



BlueCross BlueShield
of Montana

Medicare Advantage Benefit Preauthorization Procedure Code List
Effective 1/1/2026

(Updated Sept 2025)

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which benefit preauthorization may be required. This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Always check eligibility and benefits first, effective since before rendering services. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. Green highlighted codes are managed by eviCore healthcare (eviCore).

Utilization Management Process

*This file is a searchable PDF.
Use <CTRL F> to find your selected criteria.*

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
15272	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15273	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15274	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15275	SKIN SUB GRAFT FACE/SCALP/NECK/HANDS/FEET	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15276	SKIN SUB GRAFT FACE/SCALP/NECK/HANDS/FEET	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15277	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15778	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15820	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	effective since before 9/1/2019
15821	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	effective since before 9/1/2019
15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	effective since before 9/1/2019
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15832	EXCISE EXCESSIVE SKIN THIGH	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15835	EXCISE EXCESSIVE SKIN BUTTCK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15836	EXCISE EXCESSIVE SKIN ARM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15837	EXCISE EXCESS SKIN ARM/HAND	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15839	EXCISE EXCESS SKIN & TISSUE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15876	SUCTION LIPECTOMY HEAD&NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15877	SUCTION LIPECTOMY TRUNK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15878	SUCTION LIPECTOMY UPR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15879	SUCTION LIPECTOMY LWR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
17999	Unlisted procedure, integumentary system	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Added 1/1/2026
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.	effective since before 9/1/2019
19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.	effective since before 9/1/2019
19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19328	REMOVAL OF BREAST IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19330	REMOVAL OF IMPLANT MATERIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19342	DELAYED BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19350	BREAST RECONSTRUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19355	CORRECT INVERTED NIPPLE(S)	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	effective since before 9/1/2019
19499	Unlisted procedure breast	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
20930	SP BONE ALGRFT MORSEL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
20931	SP BONE ALGRFT STRUCT ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
20936	SP BONE AGRFT LOCAL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
20937	SP BONE AGRFT MORSEL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
20938	SP BONE AGRFT STRUCT ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
20974	ELECTRICAL BONE STIMULATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
20975	ELECTRICAL BONE STIMULATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
20999	Unlisted procedure musculoskeletal system general	Pre-operative evaluation, history and physical including functional impairment, and operative report.	added 1/1/2026
21083	PREPARE FACE/ORAL PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
21085	PREPARE FACE/ORAL PROSTHESIS	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21089	Unlisted maxillofacial prosthetic procedure	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
21141	LEFORT I-1 PIECE W/O GRAFT	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21142	LEFORT I-2 PIECE W/O GRAFT	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21143	LEFORT I-3/> PIECE W/O GRAFT	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21145	LEFORT I-1 PIECE W/ GRAFT	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21146	LEFORT I-2 PIECE W/ GRAFT	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21147	LEFORT I-3/> PIECE W/ GRAFT	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21151	LEFORT II W/BONE GRAFTS	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
21154	LEFORT III W/O LEFORT I	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21155	LEFORT III W/ LEFORT I	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21159	LEFORT III W/FHDW/O LEFORT I	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21160	LEFORT III W/FHD W/ LEFORT I	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21188	RECONSTRUCTION OF MIDFACE	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21194	RECONST LWR JAW W/GRAFT	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21195	RECONST LWR JAW W/O FIXATION	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21196	RECONST LWR JAW W/FIXATION	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21199	RECONSTR LWR JAW W/ADVANCE	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21208	AUGMENTATION OF FACIAL BONES	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21210	FACE BONE GRAFT	Submit history and physical, documentation of medical necessity.	effective since before 9/1/2019
21215	LOWER JAW BONE GRAFT	Submit history and physical, documentation of medical necessity.	effective since before 9/1/2019
21230	RIB CARTILAGE GRAFT	Submit history and physical, documentation of medical necessity.	effective since before 9/1/2019
21248	RECONSTRUCTION OF MANDIBLE	Submit history and physical, documentation of medical necessity.	added 1/1/2026
21249	RECONSTRUCTION OF MANDIBLE	Submit history and physical, documentation of medical necessity.	added 1/1/2026
21685	HYOID MYOTOMY & SUSPENSION	Submit history and physical, documentation of medical necessity including operative report.	effective since before 9/1/2019
21740	RECONSTRUCTION OF STERNUM	Submit history and physical, documentation of medical necessity including operative report.	effective since before 9/1/2019
21299	UNLISTED CRANIO/MAXILLO FACIAL	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026
21685	Repair, Revision, and/or Reconstruction Procedures on the Neck (Soft Tissues) and Thorax	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026
21740	Reconstructive repair of pectus excavatum or carinatum	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026
22207	Osteotomy Procedures on the Spine	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026
22214	Osteotomy Procedures on the Lumbar Spine	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
22510	PERQ CERVICOTHORACIC INJECT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22511	PERQ LUMBOSACRAL INJECTION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22512	VERTEBROPLASTY ADDL INJECT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22513	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22514	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22515	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22526	IDET SINGLE LEVEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior 1/1/2020
22527	IDET 1 OR MORE LEVELS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior 1/1/2020
22533	LAT LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22534	LAT THOR/LUMB ADDL SEG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22551	NECK SPINE FUSE&REMOV BEL C2	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22552	ADDL NECK SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22554	NECK SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22558	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
22585	ADDITIONAL SPINAL FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22586	SPINE FUSION	Submit history and physical, documentation of medical necessity.	added 1/1/2026
22595	NECK SPINAL FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22600	NECK SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22612	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22614	SPINE FUSION EXTRA SEGMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22630	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22632	SPINE FUSION EXTRA SEGMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22633	LUMBAR SPINE FUSION COMBINED	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22634	SPINE FUSION EXTRA SEGMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22800	POST FUSION </6 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22802	POST FUSION 7-12 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22804	POST FUSION 13/> VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22808	ANT FUSION 2-3 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22810	ANT FUSION 4-7 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22812	ANT FUSION 8/> VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
22840	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior 9/1/2020
22841	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22842	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22843	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22844	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22845	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22846	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22847	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22848	INSERT PELV FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22853	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22854	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22856	CERV ARTIFIC DISKECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22857	LUMBAR ARTIF DISKECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22858	SECOND LEVEL CER DISKECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019

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22859	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22860	Tot disc arthrp 2ntrspc lmr	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
22861	REVISE CERV ARTIFIC DISC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22862	REVISE LUMBAR ARTIF DISC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22864	REMOVE CERV ARTIF DISC	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
22865	REMOVE LUMB ARTIF DISC	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
22867	INSJ STABLJ DEV W/DCMPRN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22868	INSJ STABLJ DEV W/DCMPRN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22869	INSJ STABLJ DEV W/O DCMPRN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
22870	INSJ STABLJ DEV W/O DCMPRN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23000	REMOVAL OF CALCIUM DEPOSITS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23020	RELEASE SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23120	PARTIAL REMOVAL COLLAR BONE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23130	REMOVE SHOULDER BONE PART	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23410	REPAIR ROTATOR CUFF ACUTE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019

