC	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J1370	Injection, esomeprazole sodium, 1 mg	No			ALL	
J1380	INJECTION, ESTRADIOL VALERATE, UF	No			ALL	
J1410	INJECTION, ESTROGEN CONJUGATED	No			ALL	
J1411	Injection, etranacogene dezaparvovec-drll	Yes	RMT		ALL (Except McWRAP)	
J1411	Injection, etranacogene dezaparvovec-drll	No			MCWRAP	
J1412	Injection, valoctocogene roxaparvovec-rvo	Yes	RMT		ALL (Except McWRAP)	
J1412	Injection, valoctocogene roxaparvovec-rvo	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		ALL (Except McWRAP, MA)	
J1426	Injection, casimersen, 10 mg	No			MCWRAP, MA	
J1427	Injection, viltolarsen, 10 mg	Yes	PCM		ALL (Except MA, MCWRAP)	
J1427	Injection, viltolarsen, 10 mg	No			MA, MCWRAP	
J1429	Injection, golodirsen, 10 mg	Yes	PCM		ALL (Except MA, MCWRAP)	
J1429	Injection, golodirsen, 10 mg	No			MA, McWRAP	
J1430	INJECTION, ETHANOLAMINE OLEATE,	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	BPF	ALL (Except MCWRAP, MA)	
J1437	'Injection, ferric derisomaltose, 10 mg	No			MCWRAP, MA	
J1438	INJECTION, ETANERCEPT, 25 MG (COD	Not Covered	RX coverage rules apply		ALL (Except MA)	
J1438	INJECTION, ETANERCEPT, 25 MG (COD	No			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		ALL (Except McWRAP, MA)	
J1448	Injection, trilaciclib, 1mg	No			MCWRAP, MA	
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Yes	PCM	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 palon	Yes	PCM		ALL (Except McWRAP, MA)	
J1454	Injection, fosnetupitant 235 mg and palon	No			MCWRAP, MA	
J1455	INJECTION, FOSCARNET SODIUM, PER	Yes	PCM		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		ALL (Except MA, McWRAP)	
J1458	NJECTION, GALSULFASE, 1 MG	No			MA, McWrap,	
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIG	Yes	SPC		ALL (Except MA, McWRAP)	
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIG	No			MA, McWrap,	
J1460	INJECTION, GAMMA GLOBULIN, INTRAM	Yes	SPC		ALL (Except MA, McWRAP)	
J1460	INJECTION, GAMMA GLOBULIN, INTRAM	No			MA, McWrap,	
J1551	Injection, immune globulin (cutaquig),	Yes	SPC		ALL (Except MA, McWRAP)	
J1551	Injection, immune globulin (cutaquig),	No			MA, McWrap,	
J1552	Injection, immune globulin (alyglo), 500 m	Yes	SPC		ALL (Except McWRAP, MA)	
J1552	Injection, immune globulin (alyglo), 500 m	No			MCWRAP, MA	
J1553	Injection, immune globulin (yimmugo), 10	Yes	SPC		ALL (Except MA, MCWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J1553	Injection, immune globulin (yimmugo), 10(	No			MA, McWRAP	
J1554	Injection, immune globulin (asceniv), 500	Yes	SPC		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		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		ALL (Except McWRAP, MMP, MA, PRICHO)	
J1556	Injection, immune globulin (bivigam), 500	No			MCWRAP, MMP, MA, PRICHO	
J1557	INJECTION, IMMUNE GLOBULIN, (GAMM	Yes	SPC		ALL (Except McWRAP, MMP, MA, PRICHO)	
J1557	INJECTION, IMMUNE GLOBULIN, (GAMM	No			MCWRAP, MMP, MA, PRICHO	
J1558	Injection, immune globulin (xembify), 100	Yes	SPC		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		ALL (Except McWRAP, MMP, MA, PRICHO)	
J1559	INJECTION, IMMUNE GLOBULIN (HIZEN	No			MCWRAP, MMP, MA, PRICHO	
J1560	INJECTION, GAMMA GLOBULIN, INTRAM	Yes	SPC		ALL (Except McWRAP, MMP, MA, PRICHO)	
J1560	INJECTION, GAMMA GLOBULIN, INTRAM	No			MCWRAP, MMP, MA, PRICHO	
J1561	INJECTION, IMMUNE GLOBULIN, (GAMU	Yes	SPC		ALL (Except McWRAP, MMP, MA, PRICHO)	
J1561	INJECTION, IMMUNE GLOBULIN, (GAMU	No			MCWRAP, MMP, MA, PRICHO	
J1566	INJECTION, IMMUNE GLOBULIN, INTRA	Yes	SPC		ALL (Except McWRAP, Caid, MMP, MA, PRICHO)	
J1566	INJECTION, IMMUNE GLOBULIN, INTRA	No			MCWRAP, MMP, MA, PRICHO	
J1568	INJECTION, IMMUNE GLOBULIN, (OCTA	Yes	SPC		ALL (Except McWRAP, MMP, MA, PRICHO)	
J1568	INJECTION, IMMUNE GLOBULIN, (OCTA	No			MCWRAP, MMP, MA, PRICHO	
J1569	INJECTION, IMMUNE GLOBULIN, (GAMM	Yes	SPC		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		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		ALL (Except McWRAP, MA)	
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		ALL (Except McWRAP, MMP, MA, PRICHO)	
J1575	Injection, immune globulin/hyaluronidase,	No			MCWRAP, MMP, MA, PRICHO	
J1576	Injection, immune globulin (panzyga), intra	Yes	SPC		ALL (Except McWRAP, MA)	
J1576	Injection, immune globulin (panzyga), intra	No			MCWRAP, MA	
J1577	Injection, immune globulin (qivigy), 10	Yes	SPC		ALL (Except MA)	
J1577	Injection, immune globulin (qivigy), 10	No			MA	
J1580	INJECTION, GARAMYCIN, GENTAMICIN	No			ALL	
J1595	INJECTION, GLATIRAMER ACETATE, 20	Not Covered	RX coverage rules apply		ALL (Except MA)	
J1595	INJECTION, GLATIRAMER ACETATE, 20	No			MA	
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		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		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		ALL (Except McWrap)	
J1612	Injection, glucagon (gvoke), 0.01 mg	No			MCWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J1626	INJECTION, GRANISETRON HYDROCHL	No			ALL	
J1627	Injection, granisetron, extended-release, 0	Yes	PCM		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		ALL (Except McWrap)	
J1628	Injection, guselkumab, 1 mg	No			MCWRAP	
J1628	Injection, guselkumab, 1 mg **(prefilled pen/syringe/auto-injector ONLY)**	Not Covered	RX coverage rules apply		ALL (Except MA)	
J1628	Injection, guselkumab, 1 mg **(prefilled pen/syringe/auto-injector ONLY)**	Yes	PCM		MA	
J1630	INJECTION, HALOPERIDOL, UP TO 5 MC	No			ALL	
J1631	INJECTION, HALOPERIDOL DECANOAT	No			ALL	
J1632	'Injection, brexanolone, 1 mg	Yes			ALL (Except MCWRAP)	
J1632	'Injection, brexanolone, 1 mg	No			MCWRAP	
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			ALL	
J1720	INJECTION, HYDROCORTISONE SODIU	No			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	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 MC	No			ALL	
J1743	INJECTION, IDURSULFASE, 1 MG	Yes	PCM		ALL (Except McWrap, MA)	
J1743	INJECTION, IDURSULFASE, 1 MG	No			MCWRAP, MA	
J1744	Injection, icatibant, 1 mg	Not Covered	RX coverage rules apply		ALL (Except MA)	
J1744	Injection, icatibant, 1 mg	No			MA	
J1745	INJECTION, INFLIXIMAB, 10 MG	Yes	SPC	BPF	ALL (Except McWrap)	
J1745	INJECTION, INFLIXIMAB, 10 MG	No			MCWRAP	
J1746	Injection, ibalizumab-uiyk, 10 mg	Yes	PCM		ALL (Except McWrap, MA)	
J1746	Injection, ibalizumab-uiyk, 10 mg	No			MCWRAP, MA	
J1747	Injection, spesolimab-sbzo, 1 mg	Yes	SPC		ALL (Except McWrap)	
J1747	Injection, spesolimab-sbzo, 1 mg	No			MCWRAP	
J1748	Injection, infliximab-dyyb (zymfentra), 10 m	Yes	PCM	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	
J1757	Injection, tividenofusp alfa-eknm, 1 mg	Yes	PCM		ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	Yes	PCM		ALL (Except McWrap, MA)	
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	No			MCWRAP, MA	
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		ALL (Except MCWRAP, MA)	
J1809	Injection, fosdenopterin, 0.1 mg	No			MCWRAP, MA	
J1811	Insulin (fiasp) for administration through d	Not covered	RX coverage rules apply		ALL	
J1812	Insulin (fiasp), per 5 units	Not covered	RX coverage rules apply		ALL	
J1813	Insulin (lyumjev) for administration through	Not covered	RX coverage rules apply		ALL	
J1814	Insulin (lyumjev), per 5 units	Not covered	RX coverage rules apply		ALL	
J1815	INJECTION, INSULIN, PER 5 UNITS	No			ALL	
J1817	INSULIN FOR ADMINISTRATION THROU	No			ALL	
J1818	Injection, pegzilarginase-nbln, 0.05 mg	Yes	PCM		ALL	
J1823	Injection, inebilizumab-cdon, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J1823	Injection, inebilizumab-cdon, 1 mg	No			MCWRAP, MA	
J1826	INJECTION, INTERFERON BETA-1A, 30	Not Covered	RX coverage rules apply		ALL (Except MA)	
J1826	INJECTION, INTERFERON BETA-1A, 30	No			MA	
J1830	INJECTION, INTERFERON BETA-LB, 0.2	Not Covered	RX coverage rules apply		ALL (Except MA)	
J1830	INJECTION, INTERFERON BETA-LB, 0.2	No			MA	
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	BPF	ALL (Except MA)	
J1930	INJECTION, LANREOTIDE, 1 MG	No			MA	
J1931	INJECTION, LARONIDASE, 0.1 MG	Yes	PCM		ALL (Except McWrap, MA)	
J1931	INJECTION, LARONIDASE, 0.1 MG	No			MCWRAP, MA	
J1932	Injection, lanreotide, (cipla), 1 mg	Yes	PCM		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	
J1943	Injection, aripiprazole lauroxil, (aristada in	No			ALL	
J1944	Injection, aripiprazole lauroxil, (aristada), 1	No			ALL	
J1946	Injection, furosemide (lasix onyu), 1 mg	Yes	PCM/BPF		ALL (Except MA)	
J1946	Injection, furosemide (lasix onyu), 1 mg	No			MA	
J1947	Injection, furosemide (furoscix), 1 mg	Yes	PCM/BPF		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		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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J1955	INJECTION, LEVOCARNITINE, PER 1 GM	No			ALL	
J1956	INJECTION, LEVOFLOXACIN, 250 MG	No			ALL	
J1957	Injection, levetiracetam, 5 mg	No			ALL	
J1958	Injection, levetiracetam in sodium chloride	No			ALL	
