



eCCP/CCP HSA Prior Authorization List
Effective 8/15/2026

ALL SERVICES RENDERED BY OUT-OF-NETWORK PROVIDERS REQUIRE PRIOR AUTHORIZATION FROM THE HEALTH PLAN. BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES MUST BE REVIEWED BY EVERNORTH BEHAVIORAL HEALTH: 888-736-7009		CPT CODES BELOW REQUIRE PRIOR AUTH
HOSPITAL INPATIENT AND OBSERVATION CARE SERVICES		
DISCHARGE SERVICES		99238 - 99239
INITIAL CARE (NEW or ESTABLISHED PATIENT)		99221 - 99223
PROLONGED SERVICES		99356 - 99357
SUBSEQUENT HOSPITAL CARE		99231 - 99233
CRITICAL CARE SERVICES		99291 - 99292
NEWBORN		99460 - 99469 99471 - 99480
NURSING FACILITY SERVICES		99304 - 99318
ADMISSION/DISCHARGE SAME DAY		99234 - 99236
CELLULAR and GENE THERAPY		
CAR T-CELL THERAPY		Q2041, Q2042, Q2053, Q2054, Q2055
TRANSPLANT CELLULAR THERAPY		38225, 38226, 38227, 38228
GENE THERAPY		J3392, J3394, J3396, J1411, J1412, J1413, J3399, J3398, J3401
COSMETIC/ PLASTIC/ RECONSTRUCTIVE PROCEDURES		
ADJACENT TISSUE TRANSFER/ REARRANGEMENT PROCEDURES		14000 - 14350
CANTHOPLASTY		67950
CORRECTION OF LID RETRACTION		67911
DERMATOLOGICAL PROCEDURES		96910 - 96922
UV LIGHT THERAPY		96900
PHOTOCHEMOTHERAPY		96910 - 96913
LASER TREATMENT		96920 - 96922
EYELID, EXCISION AND REPAIR		67961 - 67966

FOOT and TOES RECONSTRUCTION	28238, 28280 - 28360
BARIATRIC SURGERY/GASTRIC RESTRICTIVE PROCEDURES	43644 - 43648, 43770 - 43775, 43842 - 43865, 43881 - 43882, 43888
HAND AND FINGERS, RECONSTRUCTION/REPAIR/RELEASE	26541 - 26596
HEAD (SKULL, FACE, TMJ) RECONSTRUCTION/REPAIR/REVISION	21120 - 21296, 21029
HUMERUS AND ELBOW RECONSTRUCTION	24301 - 24498
KERATOPROSTHESIS	65770
KNEE, ARTHROPLASTY, TOTAL	27437 - 27447
LIP, REPAIR	40650 - 40761
MASTECTOMY PROC/REPAIR, RECONSTRUCTION	19300 - 19396
MASTOID SURGERY/ REVISION	69601 - 69605
REPAIR, REVISION, AND/OR RECONSTRUCTION PROCEDURES ON THE NECK (SOFT TISSUE) & THORAX	21685 - 21750
REPAIR PROCEDURES ON THE NOSE	30400 - 30630
STRABISMUS SURGERY	67311 - 67318
PALATOPLASTY FOR CLEFT PALATE	42200-42281
PELVIS and HIP RECONSTRUCTION	27097 - 27187
PENILE REPAIR	54300 - 54440
SKIN FLAPS AND GRAFTS	15570 - 15847
TESTICULAR PROSTHESIS INSERTION	54660
DIAGNOSTIC IMAGING AND LAB TESTING	
CARDIAC EVENT MONITORING (30 DAY); CARDIAC EVENT MONITORING FOR 48 HOURS OR LESS DOES NOT REQUIRE AUTH	93228 - 93272
CTA AND CALCIUM SCORING	75571 - 75574
GENETIC TESTING (NO AUTHORIZATION IS REQUIRED FOR STANDARD GENETIC TESTS PERFORMED ON THE PREGNANT ENROLLEE)	81105 - 81419, 81421 - 81479, 81490 - 81527, 81529 - 81599, 88230 - 88299, 88360 - 88368, S3800 - S3870, Require PA. 81220, 81243, 81329, 81401, 81443 DO NOT require prior authorization if the claim has a dx of O00.0- O9A.53

GROWTH EVALUATION & TREATMENT FOR HORMONE THERAPY	80438
PET SCAN- ALL PET SCANS REQUIRE AUTHORIZATION	78429 - 78434, 78459, 78491 - 78492, 78608 - 78609, 78811 - 78816
SLEEP STUDY	95782 - 95783 95800 - 95811
DURABLE MEDICAL EQUIPMENT (DME) *MEDICAL AND SURGICAL SUPPLIES DO NOT REQUIRE AUTH*	
BONE GROWTH STIMULATOR	E0760
CLINITRON AND ELECTRIC BEDS	E0250 - E0270, E0290 - E0304, E0316
CPAP AND BIPAP MACHINES	E0424 - E0455, E0460 - E0461, E0465 - E0467, E0470 - E0472, E0482 - E0484, E0485 - E0486, E0601, E0618 - E0619, K0738, S8120 - S8121
CUSTOM ORTHOTICS NO AUTH NEEDED FOR L8699 RELATED TO STERILIZATION	C1813, L0112 - L4631
COCHLEAR IMPLANT	S2230, S2235
POST MASTECTOMY CAMISOLE	S8460
DIABETIC SHOES	A5500 - A5514
ELECTRIC WHEELCHAIRS/SCOOTERS	K0010 - K0014
MOTORIZED/POWER WHEELCHAIR / POWER OPERATED VEHICLES	K0800 - K0899
CUSTOM PEDIATRIC WHEELCHAIR	E1230 - E1239
WHEELCHAIR ACCESSORIES	E0950 - E1036, E2300 - E2398, K0108
INSULIN PUMPS AND SUPPLIES	A4230 - A4231, A9274, A9276 - A9278, E0784, S5565 - S5571, S9145
LIMB AND TORSO PROSTHETICS	L5000-L7902, L8033- L8699
PATIENT LIFTS	E0621, E0630 - E0635
WOUND VAC PUMPS	E2402