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23412	REPAIR ROTATOR CUFF CHRONIC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23415	RELEASE OF SHOULDER LIGAMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23420	REPAIR OF SHOULDER	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23430	REPAIR BICEPS TENDON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23440	REMOVE/TRANSPLANT TENDON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23450	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23455	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23460	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23462	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23465	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23466	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23470	RECONSTRUCT SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23472	RECONSTRUCT SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
23473	REVIS RECONST SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
23474	REVIS RECONST SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27096	INJECT SACROILIAC JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
27125	PARTIAL HIP REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27130	TOTAL HIP ARTHROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27132	TOTAL HIP ARTHROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27134	REVISE HIP JOINT REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27137	REVISE HIP JOINT REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27138	REVISE HIP JOINT REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27278	ARTHRODESIS SACROILIAC JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior Added 1/1/24
27279	ARTHRODESIS SACROILIAC JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27280	FUSION OF SACROILIAC JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27332	REMOVAL OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27333	REMOVAL OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27334	REMOVE KNEE JOINT LINING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
27335	REMOVE KNEE JOINT LINING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27403	REPAIR OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27412	AUTOCHONDROCYTE IMPLANT KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27418	REPAIR DEGENERATED KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27420	REVISION OF UNSTABLE KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27422	REVISION OF UNSTABLE KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27424	REVISION/REMOVAL OF KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27425	LAT RETINACULAR RELEASE OPEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27427	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27428	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27429	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27430	REVISION OF THIGH MUSCLES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
27438	REVISE KNEECAP WITH IMPLANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27440	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27441	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27442	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27443	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27445	REVISION OF KNEE JOINT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
27446	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27447	TOTAL KNEE ARTHROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27486	REVISE/REPLACE KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27487	REVISE/REPLACE KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
27557	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment.	effective since before 9/1/2019
27558	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment.	effective since before 9/1/2019
28292	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28295	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28296	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28297	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
28298	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28299	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28446	PT TALK EVAL HLTHWKR RE MDD	Pre-operative evaluation, history and physical including functional impairment.	effective since before 9/1/2019
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	Pre-operative evaluation, history and physical including functional impairment.	Added 1/1/2026
28890	HI ENRGY ESWT PLANTAR FASCIA	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
28899	UNLISTED PROCEDURE FOOT OR TOES	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
29805	SHOULDER ARTHROSCOPY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
29806	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
29807	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
29819	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
29820	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
29821	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
29822	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
29823	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
29824	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
29825	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
29826	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29827	ARTHROSCOP ROTATOR CUFF REPR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29828	ARTHROSCOPY BICEPS TENODESIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29860	HIP ARTHROSCOPY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29861	HIP ARTHRO W/FB REMOVAL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29862	HIP ARTHRO W/DEBRIDEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29863	HIP ARTHRO W/SYNOVECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29866	AUTGRFT IMPLNT KNEE W/SCOPE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29867	ALLGRFT IMPLNT KNEE W/SCOPE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29868	MENISCAL TRNSPL KNEE W/SCPE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29870	KNEE ARTHROSCOPY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29871	KNEE ARTHROSCOPY/DRAINAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29873	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29874	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
29875	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29876	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29877	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29879	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29880	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29881	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29882	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29883	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29884	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29885	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29886	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29887	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29888	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29889	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
29914	HIP ARTHRO W/FEMOROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29915	HIP ARTHRO ACETABULOPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
29916	HIP ARTHRO W/LABRAL REPAIR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	No Prior effective since before 9/1/2019
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
30469	REPAIR OF NOSE	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
30999	UNLISTED PROCEDURE NOSE	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31225	MAXILLECTOMY	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31295	Nasal/sinus endoscopy	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31296	Nasal/sinus endoscopy	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31297	Nasal/sinus endoscopy	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31298	Nasal/sinus endoscopy	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31299	Unlisted sinus procedure	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31370	Excision of Larynx	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31599	Unlisted Larynx procedure	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31781	Excision of Trachea	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
32850	DONOR PNEUMONECTOMY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
32852	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
32853	LUNG TRANSPLANT DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
32854	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
32855	PREPARE DONOR LUNG SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
32856	PREPARE DONOR LUNG DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
33269	Endoscopic Electrophysiologic Procedure	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33274	insert or replace permanent leadless pacemaker	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33285	Introduction or Removal of Subcutaneous Cardiac Rhythm Monitor	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33289	implantation of a wireless pulmonary artery pressure sensor	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33340	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33363	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33364	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33365	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33366	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33404	PREPARE HEART-AORTA CONDUIT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33405	REPLACEMENT AORTIC VALVE OPN	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33406	REPLACEMENT AORTIC VALVE OPN	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33411	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33412	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33413	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33414	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
33415	REVISION SUBVALVULAR TISSUE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33418	mitral valve repair	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33420	REVISION OF MITRAL VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33422	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33427	REPAIR OF MITRAL VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33430	REPLACEMENT OF MITRAL VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33460	REVISION OF TRICUSPID VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33463	VALVULOPLASTY TRICUSPID	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33468	REVISION OF TRICUSPID VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33474	REVISION OF PULMONARY VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33475	REPLACEMENT PULMONARY VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33476	REVISION OF HEART CHAMBER	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33477	IMPLANT TCAT PULM VLV PERQ	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33478	REVISION OF HEART CHAMBER	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33518	Coronary artery bypass graft	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33533	Coronary artery bypass graft	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33548	Coronary artery bypass graft	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33600	CLOSURE OF VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33602	CLOSURE OF VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33606	ANASTOMOSIS/ARTERY-AORTA	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33608	REPAIR ANOMALY W/CONDUIT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
33610	REPAIR BY ENLARGEMENT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33611	REPAIR DOUBLE VENTRICLE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33612	REPAIR DOUBLE VENTRICLE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33615	REPAIR MODIFIED FONTAN	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33617	REPAIR SINGLE VENTRICLE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33619	REPAIR SINGLE VENTRICLE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33620	APPLY R&L PULM ART BANDS	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33621	TRANSTHOR CATH FOR STENT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33622	REDO COMPL CARDIAC ANOMALY	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33641	Atrial septal defect repair	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33930	REMOVAL OF DONOR HEART/LUNG	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant	effective since before 9/1/2019
33933	PREPARE DONOR HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
33935	TRANSPLANTATION HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
33940	REMOVAL OF DONOR HEART	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant	effective since before 9/1/2019
33944	PREPARE DONOR HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
33945	TRANSPLANTATION OF HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
33990	Insertion of VAD	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Added 1/1/2026
33999	Unlisted Cardiac surgery	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
34718	Iliac Artery Repair	Pre-operative evaluation, History and physical	Added 1/1/2026
36514	therapeutic apheresis	Pre-operative evaluation, History and physical	Added 1/1/2026
36516	therapeutic apheresis	Pre-operative evaluation, History and physical	Added 1/1/2026
37220	revascularization of the unilateral iliac artery	Pre-operative evaluation, History and physical	Added 1/1/2026
37221	revascularization of the unilateral iliac artery	Pre-operative evaluation, History and physical	Added 1/1/2026
37224	Femoral/popliteal revascularization	Pre-operative evaluation, History and physical	Added 1/1/2026
37225	Femoral/popliteal revascularization	Pre-operative evaluation, History and physical	Added 1/1/2026
37226	Femoral/popliteal revascularization	Pre-operative evaluation, History and physical	Added 1/1/2026
37227	Femoral/popliteal revascularization	Pre-operative evaluation, History and physical	Added 1/1/2026
37228	Tibial/peroneal revascularization	Pre-operative evaluation, History and physical	Added 1/1/2026
37229	Tibial/peroneal revascularization	Pre-operative evaluation, History and physical	Added 1/1/2026
37230	Tibial/peroneal revascularization	Pre-operative evaluation, History and physical	Added 1/1/2026
37231	Tibial/peroneal revascularization	Pre-operative evaluation, History and physical	Added 1/1/2026
37235	Tibial/peroneal revascularization	Pre-operative evaluation, History and physical	Added 1/1/2026
37236	Stent placement	Pre-operative evaluation, History and physical	Added 1/1/2026
37238	Stent placement	Pre-operative evaluation, History and physical	Added 1/1/2026
37241	VASC EMBOLIZE/OCCCLUDE VENOUS	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.	effective since before 9/1/2019
37242	VASC EMBOLIZE/OCCCLUDE VENOUS	Pre-operative evaluation, History and physical	Added 1/1/2026
37244	VASC EMBOLIZE/OCCCLUDE VENOUS	Pre-operative evaluation, History and physical	Added 1/1/2026
37248	Balloon insertion	Pre-operative evaluation, History and physical	Added 1/1/2026
37700	REVISE LEG VEIN	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
37718	LIGATE/STRIP SHORT LEG VEIN	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
37722	LIGATE/STRIP LONG LEG VEIN	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
37735	REMOVAL OF LEG VEINS/LESION	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
37760	LIGATE LEG VEINS RADICAL	History and physical and operative report.	effective since before 9/1/2019
37761	LIGATE LEG VEINS OPEN	History and physical and operative report.	effective since before 9/1/2019
37780	REVISION OF LEG VEIN	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
37785	LIGATE/DIVIDE/EXCISE VEIN	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
38129	unlisted procedure for laparoscopic surgery on the spleen	Pre-operative evaluation, history and physical	Added 1/1/2026
38225	Harvesting blood-derived T lymphocytes	Pre-operative evaluation, history and physical	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
38226	Preparation of blood-derived T lymphocytes	Pre-operative evaluation, history and physical	Added 1/1/2026
38227	receipt and preparation of CAR-T cells for administration	Pre-operative evaluation, history and physical	Added 1/1/2026
38228	CAR-T cell administration, autologous	Pre-operative evaluation, history and physical	Added 1/1/2026
38232	BONE MARROW HARVEST AUTOLOG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
38240	TRANSPLT ALLO HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
38241	TRANSPLT AUTOL HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
38589	Laparoscopic lymphatic system	History and physical and operative report.	Added 1/1/2026
38999	Unlisted Hemic or lymphatic system	History and physical and operative report.	Added 1/1/2026
39499	Unlisted procedures in the mediastinum	History and physical and operative report.	Added 1/1/2026
39599	Unlisted procedures on the diaphragm	History and physical and operative report.	Added 1/1/2026
41512	Procedure on tongue	History and physical and operative report.	Added 1/1/2026
41530	Procedure on tongue	History and physical and operative report.	Added 1/1/2026
41874	Alveoloplasty	History and physical and operative report.	Added 1/1/2026
41899	unlisted procedure code for dental procedures related to dentoalveolar structures	History and physical and operative report.	Added 1/1/2026
42145	Surgical repair palate, pharynx, uvula	History and physical and operative report.	Added 1/1/2026
43112	ESPHG TOT W/THRCM	History and physical and operative report.	effective since before 9/1/2019
43289	laparoscopic approach to the esophagus	History and physical and operative report.	Added 1/1/2026
43360	GASTROINTESTINAL REPAIR	History and physical and operative report.	effective since before 9/1/2019
43497	Endoscopic myotomy	History and physical and operative report.	Added 1/1/2026
43633	REMOVAL OF STOMACH PARTIAL	History and physical and operative report.	effective since before 9/1/2019
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43645	LAP GASTR BYPASS INCL SMLL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43659	laparoscopic procedure involving the stomach	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Added 1/1/2026
43770	LAP PLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43771	LAP REVISE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
43772	LAP RMVL GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43773	LAP REPLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43775	LAP SLEEVE GASTRECTOMY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43800	RECONSTRUCTION OF PYLORUS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43843	GASTROPLASTY W/O V-BAND	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43845	GASTROPLASTY DUODENAL SWITCH	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43846	GASTRIC BYPASS FOR OBESITY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43847	GASTRIC BYPASS INCL SMALL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43848	REVISION GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43886	REVISE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43888	CHANGE GASTRIC PORT OPEN	history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43999	STOMACH SURGERY PROCEDURE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44132	ENTERECTOMY CADAVER DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44137	REMOVE INTESTINAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
44202	Enterectomy	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Added 1/1/2026
44238	Unlisted laparoscopic procedures on the intestine	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Added 1/1/2026
44715	PREPARE DONOR INTESTINE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of	effective since before 9/1/2019
44720	PREP DONOR INTESTINE/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44721	PREP DONOR INTESTINE/ARTERY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44899	unlisted procedure related to Meckel's diverticulum	History and physical and procedure report.	Added 1/1/2026
44979	Laparoscopic Procedures on the Appendix	History and physical and procedure report.	Added 1/1/2026
45126	PELVIC EXENTERATION	History and physical and procedure report.	effective since before 9/1/2019
46707	MYOCARDIAL IMAGING MCG I&R	History and physical, procedure report.	effective since before 9/1/2019
46999	Unlisted procedure for the anus	History and physical, procedure report.	Added 1/1/2026
47122	EXTENSIVE REMOVAL OF LIVER	History and physical and procedure report.	effective since before 9/1/2019
47125	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.	effective since before 9/1/2019
47130	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.	effective since before 9/1/2019
47133	REMOVAL OF DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47135	TRANSPLANTATION OF LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47140	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47141	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
47142	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47143	PREP DONOR LIVER WHOLE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47144	PREP DONOR LIVER 3-SEGMENT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47145	PREP DONOR LIVER LOBE SPLIT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47146	PREP DONOR LIVER/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47147	PREP DONOR LIVER/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47379	Unlisted laparoscopic procedure performed on the liver	History and physical, procedure report.	Added 1/1/2026
47381	MYOCARDIAL IMAGING MCG I&R	History and physical, procedure report.	effective since before 9/1/2019
47420	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant	effective since before 9/1/2019
47425	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
47579	unlisted laparoscopic procedure for biliary tract	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Added 1/1/2026
48551	PREP DONOR PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
48552	PREP DONOR PANCREAS/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
48554	TRANSPL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
48556	REMOVAL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
49329	unlisted laparoscopic procedure performed on the abdomen, peritoneum, and omentum	History and Physical	Added 1/1/2026
49659	Unlisted laparoscopic procedure related to hernia repair	History and Physical	Added 1/1/2026
50300	REMOVE CADAVER DONOR KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50320	REMOVE KIDNEY LIVING DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50323	PREP CADAVER RENAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50325	PREP DONOR RENAL GRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50327	PREP RENAL GRAFT/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50328	PREP RENAL GRAFT/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50329	PREP RENAL GRAFT/URETERAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50340	REMOVAL OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50365	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50370	REMOVE TRANSPLANTED KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50547	MYOCARDIAL IMAGING MCG I&R	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant	effective since before 9/1/2019
50860	TRANSPLANT URETER TO SKIN	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50949	Laparoscopic Procedures on the Ureter	Submit history and physical, documentation of medical necessity, pre-operative report.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
51580	REMOVE BLADDER/REVISE TRACT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
51585	REMOVAL OF BLADDER & NODES	Submit history and physical, documentation of medical necessity, operative report.	effective since before 9/1/2019
51597	REMOVAL OF PELVIC STRUCTURES	Submit history and physical, documentation of medical necessity, operative report.	effective since before 9/1/2019
51721	Insertion of transurethral ablation transducer	Submit history and physical, documentation of medical necessity, pre-operative report.	Added 1/1/2026
53430	RECONSTRUCTION OF URETHRA	Submit history and physical, documentation of medical necessity, operative report.	effective since before 9/1/2019
53860	TRANSURETHRAL RF TREATMENT	Submit History and Physical, documentation of medical necessity, operative report	effective since before 9/1/2019
53899	Unlisted procedure on the urinary system	Submit History and Physical, documentation of medical necessity, pre-operative report	Added 1/1/2026
54125	REMOVAL OF PENIS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
54400	INSERT SEMI-RIGID PROSTHESIS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
54401	INSERT SELF-CONTD PROSTHESIS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
54405	INSERT MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
54699	unlisted laparoscopy procedure for the testis	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
55881	Transurethral ultrasound ablation	Submit History and Physical, documentation of medical necessity, pre-operative report	Added 1/1/2026
55882	Transurethral ultrasound ablation	Submit History and Physical, documentation of medical necessity, pre-operative report	Added 1/1/2026
55899	Unlisted procedure in the male genital system	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
55970	SEX TRANSFORMATION M TO F	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
55980	SEX TRANSFORMATION F TO M	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
58180	PARTIAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
58240	REMOVAL OF PELVIS CONTENTS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
58285	EXTENSIVE HYSTERECTOMY	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
58578	Unlisted laparoscopic procedures on the uterus	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
58760	FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59850	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59851	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59852	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59855	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59856	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59857	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
60505	Parathyroidectomy	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
60699	Unlisted procedure within the endocrine system	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
61630	MYOCARDIAL IMAGING MCG I&R	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
61885	Insertion or replacement cranial neurostimulator	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
61886	Insertion or replacement cranial neurostimulator	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
62115	REDUCTION OF SKULL DEFECT	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
62120	REPAIR SKULL CAVITY LESION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
62263	EPIDURAL LYSIS MULT SESSIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	1/1/2020