J1960	INJECTION, LEVORPHANOL TARTRATE	No			ALL	
J1961	Injection, lenacapavir, 1 mg	Yes	PCM		ALL (Except MCWRAP, MA)	
J1961	Injection, lenacapavir, 1 mg	No			MCWRAP, MA	
J1980	INJECTION, HYOSCYAMINE SULFATE, U	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	Not Covered	RX coverage rules apply		ALL (Except MA)	
J2170	INJECTION, MECASERMIN, 1 MG	No			MA	
J2175	INJECTION, MEPERIDINE HYDROCHLO	No			ALL	
J2180	INJECTION, MEPERIDINE AND PROMET	No			ALL	
J2182	Injection, mepolizumab, 1 mg	Yes	PCM		ALL (Except MCWRAP, MA)	
J2182	Injection, mepolizumab, 1 mg	No			MCWRAP, MA	
J2183	Injection, meropenem (wg critical care), no	No			ALL	
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	Not Covered	RX coverage rules apply		ALL (Except MA)	
J2212	Injection, methylnaltrexone, 0. 1 mg	No			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 MG	No			ALL	
J2265	INJECTION, MINOCYCLINE HYDROCHL	No			ALL	
J2267	Injection, mirikizumab-mrkz, 1 mg	Yes	PCM		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		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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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		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		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		ALL (Except MCWRAP, MA)	
J2326	Injection, nusinersen, 0.1 mg	No			MCWRAP, MA	
J2327	Injection, risankizumab-rzaa, intravenous,	Yes	SPC		ALL (Except MA, McWRAP)	
J2327	Injection, risankizumab-rzaa, intravenous,	Yes	PCM		MA	
J2327	Injection, risankizumab-rzaa, intravenous,	No			MCWRAP	
J2329	Injection, ublituximab-xiiy, 1mg	Yes	PCM		ALL (Except McWRAP, MA)	
J2329	Injection, ublituximab-xiiy, 1mg	No			MCWRAP, MA	
J2350	Injection, ocrelizumab, 1 mg	Yes	PCM		ALL (Except McWrap, MA)	
J2350	Injection, ocrelizumab, 1 mg	No			MCWRAP, MA	
J2351	Injection, ocrelizumab, 1 mg and hyaluron	Yes	PCM		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		ALL (Except McWRAP, MA)	
J2356	Injection, tezepelumab-ekko, 1 mg	No			MCWRAP, MA	
J2357	INJECTION, OMALIZUMAB, 5 MG (VIAL (	Yes	PCM		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	
J2361	Injection, depemokimab-ulaa, 1 mg	Yes	PCM		ALL	
J2371	Injection, phenylephrine hydrochloride, 20	No			ALL	
J2372	Injection, phenylephrine hydrochloride (bic	No			ALL	
J2373	Injection, phenylephrine hydrochloride (im	No			ALL	
J2374	Apraclonidine hydrochloride ophthalmi	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	
J2426	INJECTION, PALIPERIDONE PALMITATE	No			ALL	
J2427	Injection, paliperidone palmitate extended	No			ALL	
J2428	Injection, paliperidone palmitate extended	Yes	PCM	BPF	ALL (Except McWRAP, MA)	
J2428	Injection, paliperidone palmitate extended	No			MCWRAP, MA	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	Yes	see PCM and BPF		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		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		ALL (Except McWrap, MA)	
J2507	INJECTION, PEGLOTICASE, 1 MG	No			MCWRAP, MA	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Yes	PCM		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)	
J2561	Injection, phenobarbital sodium (sezaby),	No			MCWRAP	
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		ALL (Except McWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J2777	Injection, faricimab-svoa, 0.1 mg	No			MCWRAP	
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	No			ALL	
J2779	Injection, ranibizumab, via intravitreal	Yes	PCM		ALL (Except McWRAP)	
J2779	Injection, ranibizumab, via intravitreal	No			MCWRAP	
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Yes	PCM		ALL (Except MA,MCWRAP)	
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	No			MA, MCWRAP	
J2782	Injection, avacincaptad pegol, 0.1 mg	Yes	PCM		ALL (Except MCWRAP)	
J2782	Injection, avacincaptad pegol, 0.1 mg	No			MCWRAP	
J2783	INJECTION, RASBURICASE, 0.5 MG	Yes	PCM		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		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	
J2789	Riboflavin 5'-phosphate, ophthalmic soluti	Not Covered			ALL	
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		ALL (Except McWrap, MA)	
J2793	INJECTION, RILONACEPT, 1 MG	No			MCWRAP, MA	
J2794	INJECTION, RISPERIDONE, LONG ACTI	No			ALL	
J2795	INJECTION, ROPIVACAINE HYDROCHL	No			ALL	
J2797	Injection, rolapitant, 0.5 mg	Yes	PCM		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		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		ALL (Except McWRAP, MA)	
J2840	Injection, sebelipase alfa, 1 mg	No			MCWRAP, MA	
J2850	INJECTION, SECRETIN, SYNTHETIC, HU	No			ALL	
J2860	Injection, siltuximab, 10 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J2860	Injection, siltuximab, 10 mg	No			MCWRAP, MA	
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	Not Covered	RX coverage rules apply		ALL (Except MA)	
J2941	INJECTION, SOMATROPIN, 1 MG	No			MA	
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		ALL (Except McWRAP, MA)	
J2998	Injection, plasminogen, human-tvmh,	No			MCWRAP, MA	
J3000	INJECTION, STREPTOMYCIN, UP TO 1 G	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J3010	INJECTION, FENTANYL CITRATE, 0.1 M	No			ALL	
J3030	INJECTION, SUMATRIPTAN SUCCINATE	No			ALL	
J3031	Injection, fremanezumab-vfrm, 1 mg (code	Not Covered	RX coverage rules apply		ALL (Except MA)	
J3031	Injection, fremanezumab-vfrm, 1 mg (code	No			MA	
J3032	'Injection, eptinezumab-jjmr, 1 mg	Yes	PCM		ALL (Except McWrap)	
J3032	'Injection, eptinezumab-jjmr, 1 mg	No			MCWRAP	
J3055	Injection, talquetamab-tgvs, 0.25 mg	Yes	PCM		ALL (Except MA, McWRAP)	
J3055	Injection, talquetamab-tgvs, 0.25 mg	No			MA, McWRAP	
J3060	Injection, taliglucerace alfa, 10 units	Yes	PCM		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		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		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		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	PCM		ALL	
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	No			ALL	
J3247	Injection, secukinumab, intravenous, 1 mg	Yes	PCM		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		ALL (Except McWrap)	
J3262	INJECTION, TOCILIZUMAB, 1 MG	No			MCWRAP	
J3263	Injection, toripalimab-tpzi, 1 mg	Yes	PCM		ALL (Except MA, McWRAP)	
J3263	Injection, toripalimab-tpzi, 1 mg	No			MA, MCWRAP	
J3265	INJECTION, TORSEMIDE, 10 MG/ML	No			ALL	
J3268	Injection, delafloxacin, 1 mg	No			ALL	
J3285	INJECTION, TREPROSTINIL, 1 MG	Yes	PCM		ALL (Except McWRAP, MA)	
J3285	INJECTION, TREPROSTINIL, 1 MG	No			MCWRAP, MA	
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, triamcinolone acetonide (triesen	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		ALL (Except McWRAP, MA)	
J3304	Injection, triamcinolone acetonide, preserv	No			MCWRAP, MA	
J3315	INJECTION, TRIPTORELIN PAMOATE, 3	Yes	PCM/LINK - see note in key		ALL (Except McWRAP, MA)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J3315	INJECTION, TRIPTORELIN PAMOATE, 3	No			MCWRAP, MA	
J3316	Injection, triptorelin, extended-release, 3.7	Yes	PCM		ALL (Except McWRAP, MA)	
J3316	Injection, triptorelin, extended-release, 3.7	No			MCWRAP, MA	
J3350	INJECTION, UREA, UP TO 40 GM	No			ALL	
J3357	INJECTION, USTEKINUMAB, 1 MG	Not Covered	RX coverage rules apply	BPF	ALL (Except MA)	
J3357	INJECTION, USTEKINUMAB, 1 MG	Yes	PCM		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		ALL (Except McWrap)	
J3380	Injection, vedolizumab, intravenous, 1 mg	No			MCWRAP	
J3385	INJECTION, VELAGLUCERASE ALFA, 1(	Yes	PCM		ALL (Except McWRAP, MA)	
J3385	INJECTION, VELAGLUCERASE ALFA, 1(	No			MCWRAP, MA	
J3386	Injection, etuvetidigene autotemcel, per tre	Yes	RMT		ALL	
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	
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		ALL (Except McWRAP, MA)	
J3397	Injection, vestronidase alfa-vjbk, 1 mg	No			MCWRAP, MA	
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		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	
J3404	Injection, zopapogene imadenovec-drba s	Yes	RMT		ALL (Except McWRAP)	
J3404	Injection, zopapogene imadenovec-drba s	No			MCWRAP	
J3405	Injection, onasemnogene abeparvovec-br	Yes	RMT		ALL	
J3406	Injection, omidubicel-onlv, per therape	Yes	RMT		ALL	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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,	No			ALL	
J3472	INJECTION, HYALURONIDASE, OVINE,	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	
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	RX coverage rules apply		ALL	
J3590	UNCLASSIFIED BIOLOGICS	Yes	NTM POLICY		ALL (Except McWrap, MA)	
J3590	UNCLASSIFIED BIOLOGICS	No	NTM POLICY		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		ALL (Except McWrap, MA)	
J7170	Injection, emicizumab-kxwh, 0.5 mg	No			MCWRAP, MA	
J7171	Injection, adamts13, recombinant-krhn, 10	Yes	PCM		ALL (Except McWRAP)	
J7171	Injection, adamts13, recombinant-krhn, 10	No			MCWRAP	