ELECTIVE INVASIVE PROCEDURES	
CAPSULE ENDOSCOPY	91110 - 91112
CHEMODENERVE ECCRINE GLANDS	64650, 64653
CESAREAN DELIVERY	59509 - 59525
CIRCUMCISION (AUTH REQUIRED IF AGE > 1YR)	54150 - 54163
DENERVATION, CHEMODENERVATION OF MUSCLE	64612 - 64640
EPIDURAL INJECTION FOR LYSIS OF ADHESIONS	62263 - 62264
EPIDURAL INJECTION FOR PAIN	62280 - 62282, 62320 - 62327, 64479 - 64484
HORMONE PELLETT IMPLANT	11980, S0189
HYPERBARIC TREATMENT- WOUND CARE CENTER ONLY	99183
ARTHROSCOPY of TMJ	29800, 29804
ORAL SPLINT	21085
ORAL SURGERY	21040, 41800 - 41874, 40899
SPIDER VEIN THERAPY	36468 - 36483, 37650 - 37785, 93971
TOTAL DISC ARTHROPLASTY- Artificial Disc	22856 - 22865
VIRTUAL CT COLONOSCOPY	74261 - 74263
HOME HEALTH CARE	
All Home Health Care, including Therapies, require authorization.	
HOME VISITS AT AN ALF	99324 - 99337, 99341 - 99350
HOME HEALTH PROCEDURES	99500 - 99602
HOME RESPIRATORY THERAPY	S5180 - S5181
HOME INFUSION THERAPY	S5035 - S5036, S5497 - S5502, S5522 - S5523
HOME WOUND CARE	S9097
HOME PHOTOTHERAPY	S9098

HOME HEALTH NURSE AND AIDE	S9122 - S9127, S9128 - S9131, S9208 - S9214, S9325 - S9379, S9381, S9474, S9494, S9497, S9529, S9537, S9538, S9542, S9558 - S9590, S9810, G0493 - G0496, T1021, T1030 - T1031
HOSPICE	
HOSPICE AT ALF/SNF	Q5002 - Q5004, Q5007, Q5009
HOSPICE INPATIENT	Q5005, Q5006, Q5009, Q5010, T2044 - T2046, Revenue Codes: 0656, 0125, 0135, 0145, 0155, 0235, 0658, 0659
HOSPICE OUTPATIENT/HOME	S9125 - S9126, T2042- T2043, Q5001, Q5009 Revenue Codes: 0651 - 0652
MATERNITY	
OBSTETRICAL CARE- (Global Authorization, which includes Prenatal Care Visits, All Sonograms, and Postpartum Visits provided by OB/GYN)	59000 - 59899, 74775, 76801 - 76828
NUTRITION SERVICES	
ENTERAL NUTRITION- ALL ENTERALS REQUIRE AN AUTHORIZATION	B4102 - B4103, B4149 - B4150, B4152 - B4155, B4157, B4159, B4160 - B4161
MEDICAL NUTRITION THERAPY SERVICES	97802 - 97804
DIABETES MANAGEMENT TRAINING	G0108 - G0109

TRANSPLANT		
ALL TRANSPLANT SERVICES, INCLUDING EVALUATIONS		15002 - 15278, 15769, 15771 - 15774, 20926, 20936 - 20938, 32850 - 32856, 65780, 38230 - 38243, 33927 - 33945, 38204 - 38215, 44132 - 44137, 44715 - 44721, 47133 - 47147, 48160, 48550 - 48556, 50300 - 50380, 50546 - 50547, 58999, 65710 - 65757, 65780 - 65782 G0342, G0343, S2102
TRANSPORTATION		
TRANSPORTATION NON-EMERGENT		A0426, A0428
TRANSPORTATION AIR		A0430 - A0431, A0435, A0999
SECTION	REVISION	EFFECTIVE DATE
HOME HEALTH	REMOVED S CODES S9500-S9504	5/1/26
LIMB AND TORSO PROSTHETICS	REMOVE CODES L8000-L8002, L8015-L8032	5/15/26
COSMETIC/ PLASTIC/ RECONSTRUCTIVE PROCEDURES	REMOVE POST MASTECTOMY CAMISOLE S8460	5/15/26
NEWBORN	REMOVED CODE 99470 FROM THE CODE RANGE	7/15/26
GENETIC TESTING	REMOVED CPT CODES 81329 AND 81443 FROM PA REQUIREMENT WITH A DX CODE FOR PREGNANCY	7/15/26
CELLULAR AND GENE THERAPY	ADDED NEW CATEGORY	8/15/2026