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
62280	TREAT SPINAL CORD LESION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62281	TREAT SPINAL CORD LESION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62282	TREAT SPINAL CANAL LESION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62287	PERCUTANEOUS DISKECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	1/1/2020
62292	NJX CHEMONUCLEOLYSIS LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	1/1/2020
62320	NJX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62321	NJX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62322	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62323	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62324	NJX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
62325	NJX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62326	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62327	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62350	IMPLANT SPINAL CANAL CATH	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
62351	IMPLANT SPINAL CANAL CATH	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
62360	INSERT SPINE INFUSION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
62361	IMPLANT SPINE INFUSION PUMP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
62362	IMPLANT SPINE INFUSION PUMP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
63001	REMOVE SPINE LAMINA 1/2 CRVL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
63005	REMOVE SPINE LAMINA 1/2 LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
63012	REMOVE LAMINA/FACETS LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
63015	REMOVE SPINE LAMINA >2 CRVCL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
63017	REMOVE SPINE LAMINA >2 LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
63020	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
63030	LOW BACK DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT or NM Medicare Advantage Plan effective 4/1/2018.	11/1/2019
63035	SPINAL DISK SURGERY ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63040	LAMINOTOMY SINGLE CERVICAL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63042	LAMINOTOMY SINGLE LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63043	LAMINOTOMY ADDL CERVICAL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63044	LAMINOTOMY ADDL LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63045	REMOVE SPINE LAMINA 1 CRVL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
63047	REMOVE SPINE LAMINA 1 LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63048	REMOVE SPINAL LAMINA ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63050	CERVICAL LAMINOPLSTY 2/> SEG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63051	C-LAMINOPLASTY W/GRAFT/PLATE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63052	Lam facetc/frmt arthrd lum 1	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	Added 8/1/22
63053	Lam factc/frmt arthrd lum ea	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	Added 8/1/22
63056	DECOMPRESS SPINAL CORD LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63057	DECOMPRESS SPINE CORD ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63075	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63076	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63081	REMOVE VERT BODY DCMPRN CRVL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63082	REMOVE VERTEBRAL BODY ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	11/1/2019
63650	IMPLANT NEUROELECTRODES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	11/1/2019
63655	IMPLANT NEUROELECTRODES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	11/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
63685	INSRT/REDO SPINE N GENERATOR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	11/1/2019
64451	NJX AA&/STRD NRV NRV TG SI JT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	9/1/2020
64479	INJ FORAMEN EPIDURAL C/T	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64480	INJ FORAMEN EPIDURAL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64483	INJ FORAMEN EPIDURAL L/S	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64484	INJ FORAMEN EPIDURAL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64490	INJ PARAVERT F JNT C/T 1 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64491	INJ PARAVERT F JNT C/T 2 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64492	INJ PARAVERT F JNT C/T 3 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64493	INJ PARAVERT F JNT L/S 1 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64494	INJ PARAVERT F JNT L/S 2 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64495	INJ PARAVERT F JNT L/S 3 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64510	N BLOCK STELLATE GANGLION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64520	N BLOCK LUMBAR/THORACIC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
64555	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity including operative report.	effective since before 9/1/2019
64561	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	effective since before 9/1/2019
64568	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64575	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64582	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64590	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64624	Genicular Nerve ablation	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64625	RF ABLTJ NRV NRVTG SI JT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64628	Thermal Destruction BVN	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64633	DESTROY CERV/THOR FACET JNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64634	DESTROY C/TH FACET JNT ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64635	DESTROY LUMB/SAC FACET JNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
64636	DESTROY L/S FACET JNT ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
65710	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
65730	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
65750	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
65755	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
66183	Insertion, drainage device	Pre-operative evaluation, history and physical	Added 1/1/2026
66999	Unspecified, anterior eye procedures	Pre-operative evaluation, history and physical	Added 1/1/2026
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67901	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67902	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
67903	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67904	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67906	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67908	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67909	REVISE EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67911	REVISE EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67999	Unlisted procedures related to the eyelids	Pre Operative Evaluation, History and Physical and Operative report	1/1/2026
69714	IMPLANT TEMPLE BONE W/STIMUL	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
69717	TEMPLE BONE IMPLANT REVISION	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	effective since before 9/1/2019
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	effective since before 9/1/2019
70336	MAGNETIC IMAGE JAW JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70450	CT HEAD/BRAIN W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70460	CT HEAD/BRAIN W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70470	CT HEAD/BRAIN W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70480	CT ORBIT/EAR/FOSSA W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70481	CT ORBIT/EAR/FOSSA W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70486	CT MAXILLOFACIAL W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70487	CT MAXILLOFACIAL W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70488	CT MAXILLOFACIAL W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70490	CT SOFT TISSUE NECK W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
70491	CT SOFT TISSUE NECK W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70492	CT SFT TSUE NCK W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70496	CT ANGIOGRAPHY HEAD	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70498	CT ANGIOGRAPHY NECK	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70540	MRI ORBIT/FACE/NECK W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70542	MRI ORBIT/FACE/NECK W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70543	MRI ORBT/FAC/NCK W/O &W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70544	MR ANGIOGRAPHY HEAD W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70545	MR ANGIOGRAPHY HEAD W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70547	MR ANGIOGRAPHY NECK W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70548	MR ANGIOGRAPHY NECK W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70549	MR ANGIOGRAPH NECK W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70551	MRI BRAIN STEM W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70552	MRI BRAIN STEM W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70553	MRI BRAIN STEM W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70554	FMRI BRAIN BY TECH	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
70555	FMRI BRAIN BY PHYS/PSYCH	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
71250	CT THORAX W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
71260	CT THORAX W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
71270	CT THORAX W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
71271	CT THORAX LUNG CANCER	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2021
71275	CT ANGIOGRAPHY CHEST	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
71550	MRI CHEST W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
71551	MRI CHEST W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
71552	MRI CHEST W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
71555	MRI ANGIO CHEST W OR W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72125	CT NECK SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72126	CT NECK SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72127	CT NECK SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72128	CT CHEST SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72129	CT CHEST SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72130	CT CHEST SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72131	CT LUMBAR SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72132	CT LUMBAR SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72133	CT LUMBAR SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72141	MRI NECK SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72142	MRI NECK SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72146	MRI CHEST SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72147	MRI CHEST SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72148	MRI LUMBAR SPINE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72149	MRI LUMBAR SPINE W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
72156	MRI NECK SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72157	MRI CHEST SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72158	MRI LUMBAR SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72159	MR ANGIO SPINE W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72191	CT ANGIOGRAPH PELV W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72192	CT PELVIS W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72193	CT PELVIS W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72194	CT PELVIS W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72195	MRI PELVIS W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72196	MRI PELVIS W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72197	MRI PELVIS W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
72198	MR ANGIO PELVIS W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73200	CT UPPER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73201	CT UPPER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73202	CT UPPR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73206	CT ANGIO UPR EXTRM W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73218	MRI UPPER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73219	MRI UPPER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73220	MRI UPPR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73221	MRI JOINT UPR EXTREM W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73222	MRI JOINT UPR EXTREM W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
73223	MRI JOINT UPR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73225	MR ANGIO UPR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73700	CT LOWER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73701	CT LOWER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73702	CT LWR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73706	CT ANGIO LWR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73718	MRI LOWER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73719	MRI LOWER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73720	MRI LWR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73721	MRI JNT OF LWR EXTRE W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73722	MRI JOINT OF LWR EXTR W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73723	MRI JOINT LWR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
73725	MR ANG LWR EXT W OR W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74150	CT ABDOMEN W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74160	CT ABDOMEN W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74170	CT ABDOMEN W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74174	CT ANGIO ABD&PELV W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74175	CT ANGIO ABDOM W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74176	CT ABD & PELVIS W/O CONTRAST	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74177	CT ABD & PELV W/CONTRAST	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74178	CT ABD & PELV 1/> REGNS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
74181	MRI ABDOMEN W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74182	MRI ABDOMEN W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74183	MRI ABDOMEN W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74185	MRI ANGIO ABDOM W ORW/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74261	CT COLONOGRAPHY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74262	CT COLONOGRAPHY DX W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74263	CT COLONOGRAPHY SCREENING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74712	MRI FETAL SNGL/1ST GESTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
74713	MRI FETAL EA ADDL GESTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
75635	CT ANGIO ABDOMINAL ARTERIES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
76376	3D RENDER W/INTRP POSTPROCES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
76377	3D RENDER W/INTRP POSTPROCES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
76380	CAT SCAN FOLLOW-UP STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
76390	MR SPECTROSCOPY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
76391	MR ELASTOGRAPHY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
76497	CT PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
76498	MRI PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
77021	MRI GUIDANCE NDL PLMT RS&I	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
77022	MRI GDN PARNCHYMA TISS ABLTJ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
77046	MRI BREAST C- UNILATERAL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
77047	MRI BREAST C- BILATERAL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
77048	MRI BREAST C+ W/CAD UNI	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
77049	MRI BREAST C+ W/CAD BI	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
77078	CT BONE DENSITY AXIAL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
77084	MAGNETIC IMAGE BONE MARROW	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
77520	PROTON TRMT SIMPLE W/O COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
77522	PROTON TRMT SIMPLE W/COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
77523	PROTON TRMT INTERMEDIATE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
77525	PROTON TREATMENT COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
77799	Unlisted Clinical Brachytherapy	History and Physical	Added 1/1/2026
78012	THYROID UPTAKE MEASUREMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78013	THYROID IMAGING W/BLOOD FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78014	THYROID IMAGING W/BLOOD FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78015	THYROID MET IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78016	THYROID MET IMAGING/STUDIES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78018	THYROID MET IMAGING BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78020	THYROID MET UPTAKE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78070	PARATHYROID PLANAR IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78071	PARATHYRD PLANAR W/WO SUBTRJ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78072	PARATHYRD PLANAR W/SPECT&CT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78075	ADRENAL CORTEX & MEDULLA IMG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78102	BONE MARROW IMAGING LTD	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78103	BONE MARROW IMAGING MULT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78104	BONE MARROW IMAGING BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78140	Red cell sequestration	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	5/18/2017