J7172	Injection, marstacimab-hncq, 0.5 mg	Yes	SPC		ALL Except MCWRAP)	
J7172	Injection, marstacimab-hncq, 0.5 mg	No			MCWRAP	
J7173	Injection, concizumab-mtci, 0.5 mg	Yes	SPC		ALL (Except MCWRAP)	
J7173	Injection, concizumab-mtci, 0.5 mg	No			MCWRAP	
J7174	Injection, fitusiran, 0.04 mg	Yes	SPC		ALL (Except MCWRAP)	
J7174	Injection, fitusiran, 0.04 mg	No			MCWRAP	
J7175	Injection, factor x, (human), 1 i.u.	Yes	SPC		ALL (Except McWrap, MA)	
J7175	Injection, factor x, (human), 1 i.u.	No			MCWRAP, MA	
J7176	Injection, human fibrinogen - chmt (fes	No			ALL	
J7177	Injection, human fibrinogen concentrate (fibry	No			ALL	
J7178	Injection, human fibrinogen concentrate, 1	No			ALL	
J7179	Injection, von willebrand factor (recombina	Yes	SPC		ALL (Except McWrap, MA)	
J7179	Injection, von willebrand factor (recombina	No			MCWRAP, MA	
J7180	INJECTION, FACTOR XIII (ANTIHEMOPH	Yes	SPC		ALL (Except McWrap, MA)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J7180	INJECTION, FACTOR XIII (ANTIHEMOPH	No			MCWRAP, MA	
J7181	Injection, factor xiii a-subunit, (recombinar	Yes	SPC		ALL (Except McWrap, MA)	
J7181	Injection, factor xiii a-subunit, (recombinar	No			MCWRAP, MA	
J7182	Injection, factor viii, (antihemophilic factor,	Yes	SPC		ALL (Except McWrap, MA)	
J7182	Injection, factor viii, (antihemophilic factor,	No			MCWRAP, MA	
J7183	INJECTION, VON WILLEBRAND FACTOF	Yes	SPC		ALL (Except McWrap, MA)	
J7183	INJECTION, VON WILLEBRAND FACTOF	No			MCWRAP, MA	
J7185	INJECTION, FACTOR VIII (ANTIHEMOPH	Yes	SPC		ALL (Except McWrap, MA)	
J7185	INJECTION, FACTOR VIII (ANTIHEMOPH	No			MCWRAP, MA	
J7186	Injection, antihemophilic factor VIII/vor	Yes	SPC		ALL (Except McWrap, MA)	
J7186	Injection, antihemophilic factor VIII/von Wi	No			MCWRAP, MA	
J7187	INJECTION, VON WILLEBRAND FACTOF	Yes	SPC		ALL (Except McWrap, MA)	
J7187	INJECTION, VON WILLEBRAND FACTOF	No			MCWRAP, MA	
J7188	Injection, factor viii (antihemophilic factor,	Yes	SPC		ALL (Except McWrap, MA)	
J7188	Injection, factor viii (antihemophilic factor,	No			MCWRAP, MA	
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTO	Yes	SPC		ALL (Except McWrap, MA)	
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTO	No			MCWRAP, MA	
J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTO	Yes	SPC		ALL (Except McWrap, MA)	
J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTO	No			MCWRAP, MA	
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTO	Yes	SPC		ALL (Except McWrap, MA)	
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTO	No			MCWRAP, MA	
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTO	Yes	SPC		ALL (Except McWrap, MA)	
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTO	No			MCWRAP, MA	
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR	Yes	SPC		ALL (Except McWrap, MA)	
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR	No			MCWRAP, MA	
J7194	FACTOR IX, COMPLEX, PER I.U.	Yes	SPC		ALL (Except McWrap, MA)	
J7194	FACTOR IX, COMPLEX, PER I.U.	No			MCWRAP, MA	
J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR	Yes	SPC		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		ALL (Except McWrap, MA)	
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	No			MCWRAP, MA	
J7198	ANTI INHIBITOR, PER I.U.	Yes	SPC		ALL (Except McWrap, MA)	
J7198	ANTI INHIBITOR, PER I.U.	No			MCWRAP, MA	
J7199	HEMOPHILIA CLOTTING FACTOR, NOT	Yes	PCM		ALL (Except McWrap)	
J7199	HEMOPHILIA CLOTTING FACTOR, NOT	No			MCWRAP	
J7200	Injection, factor ix, (antihemophilic factor,	Yes	SPC		ALL (Except McWrap, MA)	
J7200	Injection, factor ix, (antihemophilic factor,	No			MCWRAP, MA	
J7201	Injection, factor ix, fc fusion protein (recom	Yes	SPC		ALL (Except McWrap, MA)	
J7201	Injection, factor ix, fc fusion protein (recom	No			MCWRAP, MA	
J7202	Injection, factor ix, albumin fusion protein,	Yes	SPC		ALL (Except McWrap, MA)	
J7202	Injection, factor ix, albumin fusion protein,	No			MCWRAP, MA	
J7203	Injection factor ix, (antihemophilic factor, r	Yes	SPC		ALL (Except McWrap, MA)	
J7203	Injection factor ix, (antihemophilic factor, r	No			MCWRAP, MA	
J7204	Injection, factor viii, antihemophilic factor (	Yes	SPC		ALL (Except McWrap, MA)	
J7204	Injection, factor viii, antihemophilic factor (	No			MCWRAP, MA	
J7205	Injection, factor viii fc fusion (recombinant	Yes	SPC		ALL (Except McWrap, MA)	
J7205	Injection, factor viii fc fusion (recombinant	No			MCWRAP, MA	
J7207	Injection, factor viii, (antihemophilic factor,	Yes	SPC		ALL (Except McWrap, MA)	
J7207	Injection, factor viii, (antihemophilic factor,	No			MCWRAP, MA	
J7208	Injection, factor viii, (antihemophilic factor,	Yes	SPC		ALL (Except McWrap, MA)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J7208	Injection, factor viii, (antihemophilic factor,	No			MCWRAP, MA	
J7209	Injection, factor viii, (antihemophilic factor,	Yes	SPC		ALL (Except McWrap, MA)	
J7209	Injection, factor viii, (antihemophilic factor,	No			MCWRAP, MA	
J7210	Injection, factor viii, (antihemophilic factor,	Yes	SPC		ALL (Except McWrap, MA)	
J7210	Injection, factor viii, (antihemophilic factor,	No			MCWRAP, MA	
J7211	Injection, factor viii, (antihemophilic factor,	Yes	SPC		ALL (Except McWrap, MA)	
J7211	Injection, factor viii, (antihemophilic factor,	No			MCWRAP, MA	
J7212	Factor viia (antihemophilic factor, recombi	Yes	SPC		ALL (Except McWrap, MA)	
J7212	Factor viia (antihemophilic factor, recombi	No			MCWRAP, MA	
J7213	Injection, coagulation factor ix (recombina	Yes	SPC		ALL (Except McWrap, MA)	
J7213	Injection, coagulation factor ix (recombina	No			MCWRAP, MA	
J7214	Injection, factor viii/von willebrand factor c	Yes	SPC		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		ALL (Except McWrap)	
J7311	FLUOCINOLONE ACETONIDE, INTRAVIT	No			MCWRAP	
J7312	INJECTION, DEXAMETHASONE, INTRAV	No			ALL	
J7313	Injection, fluocinolone acetonide, intravitre	Yes	PCM		ALL (Except McWrap)	
J7313	Injection, fluocinolone acetonide, intravitre	No			MCWRAP	
J7314	Injection, fluocinolone acetonide, intravitre	Yes	PCM		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		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, ORTHC	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		ALL (Except McWrap, MA)	
J7336	Capsaicin 8% patch, per square centimete	No			MCWRAP, MA	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J7340	Carbidopa 5 mg/levodopa 20 mg enteral s	Not covered	RX coverage rules apply		ALL (Except McWrap, MA)	
J7340	Carbidopa 5 mg/levodopa 20 mg enteral s	No			MCWRAP, MA	
J7342	Installation, ciprofloxacin otic suspension,	No			ALL	
J7345	Aminolevulinic acid hcl for topical adminis	No			ALL	
J7351	'Injection, bimatoprost, intracameral impla	Yes	PCM		ALL (Except McWrap, MA)	
J7351	'Injection, bimatoprost, intracameral impla	No			MCWRAP, MA	
J7352	Afamelanotide implant, 1 mg	Yes	PCM		ALL (Except McWrap, MA)	
J7352	Afamelanotide implant, 1 mg	No			MCWRAP, MA	
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram	Not covered	RX coverage rules apply		ALL	
J7354	Cantharidin for topical administration, 0.7	Yes	PCM		ALL (Except MA, McWRAP)	
J7354	Cantharidin for topical administration, 0.7	No			MA, McWRAP	
J7356	Injection, foscarbidopa 0.25 mg/foslevodo	Yes	PCM		ALL (Except MCWRAP)	
J7356	Injection, foscarbidopa 0.25 mg/foslevodo	No			MCWRAP	
J7355	Injection, travoprost, intracameral implant,	Yes	PCM		ALL (Except McWRAP)	
J7355	Injection, travoprost, intracameral implant,	No			MCWRAP	
J7402	Mometasone furoate sinus implant, (sinuv	Yes	PCM		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)	
J7515	CYCLOSPORINE, ORAL, 25 MG	No			ALL	
J7516	Injection, cyclosporine, 250 mg	No			ALL	
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	No			ALL	
J7520	SIROLIMUS, ORAL, 1 MG	No			ALL	
J7521	Tacrolimus, granules, oral suspension, 0.1	No			ALL	
J7524	Mycophenolate mofetil, oral, 5 mg	No			ALL	
J7525	TACROLIMUS, PARENTERAL, 5 MG	No			ALL	
J7526	Injection, mycophenolate mofetil, 5 mg	No			ALL	
J7527	Everolimus, oral, 0. 25 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J7527	Everolimus, oral, 0. 25 mg	No			MCWRAP, MA	
J7529	Mycophenolate mofetil, for suspension, or	No			ALL	
J7530	Mycophenolate mofetil (myhibbin), oral su	No			ALL	
J7531	Prednisolone sodium phosphate, orally dis	No			ALL	
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OT	No			ALL	
J7601	Ensifentrine, inhalation suspension, fda ap	Yes	SPC		ALL (Except McWRAP)	
J7601	Ensifentrine, inhalation suspension, fda ap	No			MCWRAP	
J7604	ACETYLCYSTEINE, INHALATION SOLUT	Not Covered	RX coverage rules apply		ALL	
J7605	ARFORMOTEROL, INHALATION SOLUT	No			ALL	
J7606	INJECTION, ANTIHEMOPHILIC FACTOR	No			ALL	
J7607	LEVALBUTEROL, INHALATION SOLUTIC	Not Covered	RX coverage rules apply		ALL	
J7608	ACETYLCYSTEINE, INHALATION SOLUT	No			ALL	
J7609	ALBUTEROL, INHALATION SOLUTION, (	Not Covered	RX coverage rules apply		ALL	
J7610	ALBUTEROL, INHALATION SOLUTION, (	Not Covered	RX coverage rules apply		ALL	CL1

