



MMCP/MCHP Prior Authorization List
Effective 03/01/2026

ALL SERVICES RENDERED BY OUT-OF-NETWORK PROVIDERS REQUIRE PRIOR AUTHORIZATION FROM THE HEALTH PLAN.		CPT CODES BELOW REQUIRE PRIOR AUTH
BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES MUST BE REVIEWED BY EVERNORTH BEHAVIORAL HEALTH: 888-736-7009		
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		99460-99480
NURSING FACILITY SERVICES		99304-99318
ADMISSION/DISCHARGE SAME DAY		99234-99236
COSMETIC/ PLASTIC/ RECONSTRUCTIVE PROCEDURES		
ADJACENT TISSUE TRANSFER/ REARRANGEMENT PROCEDURES		14000-14350
CANTHOPLASTY		67950
CORRECTION OF LID RETRACTION		67911
DERMATOLOGICAL PROCEDURES (HEADING)		96910-96922
UV LIGHT THERAPY		96900
PHOTOCHEMOTHERAPY (DERM ON MMA PA)		96910-96913
LASER TREATMENT (DERM ON MMA PA)		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	
CT SCAN- ALL CT SCANS REQUIRE AUTHORIZATION	70450-70498, 71250- 71275, 72125-72133, 72191-72194, 73200-73206, 73700-73706, 74150-74178, 74261-74263, 75635, 76376-76377, 76380,
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, 81401, 81420 DO NOT RE REQUIRE PRIOR AUTH IF CLAIM HAS A DX OF O00.0 - O9A.53
GROWTH EVALUATION & TREATMENT FOR HORMONE THERAPY	80438

MRI- ALL MRIS REQUIRE AUTHORIZATION	70336, 70540-70543, 70551-70559, 71550-71552, 72141-72158, 72195-72197, 73218-73223, 73718-73723, 74181-74183, 75557-75565, 76390-76391, 76498, 77021-77022, 77058-77059, 77084, 0159T
MRA	70544-70549, 71555, 72159, 72198, 73225, 73725, 74185
PET SCAN- ALL PET SCANS REQUIRE AUTHORIZATION	78429-78434, 78459, 78491-78492, 78608-78609, 78811-78816
SLEEP STUDY- (ONLY A CARDIOLOGIST, PULMONOLOGIST, NEUROLOGISTS, OTOLARYNGOLOGISTS, & DR. ASHWIN MEHTA (SLEEP MEDICINE SPECIALIST) CAN ORDER SLEEP STUDIES FOR THE SELF-INSURED PLANS	95782-95783
DURABLE MEDICAL EQUIPMENT (DME)	
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-L8699
PATIENT LIFTS	E0621, E0630 - E0635
WOUND VAC PUMPS	E2402
ELECTIVE INVASIVE PROCEDURES	
CAPSULE ENDOSCOPY	91110-91112
CESAREAN DELIVERY	59509-59525
CHEMODENERVE ECCRINE GLANDS	64650, 64653
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, 93971
TOTAL DISC ARTHROPLASTY- ARTIFICIAL DISC	22856-22865

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	S5035-S5036
HOME INFUSION THERAPY	S5180-S5181
HOME WOUND CARE	S5497-S5502
HOME PHOTOTHERAPY	S5522-S5523
HOME HEALTH NURSE AND AIDE	S9122-S9127, S9128- S9131, S9208-S9214, S9325-S9379, S9381, S9474, S9494-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 OBG/YN)	59000-59899, 74775, 76801-76828

NUTRITION/ENTERAL SERVICES	
ENTERAL NUTRITION- ALL ENTERALS REQUIRE AN AUTHORIZATION	B4102-B4103, B4149- B4150, B4152-B4155, B4157, B4159, B4160- B4161
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
TRANSPLANT CELLULAR THERAPY (TCT)	38225-38228
TRANSPORTATION	
TRANSPORTATION NON-EMERGENT	A0426, A0428
TRANSPORTATION AIR	A0430- A0431, A0435, A0999
REVISION LOG	EFFECTIVE DATE
CORRECTION: ELECTIVE AND INVASIVE PROCEDURES – CPT CODE RANGE: SPIDER VEIN THERAPY (36468-36483)	6/20/24
DELETED: PRIOR AUTHORIZATION REQUIREMENT FOR CPT CODES: 93228-93272, 95782-95783, 64612-64640, 74261-74263	5/1/25
ADDED: -TRANSPLANT CELLULAR THERAPY (TCT): 38225-38228	3/1/26