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
78185	SPLEEN IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78195	LYMPH SYSTEM IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78201	LIVER IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78202	LIVER IMAGING WITH FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78215	LIVER AND SPLEEN IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78216	LIVER & SPLEEN IMAGE/FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78226	HEPATOBILIARY SYSTEM IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78227	HEPATOBIL SYST IMAGE W/DRUG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78230	SALIVARY GLAND IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78231	SERIAL SALIVARY IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78232	SALIVARY GLAND FUNCTION EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78258	ESOPHAGEAL MOTILITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78261	GASTRIC MUCOSA IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78262	GASTROESOPHAGEAL REFLUX EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78264	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78265	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78266	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78278	ACUTE GI BLOOD LOSS IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78290	MECKELS DIVERT EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78291	LEVEEN/SHUNT PATENCY EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78300	BONE IMAGING LIMITED AREA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
78305	BONE IMAGING MULTIPLE AREAS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78306	BONE IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78315	BONE IMAGING 3 PHASE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78456	ACUTE VENOUS THROMBUS IMAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
78457	VENOUS THROMBOSIS IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
78458	VEN THROMBOSIS IMAGES BILAT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
78579	LUNG VENTILATION IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78580	LUNG PERFUSION IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78582	LUNG VENTILAT&PERFUS IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78597	LUNG PERFUSION DIFFERENTIAL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78598	LUNG PERF&VENTILAT DIFERENTL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78600	BRAIN IMAGE < 4 VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78605	BRAIN IMAGE 4+ VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78608	BRAIN IMAGING (PET)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78609	BRAIN IMAGING (PET)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78610	BRAIN FLOW IMAGING ONLY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78630	CEREBROSPINAL FLUID SCAN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78635	CSF VENTRICULOGRAPHY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78645	CSF SHUNT EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78650	CSF LEAKAGE IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
78660	NUCLEAR EXAM OF TEAR FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78700	KIDNEY IMAGING MORPHOL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78701	KIDNEY IMAGING WITH FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78707	K FLOW/FUNCT IMAGE W/O DRUG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78708	K FLOW/FUNCT IMAGE W/DRUG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78709	K FLOW/FUNCT IMAGE MULTIPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78725	KIDNEY FUNCTION STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78730	URINARY BLADDER RETENTION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78740	URETERAL REFLUX STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78761	TESTICULAR IMAGING W/FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78800	TUMOR IMAGING LIMITED AREA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78801	TUMOR IMAGING MULT AREAS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78802	TUMOR IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78803	TUMOR IMAGING (3D)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78804	TUMOR IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78811	PET IMAGE LTD AREA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78812	PET IMAGE SKULL-THIGH	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78813	PET IMAGE FULL BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78814	PET IMAGE W/CT LMTD	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78815	PET IMAGE W/CT SKULL-THIGH	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
78816	PET IMAGE W/CT FULL BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
78830	RP LOCLZJ TUM SPECT W/CT 1	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
78831	RP LOCLZJ TUM SPECT 2 AREAS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
78832	RP LOCLZJ TUM SPECT W/CT 2	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
81120	IDH1	History and physical, medical necessity	1/1/2026
81121	IDH2	History and physical, medical necessity	1/1/2026
81161	DMD	History and physical, medical necessity	1/1/2026
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81163	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81164	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81165	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81166	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81167	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81170	ABL1	History and physical, medical necessity	1/1/2026
81173	AR GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81174	AR GENE KNOWN FAMIL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81176	ASXL1	History and physical, medical necessity	1/1/2026
81177	ATN1	History and physical, medical necessity	1/1/2026
81178	ATXN1	History and physical, medical necessity	1/1/2026
81179	ATXN2	History and physical, medical necessity	1/1/2026
81180	ATXN3	History and physical, medical necessity	1/1/2026
81183	ATXN10	History and physical, medical necessity	1/1/2026
81184	CACNA1A	History and physical, medical necessity	1/1/2026
81185	CACNA1A GENE FULL GENE SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81186	CACNA1A GEN KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81189	CSTB GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81190	CSTB GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81191	NTRK1	History and physical, medical necessity	1/1/2026
81195	OGM-Dx HemeOne	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2025
81201	APC GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81202	APC GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81203	APC GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81206	BCR/ABL1	History and physical, medical necessity	1/1/2026
81207	BCR/ABL1	History and physical, medical necessity	1/1/2026
81208	BCR/ABL1	History and physical, medical necessity	1/1/2026
81210	BRAF	History and physical, medical necessity	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
81212	BRCA1&2 185&5385&6174 VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81215	BRCA1 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81216	BRCA2 GENE FULL SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81217	BRCA2 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81218	CEBPA	History and physical, medical necessity	1/1/2026
81219	CALR	History and physical, medical necessity	1/1/2026
81221	CFTR GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81222	CFTR GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81223	CFTR GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81225	CYP2C19 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81226	CYP2D6 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81227	CYP2C9 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81228	CYTOGEN MICRARRAY COPY NMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81229	CYTOGEN M ARRAY COPY NO&SNP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81230	CYP3A4 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81231	CYP3A5 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81232	DPYD GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81238	F9 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81248	G6PD KNOWN FAMILIAL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81249	G6PD FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81252	GJB2 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81253	GJB2 GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