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	RX coverage rules apply		ALL	
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRAT	No			ALL	
J7622	BECLOMETHASONE, INHALATION SOL	Not Covered	RX coverage rules apply		ALL	
J7624	BETAMETHASONE, INHALATION SOLUT	Not Covered	RX coverage rules apply		ALL	
J7626	BUDESONIDE INHALATION SOLUTION,	No			ALL	
J7627	BUDESONIDE, POWDER, COMPOUNDE	Not Covered	RX coverage rules apply		ALL	
J7628	BITOLTEROL MESYLATE, INHALATION	Not Covered	RX coverage rules apply		ALL	
J7629	BITOLTEROL MESYLATE, INHALATION	Not Covered	RX coverage rules apply		ALL	
J7631	CROMOLYN SODIUM, INHALATION SOL	No			ALL	
J7632	CROMOLYN SODIUM, INHALATION SOL	Not Covered	RX coverage rules apply		ALL	
J7633	BUDESONIDE, INHALATION SOLUTION	No			ALL	
J7634	BUDESONIDE, INHALATION SOLUTION,	Not Covered	RX coverage rules apply		ALL	
J7635	ATROPINE, INHALATION SOLUTION AD	Not Covered	RX coverage rules apply		ALL	
J7636	ATROPINE, INHALATION SOLUTION AD	Not Covered	RX coverage rules apply		ALL	
J7637	DEXAMETHASONE, INHALATION SOLUT	Not Covered	RX coverage rules apply		ALL	
J7638	DEXAMETHASONE, INHALATION SOLUT	Not Covered	RX coverage rules apply		ALL	
J7639	DORNASE ALPHA, INHALATION SOLUT	No			ALL	
J7640	FORMOTEROL, INHALATION SOLUTION	Not Covered	RX coverage rules apply		ALL	
J7641	FLUNISOLIDE, INHALATION SOLUTION	Not Covered	RX coverage rules apply		ALL	
J7642	GLYCOPYRROLATE, INHALATION SOLU	Not Covered	RX coverage rules apply		ALL	
J7643	GLYCOPYRROLATE, INHALATION SOLU	Not Covered	RX coverage rules apply		ALL	
J7644	IPRATROPIUM BROMIDE, INHALATION	No			ALL	
J7645	IPRATROPIUM BROMIDE, INHALATION	Not Covered	RX coverage rules apply		ALL	
J7647	ISOETHARINE HCL, INHALATION SOLUT	Not Covered	RX coverage rules apply		ALL	
J7648	ISOETHARINE HCL, INHALATION SOLUT	No			ALL	
J7649	ISOETHARINE HCL, INHALATION SOLUT	No			ALL	
J7650	ISOETHARINE HCL, INHALATION SOLUT	Not Covered	RX coverage rules apply		ALL	
J7657	ISOPROTERENOL HCL, INHALATION SC	Not Covered	RX coverage rules apply		ALL	
J7658	ISOPROTERENOL HCL, INHALATION SC	No			ALL	
J7659	ISOPROTERENOL HCL, INHALATION SC	No			ALL	
J7660	ISOPROTERENOL HCL, INHALATION SC	Not Covered	RX coverage rules apply		ALL	
J7665	MANNITOL, ADMINISTERED THROUGH	No			ALL	
J7667	METAPROTERENOL SULFATE, INHALA	Not Covered	RX coverage rules apply		ALL	
J7668	METAPROTERENOL SULFATE, INHALA	No			ALL	
J7669	METAPROTERENOL SULFATE, INHALA	No			ALL	
J7670	METAPROTERENOL SULFATE, INHALA	Not Covered	RX coverage rules apply		ALL	
J7674	METHACHOLINE CHLORIDE ADMINISTE	No			ALL	
J7676	PENTAMIDINE ISETHIONATE, INHALATI	Not Covered	RX coverage rules apply		ALL	
J7677	Revefenacin inhalation solution, fda-appro	No			ALL	
J7680	TERBUTALINE SULFATE, INHALATION S	Not Covered	RX coverage rules apply		ALL	
J7681	TERBUTALINE SULFATE, INHALATION S	Not Covered	RX coverage rules apply		ALL	
J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 M	No			ALL	
J7683	TRIAMCINOLONE, INHALATION SOLUTI	Not Covered	RX coverage rules apply		ALL	
J7684	TRIAMCINOLONE, INHALATION SOLUTI	Not Covered	RX coverage rules apply		ALL	
J7685	TOBRAMYCIN, INHALATION SOLUTION,	Not Covered	RX coverage rules apply		ALL	
J7686	TREPROSTINIL, INHALATION SOLUTION	Yes	PCM		ALL (Except McWRAP, MA)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J7686	TREPROSTINIL, INHALATION SOLUTION	No			MCWRAP, MA	
J7699	NOC DRUGS, INHALATION SOLUTION A	Not Covered	RX coverage rules apply		ALL	
J7699	NOC DRUGS, INHALATION SOLUTION A	Yes	PCM		MA	
J7799	NOC DRUGS, OTHER THAN INHALATIO	No			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	
J8502	Injection, aprepitant (aponvie), 1 mg	Yes	PCM	BPF	ALL (Except MA, MCWRAP)	
J8502	Injection, aprepitant (aponvie), 1 mg	No			MA, MCWRAP	
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	RX coverage rules apply		ALL	
J8612	Methotrexate (xatmep), oral, 2.5 mg	Not covered	RX coverage rules apply		ALL	
J8655	Netupitant 300 mg and palonosetron 0.5 r	Yes	PCM		ALL (Except MCWRAP, MA)	
J8655	Netupitant 300 mg and palonosetron 0.5 r	No			MCWRAP, MA	
J8670	Rolapitant, oral, 1 mg	Yes	PCM		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		ALL (Except McWrap, MA)	
J8705	TOPOTECAN, ORAL, 0.25 MG	No			MCWRAP, MA	
J8999	PRESCRIPTION DRUG, ORAL, CHEMOT	Yes	PCM		ALL (Except McWrap, MA)	
J8999	PRESCRIPTION DRUG, ORAL, CHEMOT	No			MCWRAP, MA	
J9000	DOXORUBICIN HCL, 10 MG	No			ALL	
J9003	Leuprolide injectable (camcevi etm), 1 mg	Yes	PCM/LINK - see note in K	BPF	ALL (Except McWrap)	
J9003	Leuprolide injectable (camcevi etm), 1 mg	No			MCWRAP	
J9011	Injection, datopotamab deruxtecan-dlnk, 1	Yes	PCM		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		ALL (Except McWrap, MA)	
J9021	Injection, asparaginase, recombinant, (ryla	No			MCWRAP, MA	
J9022	Injection, atezolizumab, 10 mg	No			ALL	
J9023	Injection, avelumab, 10 mg	Yes	PCM		ALL (Except McWrap, MA)	
J9023	Injection, avelumab, 10 mg	No			MCWRAP, MA	
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		ALL (Except McWRAP, MA)	
J9028	Injection, nogapendekin alfa inbakicept-pr	No			MCWRAP, MA	
J9029	Intravesical instillation, nadofaragene firac	Yes	RMT		ALL (Except MCWRAP)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J9029	Intravesical instillation, nadofaragene firac	No			MCWRAP	
J9030	BCG live intravesical instillation, 1 mg	No			ALL	
J9032	Injection, belinostat, 10 mg	No			ALL	
J9033	Injection, bendamustine hydrochloride, no	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		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	Yes	see PCM and BPF		ALL	
J9047	Injection, carfilzomib, 1 mg	Yes	PCM		ALL (Except McWrap, MA)	
J9047	Injection, carfilzomib, 1 mg	No			MCWRAP, MA	
J9048	Injection, bortezomib (fresenius kabi), not	Yes	see PCM and BPF		ALL	
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	
J9053	Injection, belantamab mafodotin-blmf,	Yes	PCM		ALL (Except MA)	
J9053	Injection, belantamab mafodotin-blmf,	No			MA	
J9054	Injection, bortezomib (boruzu), 0.1 mg	Yes	see PCM and BPF		ALL	
J9055	INJECTION, CETUXIMAB, 10 MG	Yes	PCM		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		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	No			ALL	
J9062	Injection, amivantamab 5 mg and hyal	No			ALL	
J9063	Injection, mirvetuximab soravtansine-gynx	Yes	PCM		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	
J9066	Injection, bendamustine hydrochloride (av	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 m	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		ALL (Except McWrap, MA)	
J9119	Injection, cemiplimab-rwlc, 1 mg	No			MCWRAP, MA	
J9120	DACTINOMYCIN, 0.5 MG	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J9130	DACARBAZINE, 100 MG	No			ALL	
J9144	Injection, daratumumab, 10 mg and hyalu	No			ALL	
J9145	Injection, daratumumab, 10 mg	Yes	PCM		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		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	Yes	PCM	BPF	ALL (Except MCWRAP)	
J9172	Injection, docetaxel (ingenus) not therapeu	No			MCWRAP	
J9173	Injection, durvalumab, 10 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J9173	Injection, durvalumab, 10 mg	No			MCWRAP, MA	
J9174	Injection, docetaxel (beizray), 1 mg	Yes	PCM	BPF	ALL (Except MCWRAP)	
J9174	Injection, docetaxel (beizray), 1 mg	No			MCWRAP	
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 M	No			ALL	
J9176	Injection, elotuzumab, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J9176	Injection, elotuzumab, 1 mg	No			MCWRAP, MA	
J9177	Injection, enfortumab vedotin-ejfv, 0.25 m	Yes	PCM		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	
J9183	Gemcitabine intravesical system, 225 mg	Yes	PCM	BPF	ALL (Except MCWRAP)	
J9183	Gemcitabine intravesical system, 225 mg	No			MCWRAP	
J9184	Injection, gemcitabine hydrochloride (avyx	Yes	PCM	BPF	ALL (Except MA, McWrap)	
J9184	Injection, gemcitabine hydrochloride (avyx	No			MA, McWRAP	
J9185	FLUDARABINE PHOSPHATE, 50 MG	No			ALL	
J9186	Injection, etoposide (avyxa), 1 mg	No			ALL	
J9187	Injection, etoposide, 1 mg	No			ALL	
J9191	Injection, fluorouracil (avyxa), 10 mg	No			ALL	
J9192	Injection, fluorouracil, 10 mg	No			ALL	
J9196	Injection, gemcitabine hydrochloride (acc	No			ALL	
J9198	Injection, gemcitabine hydrochloride, (infu	Yes	PCM		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		ALL (Except McWRAP, MA)	
J9203	Injection, gemtuzumab ozogamicin, 0.1 m	No			MCWRAP, MA	
J9204	Injection, mogamulizumab-kpkc, 1 mg	Yes	PCM		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		ALL (Except McWRAP, MA)	
J9210	Injection, emapalumab-lzsg, 1 mg	No			MCWRAP, MA	
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J9213	INTERFERON, ALFA-2A, RECOMBINANT	Yes	SPC		ALL (Except McWRAP, MA)	
J9213	INTERFERON, ALFA-2A, RECOMBINANT	No			MCWRAP, MA	
J9214	INTERFERON, ALFA-2B, RECOMBINANT	Yes	PCM		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	Not Covered	RX coverage rules apply		ALL (Except MA)	
J9216	INTERFERON, GAMMA 1-B, 3 MILLION U	No			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		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		ALL (Except McWRAP, MA)	
J9227	'Injection, isatuximab-irfc, 10 mg	No			MCWRAP, MA	
J9228	INJECTION, IPILIMUMAB, 1 MG	Yes	PCM		ALL (Except McWRAP, MA)	
J9228	INJECTION, IPILIMUMAB, 1 MG	No			MCWRAP, MA	
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	No			MCWRAP, MA	
J9230	MECHLORETHAMINE HYDROCHLORIDE	No			ALL	
J9232	Injection, docetaxel (hospira), not ther	No			ALL	
J9245	INJECTION, MELPHALAN HYDROCHLOI	No			ALL	
J9246	Injection, melphalan (evomela), 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J9246	Injection, melphalan (evomela), 1 mg	No			MCWRAP, MA	
