

Prior Authorization List

Effective 1/01/2027

ALL SERVICES RENDERED BY OUT-OF-NETWORK PROVIDERS REQUIRE PRIOR AUTHORIZATION FROM THE HEALTH PLAN.	CPT CODES BELOW REQUIRE PRIOR AUTH
HOSPITAL INPATIENT AND OBSERVATION CARE SERVICES	
ALL NON-ELECTIVE (EMERGENCY) ADMISSIONS	99221 - 99223 99231 - 99236
ALL ELECTIVE (MEDICAL, MATERNITY, BEHAVIORAL, SUBSTANCE USE) INPATIENT ADMISSION	99221 - 99223 99231 - 99236
ELECTIVE SURGICAL INPATIENT ADMISSION	99221 - 99223 99231 - 99236
INPATIENT REHABILITATION ADMISSION	99221 - 99223 99231 - 99233
SKILLED NURSING FACILITY ADMISSIONS	99304 - 99318
CELLULAR AND GENE THERAPY	
CAR T-CELL THERAPY	Q2041, Q2042, Q2053, Q2054, Q2055
TRANSPLANT CELLULAR THERAPY	38225, 38226, 38227, 38228
GENE THERAPY	J3392, J3393, J3394, J3396, J1411, J1412, J1413, J3399, J3398, J3401
RECONSTRUCTIVE PROCEDURES (WHEN REQUIRED TO CORRECT A FUNCTIONAL DISORDER)	
ADJACENT TISSUE TRANSFER/ REARRANGEMENT PROCEDURES	14000 - 14350
BLADDER REPAIR/ RECONSTRUCTION PROCEDURES	51800 - 51980
BREAST SURGICAL PROCEDURES (EXCLUDES EXCISIONS OR BIOPSIES)	19300 - 19396
CANTHOPLASTY	67950
CONSTRUCT BLADDER OPENING	51980
DERMATOLOGIC PHOTOCHEMOTHERAPY AND LASER TREATMENT	96910 - 96922



DESTRUCTION OF LESIONS	17106 - 17286
EYE PROCEDURES	67901 - 67911, 67961 - 67966, 68720
FOOT AND TOES RECONSTRUCTION	28238, 28280 - 28360
HAND AND FINGERS, RECONSTRUCTION/REPAIR/RELEASE	26541 - 26596
HEAD (SKULL, FACE, TMJ) RECONSTRUCTION/REPAIR/REVISION	21120 - 21296, 21029
HUMERUS AND ELBOW RECONSTRUCTION	24301 - 24498
INTRALESIONAL INJECTIONS	11900 - 11901
KERATOPROSTHESIS	65770
KNEE, ARTHROPLASTY, TOTAL	27437 - 27488
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
LIP/PALATOPLASTY FOR CLEFT PALATE	40650 - 40761 42200 - 42281
PELVIS AND HIP RECONSTRUCTION	27096 - 27187
PENILE REPAIR	54300 - 54440
SKIN FLAPS AND GRAFTS	15570 - 15576, 15600 - 15620, 15630, 15650,15730, 15731, 15733 - 15740, 15750, 15756 - 15783, 15786 - 15789, 15792 - 15793, 15820 - 15826, 15828 - 15830, 15832 - 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, 81401, 81420 DO NOT 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, 70542 - 70543, 70551 - 70559, 71550 - 71555, 72141 - 72158, 72195 - 72197, 73218 - 73223, 73718 - 73723, 74181 - 74183, 75557, 75559, 75561, 75563, 75565, 76390 - 76391, 77021 - 77022, 77046 - 77049, 77084
MRA	70544 - 70555, 71550 - 71555, 72159, 72191 - 72198, 73225, 73725, 74185
PET SCAN- ALL PET SCANS REQUIRE AUTHORIZATION	78429 - 78434, 78459, 78491 - 78492, 78608 - 78610, 78811 - 78832
DIALYSIS	
HEMODIALYSIS AND PERITONEAL	4056F, 90945 - 90947, 90935 - 90937, E1500 - E1599