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81257	HBA1/HBA2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81258	HBA1/HBA2 GENE FAM VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81259	HBA1/HBA2 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81277	CYTOGENOMIC NEO MICRORA ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81278	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81279	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81283	IFNL3 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81286	FXN GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81289	FXN GENE KNOWN FAMIL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81291	MTHFR GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81292	MLH1 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81293	MLH1 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81294	MLH1 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81295	MSH2 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81296	MSH2 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81297	MSH2 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81298	MSH6 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81299	MSH6 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81300	MSH6 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81302	MECP2 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81303	MECP2 GENE KNOWN VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

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81304	MECP2 GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81306	NUDT15 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81307	PALB2 GENE FULL GENE SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2021
81308	PALB2 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2021
81313	PCA3/KLK3 ANTIGEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81317	PMS2 GENE FULL SEQ ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81318	PMS2 KNOWN FAMILIAL VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81319	PMS2 GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81321	PTEN GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81322	PTEN GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81323	PTEN GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81325	PMP22 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81326	PMP22 GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81328	SLCO1B1 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81335	TPMT GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81336	SMN1 GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81346	TYMS GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
81349	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
81350	UGT1A1 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
81351	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
81353	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
81355	VKORC1 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81361	HBB GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81362	HBB GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

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81363	HBB GENE DUP/DEL VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81364	HBB FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81400	MOPATH PROCEDURE LEVEL 1	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81401	MOPATH PROCEDURE LEVEL 2	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81402	MOPATH PROCEDURE LEVEL 3	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81403	MOPATH PROCEDURE LEVEL 4	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81404	MOPATH PROCEDURE LEVEL 5	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81405	MOPATH PROCEDURE LEVEL 6	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81406	MOPATH PROCEDURE LEVEL 7	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81407	MOPATH PROCEDURE LEVEL 8	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81408	MOPATH PROCEDURE LEVEL 9	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81410	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81411	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81412	ASHKENAZI JEWISH ASSOC DIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81413	CAR ION CHNNLPATH INC 10 GNS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81414	CAR ION CHNNLPATH INC 2 GNS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81415	EXOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81416	EXOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81417	EXOME RE-EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81418	Rx metab gen seq alysis pnl 6	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
81419	Epilepsy gen seq alysis panel	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
81420	Fetal Aneuploidy	History and Physical	Added 1/1/2026