J9248	Injection, melphalan (hepzato), 1 mg	Yes	PCM		ALL (Except MA, McWRAP)	
J9248	Injection, melphalan (hepzato), 1 mg	No			MA, McWRAP	
J9249	Injection, melphalan (apotex), 1 mg	Yes	PCM		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		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		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 micrograms	Yes	PCM		ALL (Except McWRAP, MA)	
J9269	Injection, tagraxofusp-erzs, 10 micrograms	No			MCWRAP, MA	
J9271	Injection, pembrolizumab, 1 mg	No			ALL	
J9272	Injection, dostarlimab-gxly, 10 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J9272	Injection, dostarlimab-gxly, 10 mg	No			MCWRAP, MA	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J9273	Injection, tisotumab vedotin-tftv, 1 mg	No			MCWRAP, MA	
J9274	Injection, tebentafusp-tebn, 1 microgram	Yes	PCM		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		ALL (Except McWRAP, MA)	
J9276	Injection, zanidatamab-hrii, 2 mg	No			MCWRAP, MA	
J9277	Injection, pembrolizumab, 1 mg and berah	No			ALL	
J9278	Injection, carboplatin (avyxa), 1 mg	Yes	PCM	BPF	ALL (Except MCWRAP)	
J9278	Injection, carboplatin (avyxa), 1 mg	No			MCWRAP	
J9280	MITOMYCIN, 5 MG	No			ALL	
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J9281	Mitomycin pyelocalyceal instillation, 1 mg	No			MCWRAP, MA	
J9282	Mitomycin, intravesical instillation, 1 mg	Yes	PCM		ALL (Except McWrap)	
J9282	Mitomycin, intravesical instillation, 1 mg	No			MCWRAP	
J9285	Injection, olaratumab, 10 mg	Yes	PCM		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		ALL (Except MCWRAP)	
J9289	Injection, nivolumab, 2 mg and hyaluronid	No			MCWRAP	
J9292	Injection, pemetrexed dipotassium, 10 mg	Yes	PCM	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		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		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		ALL (Except McWRAP, MA)	
J9303	INJECTION, PANITUMUMAB, 10 MG	No			MCWRAP, MA	
J9304	'Injection, pemetrexed (pemfexy), 10 mg	Yes	PCM	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		ALL (Except McWRAP, MA)	
J9308	Injection, ramucirumab, 5 mg	No			MCWRAP, MA	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Yes	PCM		ALL (Except McWRAP, MA)	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	No			MCWRAP, MA	
J9311	Injection, rituximab 10 mg and hyaluronida	Yes	PCM	BPF	ALL (Except McWRAP)	
J9311	Injection, rituximab 10 mg and hyaluronida	No			MCWRAP	
J9312	Injection, rituximab, 10 mg	Yes	PCM	BPF	ALL (Except McWRAP)	
J9312	Injection, rituximab, 10 mg	No			MCWRAP	
J9313	Injection, moxetumomab pasudotox-tdfk, (	Yes	PCM		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	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J9317	Injection, sacituzumab govitecan-hziy, 2.5	Yes	PCM		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	BPF	ALL (Except McWRAP)	
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	No			MCWRAP	
J9325	Injection, talimogene laherparepvec, per 1	Yes	PCM		ALL (Except McWRAP, MA)	
J9325	Injection, talimogene laherparepvec, per 1	No			MCWRAP, MA	
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	Yes	PCM		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	No			ALL	
J9330	INJECTION, TEMSIROLIMUS, 1 MG	No			ALL	
J9331	Injection, sirolimus protein-bound part	Yes	PCM		ALL (Except McWRAP, MA)	
J9331	Injection, sirolimus protein-bound part	No			MCWRAP, MA	
J9332	Injection, efgartigimod alfa-fcab, 2mg	Yes	PCM		ALL (Except McWrap)	
J9332	Injection, efgartigimod alfa-fcab, 2mg	No			MCWRAP	
J9333	Injection, rozanolixizumab-noli, 1 mg	Yes	PCM		ALL (Except McWRAP)	
J9333	Injection, rozanolixizumab-noli, 1 mg	No			McWRAP	
J9334	Injection, efgartigimod alfa, 2 mg and hyal	Yes	PCM		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		ALL (Except MA, MCWRAP)	
J9347	Injection, tremelimumab-actl, 1 mg	No			MA, MCWRAP	
J9348	Injection, naxitamab-gqgk, 1 mg	Yes	PCM		ALL (Except MCWRAP, MA)	
J9348	Injection, naxitamab-gqgk, 1 mg	No			MCWRAP, MA	
J9349	Injection, tafasitamab-cxix, 2 mg	Yes	PCM		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	
J9353	Injection, margetuximab-cmkb, 5 mg	Yes	PCM	BPF	ALL (Except MCWRAP)	
J9353	Injection, margetuximab-cmkb, 5 mg	No			MCWRAP	
J9354	Injection, ado-trastuzumab emtansine, 1 m	No			ALL	
J9355	TRASTUZUMAB, 10 MG	Yes	PCM	BPF	ALL (Except MCWRAP)	
J9355	TRASTUZUMAB, 10 MG	No			MCWRAP	
J9356	Injection, trastuzumab, 10 mg and Hyaluro	Yes	PCM	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-nx	Yes	PCM		ALL (Except McWrap, MA)	
J9358	Injection, fam-trastuzumab deruxtecan-nx	No			MCWRAP, MA	
J9359	Injection, loncastuximab tesirine-lpyl, 0.07	Yes	PCM		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	BPF		ALL (Except MA)	
J9361	Injection, efbemalenograstim alfa-vuxw, 0	Yes	see PCM and BPF		MA	
J9362	Injection, trabectedin, 0.01 mg	Yes	PCM		ALL (Except MA)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
J9362	Injection, trabectedin, 0.01 mg	No			MA	
J9370	VINCRISTINE SULFATE, 1 MG	No			ALL	
J9376	Injection, pozelimab-bbfg, 1 mg	Yes	PCM		ALL (Except MA, McWRAP)	
J9376	Injection, pozelimab-bbfg, 1 mg	No			MA, McWRAP	
J9380	Injection, teclistamab-cqyv, 0.5 mg	Yes	PCM		ALL (Except McWrap, MA)	
J9380	Injection, teclistamab-cqyv, 0.5 mg	No			MCWRAP, MA	
J9381	Injection, teplizumab-mzwv, 5 mcg	Yes	PCM		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		ALL (Except McWrap, MA)	
J9400	Injection, ziv-aflibercept, 1 mg	No			MCWRAP, MA	
J9600	PORFIMER SODIUM, 75 MG	No			ALL	
J9601	Injection, linvoseltamab-gcpt, 1 mg	Yes	PCM		ALL (Except MA, MCWRAP)	
J9601	Injection, linvoseltamab-gcpt, 1 mg	No			MA, MCWRAP	
J9999	NOT OTHERWISE CLASSIFIED, ANTINE	No	NTM POLICY		ALL	
K0606	'AUTOMATIC EXTERNAL DEFIBRILLATC	Yes	TPC-CARDIAC		ALL (Except McWRAP)	
K0606	'AUTOMATIC EXTERNAL DEFIBRILLATC	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)	
L8605	Injectable bulking agent, dextranomer/hya	No			MA	
L8606	INJECTABLE BULKING AGENT, SYNTHE	No			ALL	
L8607	Injectable bulking agent for vocal cord mediliza	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/CO	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 MA, UAW)	
L8621	ZINC AIR BATTERY FOR USE W/COCHL	No			MA, UAW	
L8622	ALKALINE BATTERY FOR USE W/COCH	Not Covered			ALL (Except MA, UAW)	
L8622	ALKALINE BATTERY FOR USE W/COCH	No			MA, UAW	
L8623	LITHIUM ION BATTERY FOR USE WITH	Not Covered			ALL (Except MA, UAW)	
L8623	LITHIUM ION BATTERY FOR USE WITH	No			MA, UAW	
L8624	LITHIUM ION BATTERY FOR USE WITH	Not Covered			ALL (Except MA, UAW)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
L8659	INTERPHALANGEAL FINGER JOINT REI	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	
M0231	Intravenous infusion, tocilizumab-bavi, fo	No			ALL	
M0232	Intravenous infusion, tocilizumab-bavi, for	No			ALL	
M0233	Intravenous infusion, tocilizumab-aazg, fo	No			ALL	
M0234	Intravenous infusion, tocilizumab-aazg, fo	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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, reason	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 kidne	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
M1336	Pts eval ini xm 2 wks	Not Covered	INFO		ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 sut	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 co	Not Covered	INFO		ALL	
M1419	Patients who are not up to date on their co	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 c	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 c	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 c	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	
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 car	Not Covered	INFO		ALL	
M1482	Positive/detectable hepatitis c virus quant	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 LEUKOCY	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-	No			ALL	
P9060	FRESH FROZEN PLASMA, DONOR RET	No			ALL	
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 PREPARAT	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	
Q0234	Injection, tocilizumab-bavi, for hospitalized	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
Q0235	Injection, monoclonal antibody products w	No			ALL	
Q0237	Injection, tocilizumab-anoh, for hospitalize	No			ALL	
Q0238	Injection, tocilizumab-aazg, 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 FC	No			ALL	
Q0482	MICROPROCESSOR CONTROL UNIT FC	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	
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 LE	No			ALL	
Q1005	NEW TECHNOLOGY INTRAOCULAR LE	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			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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, Lipos	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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, /	No			ALL	
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, /	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		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		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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
Q4125	ARTHROFLEX, PER SQUARE CENTIMET	Yes			ALL (Except MCWRAP)	
Q4125	ARTHROFLEX, PER SQUARE CENTIMET	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 CENTIMI	Yes			ALL (Except McWrap)	
Q4130	STRATTICE TM, PER SQUARE CENTIMI	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	
Q4139	Amniomatrix or biodmatrix, injectable, 1 c	Yes			ALL (Except McWrap)	
Q4139	Amniomatrix or biodmatrix, injectable, 1 c	No			McWRAP	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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	