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
COCHLEAR DEVICE SYSTEM	S2230, S2235
CUSTOM PEDIATRIC WHEELCHAIR	E1230 - E1239
ELECTRIC WHEELCHAIR	K0010 - K0014 K0800 - K0899,
INSULIN PUMPS AND SUPPLIES INITIAL ONLY	A4230 - A4231, A9274, A9276 - A9278, E0784, S5565 - S5571, S9145,
OSCILLATION SYSTEM - CHEST WALL	E0483 94667 (NO AUTH REQUIRED FOR INITIAL EVAL)
PATIENT LIFTS	E0621, E0630 - E0635
POST MASTECTOMY CAMISOLE	S8460
WHEELCHAIR ACCESSORIES	E0950 - E1036, E2300 - E2398, K0108
WOUND THERAPY PUMPS	E2402



ELECTIVE PROCEDURES	
ABLATE HEART DYSRHYTHM FOCUS (ELECTROPHYSIOLOGICAL PROCEDURES)	93653 - 93657
ABLATE INFERIOR TURBINATE	30801 - 30802
ABORTION PROCEDURES (ELECTIVE)	59840 - 59857
ADJUST BONE FIXATION DEVICE	20693
ANAL PRESSURE RECORD	91122
ANAL/ URINARY EMG	51784
ARTHROSCOPY OF TMJ/ALL BODY AREAS	29800, 29999
AV SHUNT/ ANASTOMOSIS PROCEDURES	36818 - 36821
BARIATRIC SURGERY/GASTRIC RESTRICTIVE PROCEDURES	43644 - 43659, 43770 - 43775, 43842, 43843, 43845 - 43848, 43860 43881 - 43882, 43886 - 43888
CARDIAC CATHETERIZATION	93451 - 93533
CARDIOVERSION, ELECTRICAL - INTERNAL	92961
CARPAL TUNNEL SURGERY	64721 - 64722
CHEMODENERVE ECCRINE GLANDS	64650, 64653
DENERVATION, CHEMODENERVATION OF MUSCLE	64612 - 64640
DENTAL/FACIAL ACCIDENT, ORAL SURGERY AND TMJ/CMJ SERVICES	21040, 21044 - 21050, 21060 41800 - 41874, 40899
DERMATOLOGICAL PROCEDURES	96910-96922
EPIDURAL INJECTION FOR LYSIS OF ADHESIONS	62263-62264



EPIDURAL INJECTION FOR PAIN	62280 - 62282, 62284, 62287, 62290 - 62292, 62302 - 62305, 62320 - 62351, 62360 - 62362, 62380 64479 - 64484, 64490 - 64495
EYE SURGERY	66821, 66982 - 66986
GENDER REASSIGNMENT AND RELATED SERVICES	19303,19318,19325, 55970, 55980 57335, 54400, 54401, 54405, 55899, 56805, 58150, 58152, 58571 – 58573 58661, 54520, 21122 - 21125, 15824 - 15826 30400, 30410, 30420 55899, 58999
HORMONE PELLET IMPLANT	11980, S0189
HYPERBARIC TREATMENT	99183
INFERTILITY SERVICES	1. LAPAROSCOPIES AND ULTRASOUNDS 58661, 58662, 84702, 36415, 96372 (76830-US, 82670 FOR EVALUATION -NO AUTH REQUIRED) 2. ARTIFICIAL INSEMINATION 58322, 89342, 89260, 89261 3. IN VITRO FERTILIZATION (IVF) 58970



INFERTILITY SERVICES (CONTINUED)	4. GAMETE INTRAFALLOPIAN TRANSFERS (GIFT) 89250, 89260, 89261, 58976 5. ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT) 58970, 89250, 89281, 89254, 58976 6. EMBRYO TRANSPLANTATION LAPAROSCOPIES FOR EGG RETRIEVAL 58970, 58974 7. PURCHASE OF SPERM, IF BILLED SEPARATELY S4025, A4649 89260, 89261, 89342 8. STORAGE AND PRESERVING EMBRYOS FOR UP TO TWO YEARS 89258, 89259, 89352 89343 - YEAR 1 89343 - YEAR 2
LASER TREATMENT	96920 - 96922
ORAL SPLINT	21085
ORTHOPEDIC SERVICES	27130 - 29916
PHOTOCHEMOTHERAPY	96910 - 96913
PODIATRY SERVICES	20550, 29405,11720, 11721 11730,11732, 11740, 11750