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81422	FETAL CHRMOML MICRODELTY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81425	GENOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81426	GENOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81427	GENOME RE-EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81430	HEARING LOSS SEQUENCE ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81431	HEARING LOSS DUP/DEL ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81432	HRDTRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81433	HRDTRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81434	HEREDITARY RETINAL DISORDERS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81435	HEREDITARY COLON CA DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81436	HEREDITARY COLON CA DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81437	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81438	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81439	HRDTRY CARDMPY GENE PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81440	MITOCHONDRIAL GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81441	lbmfs seq alys pnl 30 genes	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
81442	NOONAN SPECTRUM DISORDERS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81443	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81445	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81448	HRDTRY PERPH NEURPHY PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81449	Tgsap so neo 5-50 rna alys	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
81450	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81451	Tgsap hl neo 5-50 rna alys	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
81455	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81456	Tgsap so/hl 51/< rna alys	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
81457	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026
81458	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026
81459	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026
81460	WHOLE MITOCHONDRIAL GENOME	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81462	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026
81463	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026
81464	Liquid Biopsy	History and Physical	Added 1/1/2026
81465	WHOLE MITOCHONDRIAL GENOME	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81470	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81471	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81479	UNLISTED MOLECULAR PATHOLOGY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81490	AUTOIMMUNE RHEUMATOID ARTHR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81493	COR ARTERY DISEASE MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81500	ONCO (OVAR) TWO PROTEINS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81503	ONCO (OVAR) FIVE PROTEINS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81504	ONCOLOGY TISSUE OF ORIGIN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81518	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81519	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81520	ONC BREAST MRNA 58 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81521	ONC BREAST MRNA 70 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81522	ONC BREAST MRNA 12 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
81523	Onc brst mrna 70 cnt 31 gene	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
81525	ONCOLOGY COLON MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81529	Onc cutan mlnma mrna 31 gene	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021

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81535	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81536	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81538	ONCOLOGY LUNG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81539	ONCOLOGY PROSTATE PROB SCORE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81540	ONCOLOGY TUM UNKNOWN ORIGIN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81541	ONC PROSTATE MRNA 46 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81542	ONC PROSTATE MRNA 22 CNT GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81546	Onc thyr mrna 10,196 gen alg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
81551	ONC PROSTATE 3 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81552	ONC UVEAL MLNMA MRNA 15 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81554	Pulm ds ipf mrna 190 gen alg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
81558	Short description not available at time of posting	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2025
81595	CARDIOLOGY HRT TRNSPL MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
81596	NFCT DS CHRNC HCV 6 ASSAYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
81599	UNLISTED MAAA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
86849	Unlisted immunology procedure	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
87467	Hepatitis B surface antigen	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
90283	HUMAN IG IV	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
90284	HUMAN IG SC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
90378	RSV MAB IM 50MG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
91110	Capsule Endoscopy	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
91112	GI WIRELESS CAPSULE MEASURE	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
92986	REVISION OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
93580	Closure ASD	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93581	Closure VSD	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93619	Electrophysiology Evaluation	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93654	Electrophysiology Evaluation	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93656	Electrophysiology Evaluation	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93799	Unlisted Cardiovascular procedures	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
95782	POLYSOM <6 YRS 4/> PARAMTRS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
95783	POLYSOM <6 YRS CPAP/BILVL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
95800	SLP STDY UNATTENDED	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
95801	SLP STDY UNATND W/ANAL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
95805	MULTIPLE SLEEP LATENCY TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
95806	SLEEP STUDY UNATT&RESP EFFT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
95807	SLEEP STUDY ATTENDED	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
95808	POLYSOM ANY AGE 1-3> PARAM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
95810	POLYSOM 6/> YRS 4/> PARAM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
95811	POLYSOM 6/>YRS CPAP 4/> PARM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
95999	Unlisted Neuro procedure	History and Physical, statement of medical necessity	Added 1/1/2026
0001U	RBC DNA HEA 35 AG 11 BLD GRP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0002M	Liver disease	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0003M	Liver disease	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0004M	SCO 53 SNPS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0005U	ONCO PRST8 3 GENE UR ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0006M	Onc hep gene risk classifier	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0007M	Onc gastro 51 gene nomogram	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0008U	Hpylori detcj abx rstnc dna	History and Physical, statement of medical necessity	Added 1/1/2026
0010U	Nfct ds strn typ whl gen seq	History and Physical, statement of medical necessity	Added 1/1/2026
0011M	ONC PRST8 CA MRNA 12 GEN ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0012M	ONC MRNA 5 GEN RSK URTHL CA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0013M	ONC MRNA 5 GEN RECR URTHL CA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0016M	Onc bladder mrna 209 gen alg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0018U	ONC THYR 10 MICRORNA SEQ ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2021
0019U	ONC RNA TISS PREDICT ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0020M	ONC CNS ALYS 30000 DNA LOCI	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/24
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0026U	ONC THYR DNA&MRNA 112 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0029U	RX METAB ADVRS TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0030U	RX METAB WARF TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0031U	CYP1A2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0032U	COMT GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

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0033U	HTR2A HTR2C GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0034U	TPMT NUDT15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0036U	XOME TUM & NML SPEC SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0037U	TRGT GEN SEQ DNA 324 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0042T	B BRGDRFERI ANTB 12 PRTN IGG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0045U	ONC BRST DUX CARC IS 12 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0047U	ONC PRST8 MRNA 17 GENE ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0048U	ONC SLD ORG NEO DNA 468 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0050U	TRGT GEN SEQ DNA 324 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0055U	CARD HRT TRNSPL 96 DNA SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
0067U	ONC BRST IMHCHEM PRFL 4 BMRK	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0068U	Candida species pnl amp prb	History and Physical, statement of medical necessity	1/1/2026
0069U	ONC CLRCT MICRORNA MIR-31-3P	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0071U	CYP2D6 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0074U	CYP2D6 NONDUPLICATED GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0075U	CYP2D6 5' GENE DUP/MLT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0076U	CYP2D6 3' GENE DUP/MLT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0079U	CMRPTV DNA ALYS MLT SNPS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0080U	Onc lng 5 clin rsk factr alg	History and Physical, statement of medical necessity	1/1/2026
0084U	RBC DNA GNOTYP 10 BLD GROUPS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0087U	CRD HRT TRNSPL MRNA 1283 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0088U	TRNSPLJ KDN ALGRFT REJ 1494	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0089U	ONC MLNMA PRAME & LINC00518	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0090U	ONC CUTAN MLNMA MRNA 23 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0094U	GENOME RAPID SEQUENCE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020

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0095T	RMVL ARTIFIC DISC ADDL CRVCL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	1/1/2020
0098T	REV ARTIFIC DISC ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	1/1/2020
0101U	HERED COLON CA DO 15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0102U	HERED BRST CA RLTD DO 17 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0103U	HERED OVA CA PNL 24 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0108U	Gi barrett esoph 9 prtn bmrk	History and Physical, statement of medical necessity	Added 1/1/2026
0111U	ONC COLON CA KRAS&NRAS ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0114U	GI BARRETTES ESOPH VIM&CCNA1	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0118U	TRNSPLJ DON-DRV CLL-FR DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0120U	ONC B CLL LYMPHM MRNA 58 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0129U	HERED BRST CA RLTD DO PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0130U	HERED COLON CA DO MRNA PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0131U	HERED BRST CA RLTD DO PNL 13	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0132U	HERED OVA CA RLTD DO PNL 17	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0133U	HERED PRST8 CA RLTD DO 11	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0134U	HERED PAN CA MRNA PNL 18 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0135U	HERED GYN CA MRNA PNL 12 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0136U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0137U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
0152U	Nfct bct fng prst dna >1000	History and Physical, statement of medical necessity	Added 1/1/2026
0153U	ONC BREAST MRNA 101 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0156U	COPY NUMBER SEQUENCE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0157U	APC MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0158U	MLH1 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0159U	MSH2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0160U	MSH6 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0161U	PMS2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0162U	HERED COLON CA TRGT MRNA PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0164T	REMOVE LUMB ARTIF DISC ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	9/1/2020