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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	
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	Yes			ALL (Except McWrap)	
Q4262	Dual layer impax membrane, per square	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)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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)	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 (ad	Yes			ALL (Except McWrap)	
Q4406	Xwrap fenestra, per square centimeter (ad	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 (ad	Yes			ALL (Except McWrap)	
Q4410	Amchomatrixdl, per square centimeter (ad	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 (ad	Yes			ALL (Except McWrap)	
Q4416	Alexiguard tl-t, per square centimeter (ad	No			McWRAP	
Q4417	Alexiguard dl-t, per square centimeter (ad	Yes			ALL (Except McWrap)	
Q4417	Alexiguard dl-t, per square centimeter (ad	No			McWRAP	
Q4418	Biolab membrane wrap flow, per square c	Yes			ALL (Except McWrap)	
Q4418	Biolab membrane wrap flow, per square c	No			McWRAP	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
Q4419	Biolab membrane wrap lite flow, per squar	Yes			ALL (Except McWrap)	
Q4419	Biolab membrane wrap lite flow, per squar	No			McWRAP	
Q4420	Nuform, per square centimeter (add-on, lis	Yes			ALL (Except McWrap)	
Q4420	Nuform, per square centimeter (add-on, lis	No			McWRAP	
Q4421	Biolab membrane wrap solo, per square c	Yes			ALL (Except McWrap)	
Q4421	Biolab membrane wrap solo, per square c	No			McWRAP	
Q4422	A/c wrap, per square centimeter (add-on,	Yes			ALL (Except McWrap)	
Q4422	A/c wrap, per square centimeter (add-on,	No			McWRAP	
Q4423	Biolab tri-membrane wrap flow, per square	Yes			ALL (Except McWrap)	
Q4423	Biolab tri-membrane wrap flow, per square	No			McWRAP	
Q4424	Revive ft, per square centimeter (add-on,	Yes			ALL (Except McWrap)	
Q4424	Revive ft, per square centimeter (add-on,	No			McWRAP	
Q4425	Revive tl, per square centimeter (add-on,	Yes			ALL (Except McWrap)	
Q4425	Revive tl, per square centimeter (add-on,	No			McWRAP	
Q4426	Dermabind tl + or dermabind tl x, per squ	Yes			ALL (Except McWrap)	
Q4426	Dermabind tl + or dermabind tl x, per squ	No			McWRAP	
Q4427	Dermabind dl n or dermabind dl + or derm	Yes			ALL (Except McWrap)	
Q4427	Dermabind dl n or dermabind dl + or derm	No			McWRAP	
Q4428	Dermabind sl n or dermabind sl + or derm	Yes			ALL (Except McWrap)	
Q4428	Dermabind sl n or dermabind sl + or derm	No			McWRAP	
Q4429	Dermabind ch n or dermabind ch x, per sc	Yes			ALL (Except McWrap)	
Q4428	Dermabind sl n or dermabind sl + or derm	No			McWRAP	
Q4429	Dermabind ch n or dermabind ch x, per sc	Yes			ALL (Except McWrap)	
Q4429	Dermabind ch n or dermabind ch x, per sc	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	
Q4435	Renati membrane, per square centimeter	Yes			ALL (Except McWrap)	
Q4435	Renati membrane, per square centimeter	No			McWRAP	
Q4436	Renati ac membrane, per square centime	Yes			ALL (Except McWrap)	
Q4436	Renati ac membrane, per square centime	No			McWRAP	
Q4437	Revival ac, per square centimeter (add-on	Yes			ALL (Except McWrap)	
Q4437	Revival ac, per square centimeter (add-on	No			McWRAP	
Q4438	Pretect, per square centimeter (add-on, lis	Yes			ALL (Except McWrap)	
Q4438	Pretect, per square centimeter (add-on, lis	No			McWRAP	
Q4439	Instagraft, per square centimeter (add-on,	Yes			ALL (Except McWrap)	
Q4439	Instagraft, per square centimeter (add-on,	No			McWRAP	
Q4440	Curamatrix, per square centimeter (add-o	Yes			ALL (Except McWrap)	
Q4440	Curamatrix, per square centimeter (add-o	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	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
Q5098	Injection, ustekinumab-srlf (imuldosa), bio	No			ALL	
Q5099	Injection, ustekinumab-stba (steqeyma), b	No			ALL	
Q5100	Injection, ustekinumab-kfce (yesintek), bic	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		ALL	
Q5104	Injection, infliximab-abda, biosimilar, (renf	No	Clinic Administered		ALL	
Q5104	Injection, infliximab-abda, biosimilar, (renf	Yes	SPC		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	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	BPF	ALL (Except MCWRAP)	
Q5112	Injection, trastuzumab-dttb, biosimilar, (Or	No			MCWRAP	
Q5113	Injection, trastuzumab-pkrb, biosimilar, (H	Yes	PCM	BPF	ALL (Except MCWRAP)	
Q5113	Injection, trastuzumab-pkrb, biosimilar, (H	No			MCWRAP	
Q5114	Injection, Trastuzumab-dkst, biosimilar, (C	Yes	PCM	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		ALL (Except MCWRAP, MA)	
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (	Yes	PCM	BPF	ALL (Except MCWRAP)	
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (	No			MCWRAP	
Q5121	Injection, infliximab-axxq, biosimilar, (avsc	Yes	SPC	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	BPF	ALL (Except MCWRAP)	
Q5123	Injection, rituximab-arrx, biosimilar, (riabni	No			MCWRAP	
Q5124	Injection, ranibizumab-nuna, biosimilar, (b	No			ALL	
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	BPF	ALL (Except MCWRAP)	
Q5127	Injection, pegfilgrastim-fpgk (stimufend), b	No			MCWRAP	
Q5128	Injection, ranibizumab-eqrn (cimerli), biosi	No			ALL	
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	BPF	ALL (Except MCWRAP)	
Q5130	Injection, pegfilgrastim-pbbk (fylnetra), bio	No			MCWRAP	
Q5133	Injection, tocilizumab-bavi (tofidence), bios	Yes	PCM		ALL (Except McWrap)	
Q5133	Injection, tocilizumab-bavi (tofidence), bios	No			MCWRAP	
Q5134	Injection, natalizumab-sztn (tyruko), biosir	Yes	PCM		ALL (Except MA, McWRAP)	
Q5134	Injection, natalizumab-sztn (tyruko), biosir	No			MA, McWRAP	
Q5135	Injection, tocilizumab-aazg (tyenne), biosir	Yes	PCM		ALL (Except McWrap)	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
Q5135	Injection, tocilizumab-aazg (tyenne), biosi	No			MCWRAP	
Q5136	Injection, denosumab-bbdz (jubbonti/wyos	No			ALL	
Q5137	Injection, ustekinumab-auub (wezlana), bi	Not Covered	RX coverage rules apply		ALL (Except MA)	
Q5137	Injection, ustekinumab-auub (wezlana), bi	Yes	PCM		MA	
Q5138	Injection, ustekinumab-auub (wezlana), bi	No			ALL	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 m	Not Covered	RX coverage rules apply		ALL (Except MA)	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 m	Yes	PCM		MA	
Q5141	Injection, adalimumab-aaty, biosimilar, 1 r	Not Covered	RX coverage rules apply		ALL (Except MA)	
Q5141	Injection, adalimumab-aaty, biosimilar, 1 r	Yes	PCM		MA	
Q5142	Injection, adalimumab-ryvk biosimilar, 1 m	Not Covered	RX coverage rules apply		ALL (Except MA)	
Q5142	Injection, adalimumab-ryvk biosimilar, 1 m	Yes	PCM		MA	
Q5143	Injection, adalimumab-adbm, biosimilar, 1	Not Covered	RX coverage rules apply		ALL (Except MA)	
Q5143	Injection, adalimumab-adbm, biosimilar, 1	Yes	PCM		MA	
Q5144	Injection, adalimumab-aacf (idacio), biosir	Not Covered	RX coverage rules apply		ALL (Except MA)	
Q5144	Injection, adalimumab-aacf (idacio), biosir	Yes	PCM		MA	
Q5145	Injection, adalimumab-afzb (abrilada), bios	Not Covered	RX coverage rules apply		ALL (Except MA)	
Q5145	Injection, adalimumab-afzb (abrilada), bios	Yes	PCM		MA	
Q5146	Injection, trastuzumab-strf (hercessi), bios	Yes	PCM	BPF	ALL (Except MCWRAP)	
Q5146	Injection, trastuzumab-strf (hercessi), bios	No			MCWRAP	
Q5147	Injection, aflibercept-ayyh (pavblu), biosim	Yes	PCM		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		ALL (Except McWRAP)	
Q5149	Injection, aflibercept-abzv (enzeevu), bios	No			MCWRAP	
Q5150	Injection, aflibercept-mrbb (ahzantive), bio	Yes	PCM		ALL (Except McWRAP)	
Q5150	Injection, aflibercept-mrbb (ahzantive), bio	No			MCWRAP	
Q5151	Injection, eculizumab-aagh (epysqli), biosi	Yes	PCM		ALL (Except McWRAP)	
Q5151	Injection, eculizumab-aagh (epysqli), biosi	No			MCWRAP	
Q5152	Injection, eculizumab-aeeb (bkemv), biosi	Yes	PCM	BPF	ALL (Except McWRAP)	
Q5152	Injection, eculizumab-aeeb (bkemv), biosi	No			MCWRAP	
Q5153	Injection, aflibercept-yszy (opuviz), biosim	Yes	PCM		ALL (Except McWRAP)	
Q5153	Injection, aflibercept-yszy (opuviz), biosim	No			MCWRAP	
Q5154	Injection, omalizumab-igec (omlyclo), bios	Yes	PCM		ALL (Except MCWRAP, MA)	
Q5154	Injection, omalizumab-igec (omlyclo), bios	No			MCWRAP, MA	
Q5155	Injection, aflibercept-jbvf (yesafili), biosimi	Yes	PCM		ALL (Except McWrap)	
Q5155	Injection, aflibercept-jbvf (yesafili), biosimi	No			MCWRAP	
Q5156	Injection, tocilizumab-anoh (avtozma), bio	Yes	PCM		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	BPF	ALL (Except McWrap)	
Q5160	Injection, bevacizumab-nwgd (jobevne), b	No			McWRAP	
Q5161	Injection, denosumab-kyqq (aukelso/bosa	No			ALL	
Q5162	Injection, denosumab-nxxp (bildyos/bilpre	No			ALL	
Q5164	Injection, ustekinumab-hmny (starjem	No			ALL	
Q5165	Injection, denosumab-mobz (oziltus), b	No			ALL	
Q5166	Injection, denosumab-desu (osvyrti/jul	No			ALL	
Q5167	Injection, denosumab-qbde (enoby/xtr	No			ALL	
Q5168	Injection, ranibizumab-leyk (nufymco),	No			ALL	
Q5169	Injection, pegfilgrastim-unne (armlupe	Yes	see PCM and BPF		ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
Q5170	Injection, aflibercept-boav (eydenzelt), bio	Yes	PCM		ALL	
Q5171	Injection, denosumab-mobz (boncresa	No			ALL	
Q5172	Injection, filgrastim-laha (filkri), biosimilar,	No			ALL	
Q5173	Injection, denosumab-adet (ponlimsi), bios	No			ALL	
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 R	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 d	No			ALL	
Q9983	Florbetaben f18, diagnostic, per study dos	No			ALL	
Q9991	Injection, buprenorphine extended-release (subl	Yes	PCM		ALL (Except McWrap, MA)	
