Community Care Plan
The Health Plan with a Heart

MMCP/MCHP Prior Authorization List
Effective 07/15/2026

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
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	
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, 76497, 77078
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, 81420, 81443 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, NEUROLOGIST, OTOLARYNGOLOGIST, & 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 - E0256, E0261 - E0270, E0290 - E0304, E0316
CPAP AND BIPAP MACHINES	E0424 - E0430, E0433 - E0442, E0444 - E0447, E0455, E0465 - E0467, E0470 - E0472, E0482 - E0484, E0485 - E0486, E0601, K0738, S8120 - S8121

CUSTOM ORTHOTICS NO AUTH NEEDED FOR L8699 RELATED TO STERILIZATION	C1813, L0112 - L4631
COCHLEAR IMPLANT	S2230, S2235
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, 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 PELLET 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

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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	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 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
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	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
DELETED	HOME HEALTH: S CODES S9500 - S9504	5/1/26
DELETED	DIABETES MANAGEMENT TRAINING CODES G0108 - G0109	5/15/26
DELETED	POST MASTECTOMY CAMISOLE S8460	5/15/26
UPDATED	LIMB AND TORSO PROSTHETICS TO DELETE CODES L8000 - L8002, L8015 - L8032	5/15/26
DELETED	HOME RESPIRATORY EVAL CODE: S5180	5/15/26
DELETED	CODES E0431, E0443, E0618, E0619	6/1/26
DELETED	CODE E0260	6/1/26
DELETED	CODE E0630	6/1/26
DELETED	CODES E0460 - E0461	6/1/26
DELETED	NEWBORN CODE 99470 FROM THE CODE RANGE GENETIC TESTING CPT CODES 81329 AND 81443 FROM PA REQUIREMENT WITH A DX CODE FOR PREGNANCY	7/15/26