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0165T	REVISE LUMB ARTIF DISC ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21. No Prior	9/1/2020
0169U	NUDT15&TPMT GENE COM VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0170U	NEURO ASD RNA NEXT GEN SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0171U	TRGT GEN SEQ ALYS PNL DNA 23	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0173U	PSYC GEN ALYS PANEL 14 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0175U	PSYC GEN ALYS PANEL 15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0179U	short description not available at time of update	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
0203U	AI IBD MRNA XPRSN PRFL 17	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0205U	OPH AMD ALYS 3 GENE VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0209U	CYTOG CONST ALYS INTERROG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0212U	RARE DS GEN DNA ALYS PROBAND	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0213T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan	1/1/2020
0213U	RARE DS GEN DNA ALYS EA COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0214T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan	1/1/2020
0214U	RARE DS XOM DNA ALYS PROBAND	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0215T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan	1/1/2020
0215U	RARE DS XOM DNA ALYS EA COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0216T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan	1/1/2020
0216U	NEURO INH ATAXIA DNA 12 COM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0217T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan	1/1/2020
0217U	NEURO INH ATAXIA DNA 51 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0218T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan	1/1/2020
0218U	NEURO MUSC DYS DMD SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0220U	Short Description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0228U	ONC PRST8 MA MOLEC PRFL ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0229U	BCAT1 PROMOTER MTHYLTN ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0230U	AR FULL SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0231U	CACNA1A FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0232U	CSTB FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021

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0233U	FXN GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0234U	MECP2 FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0235U	PTEN FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0236U	SMN1&SMN2 FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0237U	CAR ION CHNLPTHY GEN SEQ PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0238U	ONC LNCH SYN GEN DNA SEQ ALY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0239U	TRGT GEN SEQ ALYS PNL 311+	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0242U	TRGT GEN SEQ ALYS PNL 55-74	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2021
0244U	ONC SOLID ORGN DNA 257 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2021
0245U	ONC THYR MUT ALYS 10 GEN&37	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2021
0246U	RBC DNA GNOTYP 16 BLD GROUPS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2021
0250U	ONC SLD ORG NEO DNA 505 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2021
0252U	FTL ANEUPLOIDY STR ALYS DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2021
0253U	RPRDVE MED RNA GEN PRFL 238	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2021
0254U	REPRDVE MED ALYS 24 CHRMSM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2021
0258U	AI PSOR MRNA 50-100GEN ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0260U	RARE DS ID OPTGENOME MAPG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0262U	ONC SLD TUM RTPCR 7 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0264U	RARE DS ID OPT GENOME MAPG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0265U	RAR DO WHL GN&MTCDR DNA ALS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0266U	UNXPL CNST HRTBL DO GN XPRSN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0267U	RARE DO ID OPT GEN MAPG&SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0268U	HEM AHUS GEN SEQ ALYS 15 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0269U	HEM AUT DM CGEN TRMBCTPNA 14	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0270U	HEM CGEN COAGJ DO 20 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0271U	HEM CGEN NEUTROPENIA 23 GEN J	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0272U	HEM GENETIC BLD DO 51 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0273U	HEM GEN HYPRFIBRNLYSIS 8 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0274T	PERQ LAMOT/LAM CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	1/1/2020
0274U	HEM GEN PLTLT DO 43 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0275T	PERQ LAMOT/LAM LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	1/1/2020
0276U	HEM INH THROMBOCYTOPENIA 23 J	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0277U	HEM GEN PLTLT FUNCJ DO 31	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0278U	HEM GEN THROMBOSIS 12 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022

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0282U	RBC DNA GNTYP 12 BLD GRP GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0285U	ONC RSPS RADJ CLL FR DNA TOX	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0286U	CEP72 NUDT15&TPMT GENE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0287U	ONC THYR DNA&MRNA 112 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0288U	ONC LUNG MRNA QUAN PCR 11&3	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0289U	NEURO ALZHEIMER MRNA 24 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0290U	PAIN MGMT MRNA GEN XPRSN 36	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0291U	PSYC MOOD DOMRNA 144 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0292U	PSYC STRS DO MRNA 72 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0293U	PSYC SUICIDAL IDEA MRNA 54	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0294U	LNGVTY&MRTLTY RSK MRNA 18GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0295U	ONC IHC DCIS 7	History and Physical, statement of medical necessity	Added 1/1/2026
0296U	ONC ORL&/OROP CA 20 MLC FEAT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0297U	ONC PAN TUM WHL GEN SEQ DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0298U	ONC PAN TUM WHL TRNS SEQ RNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0299U	ONC PAN TUM WHL GEN OPT MAPG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0300U	ONC PAN TUM WHL GEN SEQ&OPT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 4/1/2022
0306U	Onc mrd nxt-grnj alys 1st	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
0307U	Onc mrd nxt-grnj alys sbsq	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
0313U	Onc pncrs dna&mrna seq 74	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
0314U	Onc cutan mlhma mrna 35 gene	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
0315U	Onc cutan sq cli ca mrna 40	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
0317U	Onc lung ca 4-prb fish assay	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
0318U	whole genome methylation analysis	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
0319U	rna expression by select transcriptome	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
0320U	rna expression by select transcriptome	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
0326U	TRGT GEN SEQ ALYS PNL 83+	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 7/1/2022
0329U	ONC NEO XOME&TRNS SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 7/1/2022
0331U	ONC HL NEO OPT GEN MAPPING	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	added 7/1/2022
0332U	Onc pan tum gen prflg 8 dna	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0333U	Onc lvr surveilanc hcc cfdna	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0334U	Onc sld orgn tgasa dna 84/+	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0335U	Rare ds whl gen seq fetal	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0336U	Rare ds whl gen seq bld/slv	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0338U	CTC-HER2	History and Physical, statement of medical necessity	Added 1/1/2026
0339U	Onc prst8 mrna hoxc6 & dlx1	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0340U	Onc pan ca alys mrd plasma	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0341U	Ftl aneup dna seq cmprr alys	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023

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0343U	Onc prst8 xom aly 442 snrna	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0344U	OWLiver	History and Physical, statement of medical necessity	Added 1/1/2026
0345U	Psyc genom alys pnl 15 gen	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0347U	Rx metab/pcx dna 16 gen alys	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0348U	Rx metab/pcx dna 25 gen alys	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0349U	Rx metab/pcx dna 27gen rx ia	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0350U	Rx metab/pcx dna 27 gen alys	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0352U	Nfct ds bv&vaginitis amp prb	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2022
0355U	APOL1 RISK VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0356U	ONC OROP 17 DNA DDPCR ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0358U	ONC Amyloid	History and Physical, statement of medical necessity	Added 1/1/2026
0359U	ONC PSA	History and Physical, statement of medical necessity	Added 1/1/2026
0362U	ONC PAP THYR CA RNA 82&10	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0363U	ONC URTHL MRNA 5 GEN ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0364U	Onc hl neo gen seq alys alg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/2023
0368U	Onc clrct ca mut&mthyltn mrk	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2023
0369U	ladna surg wnd pthgn 31 &21	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2024
0379U	Tgsap sl or neo dna523&rna55	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2023
0388U	Onc nonsm cll lng ca 37 gen	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0389U	Ped fbri kd ifi27&mcomp1 rna	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0391U	Onc sld tum dna&rna 437 gen	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0392U	Rx metab genrx ia 16 genes	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0395U	Onc lng multiomics plsm alg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0398U	Gi baret esph dna mthyln aly	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0400U	Ob xpnd car scr 145 genes	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0401U	Crd c hrt ds 9 gen 12 vrnts	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0403U	ONC PRST8 MRNA 18 GEN DRE U	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0405U	ONC PNCRTC 59 MTHLTN BLK MRK	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0409U	ONC SLD TUM DNA 80 & RNA 36	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0410U	ONC PNCRTC DNA WHL GN SEQ 5-	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0411U	PSYC GENOM ALYS PNL 15 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0413U	ONC HL NEO OPT GEN MAPG DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0414U	ONC LNG AUG ALG ALY WHL SLD8	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0417U	RARE DS ALYS 335 NUC GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0418U	ONC BRST AUG ALG ALY WHL SL8	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0419U	NRPSYC GEN SEQ VRNT ALY 13	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
0420U	ONC URTHL MRNA XPRSN 6 SNP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0421U	ONC CLRCT SCR SGL AMP 8 RNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24