Q9991	Injection, buprenorphine extended-release (subl	No			MCWRAP, MA	
Q9992	Injection, buprenorphine extended-release (subl	Yes	PCM		ALL (Except McWrap, MA)	
Q9992	Injection, buprenorphine extended-release (subl	No			MCWRAP, MA	
Q9996	Injection, ustekinumab-ttwe (pyzchiva), su	Not Covered	RX coverage rules apply		ALL (Except MA)	
Q9996	Injection, ustekinumab-ttwe (pyzchiva), su	No			MA	
Q9997	Injection, ustekinumab-ttwe (pyzchiva), int	No			ALL	
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 r	No			ALL	
Q9999	Injection, ustekinumab-aauz (otulfi), biosir	No			ALL	
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	
S0034	INJECTION, OFLOXACIN, 400 MG	No			ALL	
S0040	INJECTION, TICARCILLIN DISODIUM AN	No			ALL	
S0078	INJECTION, FOSPHENYTOIN SODIUM, 7	No			ALL	
S0081	INJECTION, PIPERACILLIN SODIUM, 50(	No			ALL	
S0088	IMATINIB INJECTION, 100 MG	No			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
S0090	SILDENAFIL CITRATE, 25 MG	No			ALL	
S0091	TEST, GRANISETRON HYDROCHLORID	No			ALL	
S0092	INJECTION, HYDROMORPHONE HYDRC	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		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		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		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		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		ALL (Except McWrap, Caid, MMP, MA, PRICHO)	
S0145	INJECTION, PEGYLATED INTERFERON	No			MCWRAP, MMP, MA, PRICHO, CAID	
S0148	INJECTION, PEGYLATED INTERFERON	Yes	PCM		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 MG	No			ALL	
S0161	CALCITROL, 0.25 MG	No			ALL	
S0169	Calcitrol, oral, 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	VERIFYING BENEFIT CO	P	ALL (Except Mcwrap, CAID, PRICHO, PRIQHP)	
S0190	MIFEPRISTON, ORAL, 200 MG	No			MCWRAP, CAID	
S0191	MISOPROSTOL, ORAL, 200 MCG	Yes	VERIFYING BENEFIT CO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	Not Covered			ALL	
S0199	MEDICALLY INDUCED ABORTION BY O	Yes	VERIFYING BENEFIT CO	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 PHYSICI	Not Covered			ALL	
S0221	MEDICAL CONFERENCE BY A PHYSICI	Not Covered			ALL	
S0250	COMPREHENSIVE GERIATRIC ASSESS	No			ALL	
S0255	HOSPICE REFERRAL VISIT (ADVISING I	No			ALL	
S0257	COUNSELING AND DISCUSSION REGA	No			ALL	
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 LEI	No	VERIFYING BENEFIT CO	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	VERIFYING BENEFIT CO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
S0590	INTEGRAL LENS SERVICE, MISCELLAN	Not Covered			ALL	
S0592	COMPREHENSIVE CONTACT LENS EVA	Not Covered			ALL	
S0595	DISPENSING NEW SPECTACLE LENSE	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) INTF	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), Dis	Not Covered			ALL	
S1036	Transmitter; External, For Use With Artific	Not Covered			ALL	
S1037	Receiver (Monitor); External, For Use Witl	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 MULTIVISCEF	No			ALL	
S2060	LOBAR LUNG TRANSPLANTATION	No			ALL	
S2061	DONOR LOBECTOMY (LUNG) FOR TRA	No			ALL	
S2065	SIMULTANEOUS PANCREAS KIDNEY TI	No			ALL	
S2066	BREAST RECONSTRUCTION WITH GLU	No			ALL	
S2067	BREAST RECONSTRUCTION OF A SINC	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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-OPER/	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	
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 (LA	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 CAN	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 CRYOPR	Not Covered			ALL	
S4031	SPERM PROCUREMENT AND CRYOPR	Not Covered			ALL	
S4035	STIMULATED INTRAUTERINE INSEMINA	Not Covered			ALL	
S4037	CRYOPRESERVED EMBRYO TRANSFE	Not Covered			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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		ALL (Except McWrap)	
S5000	PRESCRIPTION DRUG, GENERIC	No			MCWRAP	
S5001	PRESCRIPTION DRUG, BRAND NAME	Yes	PCM		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	Not Covered			ALL	
S5101	DAY CARE SERVICES, ADULT; PER HA	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	
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; P	Not Covered			ALL	
S5116	HOME CARE TRAINING, NON-FAMILY; P	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, NOI	Not Covered			ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 (RADIOIMMUN	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 HO	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, INSTRUCTI	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 POSTPARTU	No			ALL	
S9213	HOME MANAGEMENT OF PREECLAMP	No			ALL	
S9214	HOME MANAGEMENT OF GESTATIONA	No			ALL	
S9325	HOME INFUSION THERAPY, PAIN MANA	No			ALL	
S9326	HOME INFUSION THERAPY, CONTINUO	No			ALL	
S9327	HOME INFUSION THERAPY, INTERMITT	No			ALL	
S9328	HOME INFUSION THERAPY, IMPLANTE	No			ALL	
S9329	HOME INFUSION THERAPY, CHEMOTH	No			ALL	
S9330	HOME INFUSION THERAPY, CONTINUO	No			ALL	
S9331	HOME INFUSION THERAPY, INTERMITT	No			ALL	
S9335	HOME THERAPY, HEMODIALYSIS, ADM	No			ALL	
S9336	HOME INFUSION THERAPY, CONTINUO	No			ALL	
S9338	HOME INFUSION THERAPY, IMMUNOTH	No			ALL	
S9339	HOME THERAPY; PERITONEAL DIALYS	No			ALL	
S9340	HOME THERAPY; ENTERNAL NUTRITIO	No			ALL	
S9341	HOME THERAPY; ENTERNAL NUTRITIO	No			ALL	
S9342	HOME THERAPY; ENTERNAL NUTRITIO	No			ALL	
S9343	HOME THERAPY; ENTERAL NUTRITION	No			ALL	
S9345	HOME INFUSION THERAPY, ANTI-HEMO	No			ALL	
S9346	HOME INFUSION THERAPY, ALPHA-1-P	No			ALL	
S9347	HOME INFUSION THERAPY, UNINTERR	No			ALL	
S9348	HOME INFUSION THERAPY, SYMPATHO	No			ALL	
S9349	HOME INFUSION THERAPY, TOCOLYTI	Not Covered			ALL	
S9351	HOME INFUSION THERAPY, CONTINUO	No			ALL	
S9353	HOME INFUSION THERAPY, CONTINUO	No			ALL	
S9355	HOME INFUSION THERAPY, CHELATIO	No			ALL	
S9357	HOME INFUSION THERAPY, ENZYME R	No			ALL	
S9359	HOME INFUSION THERAPY, ANTI-TUMO	No			ALL	
S9361	HOME INFUSION THERAPY, DIURETIC	No			ALL	
S9363	HOME INFUSION THERAPY, ANTI-SPAS	No			ALL	
S9364	HOME INFUSION THERAPY, TOTAL PAR	No			ALL	
S9365	HOME INFUSION THERAPY, TOTAL PAR	No			ALL	
S9366	HOME INFUSION THERAPY, TOTAL PAR	No			ALL	
S9367	HOME INFUSION THERAPY, TOTAL PAR	No			ALL	
S9368	HOME INFUSION THERAPY, TOTAL PAR	No			ALL	
S9370	HOME THERAPY, INTERMITTENT ANTI-	No			ALL	
S9372	HOME THERAPY; INTERMITTENT ANTIO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
S9377	HOME INFUSION THERAPY, HYDRATIO	No			ALL	
S9379	HOME INFUSION THERAPY, INFUSION	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 COMP	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	
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 COLLE	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, INTERFE	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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 THI	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 PARTICIP	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	
T1022	CONTRACTED HOME HEALTH AGENC	Not Covered			ALL	
T1023	SCREENING TO DETERMINE THE APPR	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 REG	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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, WAIV	Not Covered			ALL	
T2015	HABILITATION, PREVOCATIONAL, WAIV	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-DIRE	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, P	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
U0004	2019-nCoV Coronavirus, SARS-CoV-2/20	No			ALL	
U0005	Infectious agent detection by nucleic acid	No			ALL	
V2020	FRAMES, PURCHASES	No	VERIFYING BENEFIT CO	V	ALL	
V2025	DELUXE FRAME	No	VERIFYING BENEFIT CO	V	ALL	
V2100	SPHERE, SINGLE VISION, PLANO TO PI	No	VERIFYING BENEFIT CO	V	ALL	
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	VERIFYING BENEFIT CO	V	ALL	
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.1	No		V	ALL	
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.1	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS C	No		V	ALL	
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS C	No		V	ALL	
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS C	No		V	ALL	
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS C	No		V	ALL	
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS C	No		V	ALL	
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS C	No		V	ALL	
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS C	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	VERIFYING BENEFIT CO	V	ALL	
V2501	CONTACT LENS, PMMA, TORIC OR PRI	No	VERIFYING BENEFIT CO	V	ALL	
V2502	CONTACT LENS PMMA, BIFOCAL, PER	No	VERIFYING BENEFIT CO	V	ALL	
V2503	CONTACT LENS PMMA, COLOR VISION	No	VERIFYING BENEFIT CO	V	ALL	
V2510	CONTACT LENS, GAS PERMEABLE, SP	No	VERIFYING BENEFIT CO	V	ALL	
V2511	CONTACT LENS, GAS PERMEABLE, TO	No	VERIFYING BENEFIT CO	V	ALL	
V2512	CONTACT LENS, GAS PERMEABLE, BIF	No	VERIFYING BENEFIT CO	V	ALL	
V2513	CONTACT LENS, GAS PERMEABLE, EX	No	VERIFYING BENEFIT CO	V	ALL	
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	VERIFYING BENEFIT CO	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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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	VERIFYING BENEFIT CO	V	ALL	
V2761	MIRROR COATING, ANY TYPE, SOLID, (	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	VERIFYING BENEFIT CO	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 WOR	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	
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	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
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		H	ALL	