SPIDER VEIN THERAPY	36468 - 36483, 93971
STERILIZATION	58541 - 58544, 58548 - 58554, 58570 – 58578 55250, 58600 - 58615, 58700 - 58720
TOTAL DISC ARTHROPLASTY- ARTIFICIAL DISC	22856 - 22865
UV LIGHT THERAPY	96900



HOME HEALTH SERVICES	
HOME HEALTH INCLUDING INFUSION (IV) SERVICES	99341 - 99342, 99344 - 99350, 99500 - 99507, 99509 - 99512, S5035 - S5036, S5181, S5497 - S5502, S5522 - S5523, S9122 - S9124, S9128 - S9131, S9208, S9211 - S9214, S9325 - S9379, S9381, S9474, S9494 - S9504, 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, 0235, 0658, 0659
HOSPICE OUTPATIENT/HOME/RESPITE CARE	S9125 - S9126, T2042, T2043, T2045, Q5001, Q5010 REVENUE CODES : 0651-0652



ENTERAL SERVICES	
ENTERAL NUTRITION- ALL ENTERALS REQUIRE AN AUTHORIZATION	B4102 - B4103, B4149 - B4150, B4152 - B4155, B4157, B4159, B4160 - B4161
ORTHOTICS/PROSTHETICS	
CRANIAL ORTHOSIS	S1040
CUSTOM ORTHOTICS (NO AUTH NEEDED FOR L8699 RELATED TO STERILIZATION)	C1813, L0112 - L4631
LIMB AND TORSO PROSTHETICS	L8600, L8614 - L8629, L8690 - L8693
PROSTHETIC CUSTOM EYE, SURFACING & FITTING	L8042
REHABILITATION SERVICES	
CARDIAC/PULMONARY REHAB	93797 - 93798, G0237 - G0239



TRANSPLANT	
ALL TRANSPLANT SERVICES, INCLUDING EVALUATIONS • CORNEA, KIDNEY, BONE MARROW • HEART, HEART-LUNG, LIVER, LUNG • PANCREAS-KIDNEY (COVERAGE IN NETWORK ONLY)	CORNEA 65710 - 65757 KIDNEY 50300-50380 BONE MARROW 38205 - 38242 HEART 33945 HEART - LUNG 33930 LIVER 47135 - 47136 LUNG 32850 - 32854 PANCREAS - KIDNEY 48554
ORGAN TRANSPLANT DONOR	50320, 50325, 50327, 47133, 47135, 32850,48554
TRANSPORTATION NON-EMERGENT (AMBULANCE)	
TRANSPORTATION LAND	A0426, A0428
TRANSPORTATION AIR	A0430 - A0431, A0435, A0999



BEHAVIORAL HEALTH	
APPLIED BEHAVIOR ANALYSIS (ABA) FOR MEMBERS 19 Y/O OR YOUNGER (OR, IF ENROLLED IN. HIGH SCHOOL, 22 YEARS OLD OR YOUNGER)	97151, 97151 - TS, 97152, 0362T, 97155, 97155 - HN, XP 97153, 97153 - XP, 0373T, 97156, 97156 - GT, 97156 - HN, 97154- UN, UP,UQ, UR,US, 97157,97158 - UN, UP,UQ,UR,US
ELECTROCONVULSIVE THERAPY (ECT)	90870
INPATIENT PSYCHIATRIC SERVICE	0124 REV CODE 99221-99223
INPATIENT SUBSTANCE ABUSE SERVICES	0101 REV CODE H0001 H0010 99221 - 99223
INTENSIVE OUTPATIENT PROGRAM (IOP) TREATMENT	0905-0906 REV CODE S9480, H0015
PARTIAL HOSPITALIZATION	0912, 0912 - H0035
REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION	90867 - 90869
RESIDENTIAL TREATMENT CENTERS	H0010, H2036



REVISION LOG	

Effective 01/01/2027