Services that require Prior Authorization List

Code	Description	Prior Auth Required	LEGEND (Key):	Rider Requirement	Product Lines	FUTURE EFFECTIVE DATES
V5299	HEARING SERVICE, MISCELLANEOUS	Yes			ALL	
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) ICD10 codes that do not require Prior Authorization

ICD10_Code	ICD10_Code_Description
C250	Malignant neoplasm of head of pancreas
C251	Malignant neoplasm of body of pancreas
C252	Malignant neoplasm of tail of pancreas
C253	Malignant neoplasm of pancreatic duct
C254	Malignant neoplasm of endocrine pancreas
C257	Malignant neoplasm of other parts of pancreas
C258	Malignant neoplasm of overlapping sites of pancreas
C7400	Malignant neoplasm of cortex of unspecified adrenal gland
C7401	Malignant neoplasm of cortex of right adrenal gland
C7402	Malignant neoplasm of cortex of left adrenal gland
C7410	Malignant neoplasm of medulla of unspecified adrenal gland

C7411	Malignant neoplasm of medulla of right adrenal gland
C7412	Malignant neoplasm of medulla of left adrenal gland
C7490	Malignant neoplasm of unspecified part of unspecified adrenal gland
C7491	Malignant neoplasm of unspecified part of right adrenal gland
C7492	Malignant neoplasm of unspecified part of left adrenal gland
C750	Malignant neoplasm of parathyroid gland
C751	Malignant neoplasm of pituitary gland
C752	Malignant neoplasm of craniopharyngeal duct
C753	Malignant neoplasm of pineal gland
C754	Malignant neoplasm of carotid body
C755	Malignant neoplasm of aortic body and other paraganglia
C759	Malignant neoplasm of endocrine gland, unspecified

C787	Secondary malignant neoplasm of liver and intrahepatic bile duct
C7A019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A010	Malignant carcinoid tumor of the duodenum
C7A011	Malignant carcinoid tumor of the jejunum
C7A012	Malignant carcinoid tumor of the ileum
C7A029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A020	Malignant carcinoid tumor of the appendix
C7A021	Malignant carcinoid tumor of the cecum
C7A022	Malignant carcinoid tumor of the ascending colon

C7A023	Malignant carcinoid tumor of the transverse colon
C7A024	Malignant carcinoid tumor of the descending colon
C7A025	Malignant carcinoid tumor of the sigmoid colon
C7A026	Malignant carcinoid tumor of the rectum
C7A00	Malignant carcinoid tumor of unspecified site
C7A090	Malignant carcinoid tumor of the bronchus and lung
C7A091	Malignant carcinoid tumor of the thymus
C7A092	Malignant carcinoid tumor of the stomach
C7A093	Malignant carcinoid tumor of the kidney
C7A094	Malignant carcinoid tumor of the foregut NOS

C7A095	Malignant carcinoid tumor of the midgut NOS
C7A096	Malignant carcinoid tumor of the hindgut NOS
C7A098	Malignant carcinoid tumors of other sites
C7A1	Malignant poorly differentiated neuroendocrine tumors
C7A8	Other malignant neuroendocrine tumors
C4A0	Merkel cell carcinoma of lip
C4A10	Merkel cell carcinoma of unspecified eyelid, including canthus
C4A11	Merkel cell carcinoma of right eyelid, including canthus
C4A12	Merkel cell carcinoma of left eyelid, including canthus
C4A20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A21	Merkel cell carcinoma of right ear and external auricular canal

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

C4A8	Merkel cell carcinoma of overlapping sites
C4A9	Merkel cell carcinoma, unspecified
D3A019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A010	Benign carcinoid tumor of the duodenum
D3A011	Benign carcinoid tumor of the jejunum
D3A012	Benign carcinoid tumor of the ileum
D3A029	Benign carcinoid tumor of the large intestine, unspecified portion
D3A020	Benign carcinoid tumor of the appendix
D3A021	Benign carcinoid tumor of the cecum
D3A022	Benign carcinoid tumor of the ascending colon

D3A023	Benign carcinoid tumor of the transverse colon
D3A024	Benign carcinoid tumor of the descending colon
D3A025	Benign carcinoid tumor of the sigmoid colon
D3A026	Benign carcinoid tumor of the rectum
D3A00	Benign carcinoid tumor of unspecified site
D3A8	Other benign neuroendocrine tumors
D3A090	Benign carcinoid tumor of the bronchus and lung
D3A091	Benign carcinoid tumor of the thymus
D3A092	Benign carcinoid tumor of the stomach
D3A093	Benign carcinoid tumor of the kidney

D3A094	Benign carcinoid tumor of the foregut NOS
D3A095	Benign carcinoid tumor of the midgut NOS
D3A096	Benign carcinoid tumor of the hindgut NOS
D3A098	Benign carcinoid tumors of other sites
C7B00	Secondary carcinoid tumors, unspecified site
C7B01	Secondary carcinoid tumors of distant lymph nodes
C7B02	Secondary carcinoid tumors of liver
C7B03	Secondary carcinoid tumors of bone
C7B04	Secondary carcinoid tumors of peritoneum
C7B1	Secondary Merkel cell carcinoma

C7B09	Secondary carcinoid tumors of other sites
C7B8	Other secondary neuroendocrine tumors
D137	Benign neoplasm of endocrine pancreas
E220	Acromegaly and pituitary gigantism
E344	Constitutional tall stature
E340	Carcinoid syndrome

(J1950 J9217 J1952 J1954 J9003) ICD10 codes that do not require Prior Authorization
C000-D49
N80.0-N80.9

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

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