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0422U	ONC PAN SOLID TUM ALYS DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0423U	PSYC GENOMIC ALYS PNL 26 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0424U	ONC PRST8 XOM ALYS 53 SNCRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0425U	GENOM RPD SEQ ALYS EA CMPRTR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0426U	GENOME ULTRA-RAPID SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0433U	ONC PRST8 5 DNA REG MRK PCR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0434U	RX METAB ADVRS VRNT ALYS 25	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0437U	PSYC ANXIETY DO MRNA 15 BMRK	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0438U	RX METAB ADVRS VRNT ALYS 33	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 4/1/24
0444U	ONC SLD ORGN NEO TGSAP 361	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2024
0452U	ONC BLDR MTHYL PENK LTE-QMSP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0453U	ONC CLRCT CA CFDNA QPCR ASY	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0454U	RARE DS ID OPT GENOME MAPG	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0460U	ONC WHL BLD/BUCC RTPCR 24GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0461U	ONC RXGENOM ALYS RTPCR 24GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0463U	Onc crvx mrna genxprsn 14bmk		1/1/2026
0464U	ONC CLRCT SCR QRTSA DNA MRK	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0465U	ONC URTHL CARC DNA QMSP 2GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0466U	CRD CAD DNA GWAS 564856 SNP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0467U	ONC BLDR DNA NGS 60GEN&ANEUP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0469U	RARE DS WHL GEN SEQ FTL SAMP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0470U	ONC OROP DETCJ MRD 8 DNA HPV	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0471U	CRCdx® RAS Mutation Detection Kit	History and Physical, statement of medical necessity	1/1/2026
0473U	ONC SLD TUM BLD/SLV 648 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0474U	HERED PAN CA GSAP 88GENE NGS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0475U	HERED PRST8 CA GSAP 23 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
0476U	RX METAB PSYC 14GEN&CYP2D6	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0477U	RX METAB PSY 14&CYP2D6 GN-RX	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0478U	ONC NSCLC DNA&RNA DPCR 9GENS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0481U	IDH1 IDH2&TERT PROMOTER NGS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0485U	ONC SOL TUM CFDNA&RNA NGS GM	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0486U	ONC PAN SOL TUM NGS CFCTDNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0487U	ONC SOL TUM CFCDNA TGSAP 84	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0488U	OB FETAL AG NIPT CFDNA ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0489U	OB SGNIPT CFDNA SEQ ALYS 1+	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0490U	CMC	History and Physical, statement of medical necessity	Added 1/1/2026
0491U	CTC-ER	History and Physical, statement of medical necessity	Added 1/1/2026
0492U	CTC-PD-L1	History and Physical, statement of medical necessity	Added 1/1/2026

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0493U	TRNSPL MED QUAN DD-CFDNA NGS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0494U	RBC AG FTL RHD GENE ALYS NGS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0495U	ONC PRST8 ALYS CRCG PLSM PRT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0496U	ONC CLRCT CFDNA 8/7 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0497U	ONC PRST8 MRNA RT-PCR 6GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0498U	ONC CLRCT NGS MUT DETC 43GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0499U	ONC CLRCT&LNG DNA NGS 8GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0500U	UBA 1	History and Physical, statement of medical necessity	Added 1/1/2026
0501U	ONC CLRC BLD QUAN MEAS CFDNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0503U	AD2	History and Physical, statement of medical necessity	Added 1/1/2026
0506U	GI BARRETTES ESOPHGL CELL 89	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0507U	ONC OVR DNA WHOLE GEN W/5HMC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0508U	TRNSPLJ MED DD CFDNA 40 SNPS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0509U	TRNSPLJ MED DD CFDNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0510U	ONC PNCRTC CA ALG ALYS 16GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0511U	PARIS	History and Physical, statement of medical necessity	Added 1/1/2026
0516U	RX METAB RXGENOMIC GNOTYP 40	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2025
0523U	ONC SOLID TUMOR DNA QUAL NGS SNV 22GEN FFPE TISS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2025
0529U	HEM VTE GW SNP F2&F5 GENE ALYS & LEIDEN VRNT SLV	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2025
0530U	ONC PAN-SOL TUM CTDNA PLSM NGS 77 GEN 8 FUJN MSI	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2025
0532U	RARE DS WHLGEN&MITOCHDRDL DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0533U	RX METAB ADVRS GNOTYP 16GENS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0534U	ONC PRST8 MIRNA SNP 32 VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0536U	RBCAG FTL RHD PCR ALYS EXON4	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0537U	ONC CLRCT CA CFDNA >2500 DMR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0538U	ONC SOL TUM NGTS FFPE 600GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0539U	ONC SOL TUMOR CFCTDNA 152GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0540U	TRNSPLJ MED QUAN DD-CFDNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0543U	ONC SOL TUM NGS DNA 517 GENS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0544U	NEFRO TRNSP MNTR 48VRNT DPCR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
0549U	ONC URTHL DNA MTHYLTD RT PCR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
0550U	ONC Prostate	History and Physical, statement of medical necessity	Added 1/1/2026
0552U	REPR MED PGA GDO TE BX LOCUS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0553U	REPR MED PGA EMBRY TE STRUX	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0554U	REPR MED PGA 24CHRM TE BX QC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0555U	REPR MED PGA EMBRYONIC TE QC	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0556U	NFCT DS P-S DNA&RNA 12 TRGTS	History and Physical, statement of medical necessity	Added 1/1/2026
0557U	NFCT DS BV DNA MRK VAG FLUID	History and Physical, statement of medical necessity	Added 1/1/2026
0560U	ONC MRD GSA CFDNA BASELINE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0561U	ONC MRD GSA CFDNA SUBSEQUENT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0562U	ONC SOL TUM TGSA 33GENS SNVS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0563U	NFCT DS PTHGN SNA 11VIR&4B	history and Physical, statement of medical necessity	1/1/2026
0564U	NFCT DS PTHGN SNA 10VIR&4BC	history and Physical, statement of medical necessity	1/1/2026
0565U	ONC HCC NGS DETC 6626EPIGALT	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0566U	ONC LNG QPCR-BSD ALYS 13DMRS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0567U	RARE DS WHL GEN SEQ SRS&LRS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0568U	NEUROL DEMENTIA βAMYL PTAU	History and Physical, statement of medical necessity	1/1/2026
0569U	ONC SOL TUM NGS TMM>20000DMR	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0571U	ONC SOL TUM DNA80&RNA10G NGS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0572U	ONC PRST8 HTTL QFISH WHL BLD	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
0575U	TRNSPLJ MED LAR RTPCR 4GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2026
0576U	TRNSPLJ MED LAR QUAN DDCFDNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2026
0578U	ONC CUTAN MLN RNA QPCR 10GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2026
0582U	RARE DS RPD WHLGEN DNA VRNTS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2026
0583U	RARE DS RPD WHLGEN CMPTR DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2026
0585U	TGSAP SO NEO CFDNA 521 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2026
0586U	ONC MRNA GEN XPRSN 216 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2026
0592U	ONC HL NEO DNA TGS 417 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2026
0597U	ONC BREAST RNA XPRSN 329GENS	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 1/1/2026
0609T	Mrs disc pain acquisj data	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0610T	Mrs disc pain transmis data	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0611T	Mrs disc pain alg alys data	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0612T	Mrs discogenic pain i&r	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
0627T	Perq njx algc fluor lmb1r 1st	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	1/1/2021

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
0628T	Perq njx algc fluor lmbr ea	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior 1/1/2021
0629T	Perq njx algc ct lmbr 1st	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior 1/1/2021
0630T	Perq njx algc ct lmbr ea	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior 1/1/2021
0633T	Ct breast w/3d uni c-	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2021
0634T	Ct breast w/3d uni c+	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2021
0635T	Ct breast w/3d uni c-/c+	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2021
0636T	Ct breast w/3d bi c-	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2021
0637T	Ct breast w/3d bi c+	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2021
0638T	Ct breast w/3d bi c-/c+	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2021
0648T	QUAN MR ALYS TISS W/O MRI	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0649T	QUAN MR ALYS TISS W/MRI	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
0697T	Quan mr tiss wo mri mlt orgn	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2022
0698T	Quan mr tiss w/mri mlt orgn	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2022
0711T	N-nvs artl plaq alys dat prp	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2022
0712T	N-nvs artl plaq alys quan	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2022
0713T	N-nvs artl plaq alys rvw i&r	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2022
0784T	Insertion or replacement of percutaneous electrode	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior 1/1/2024
0785T	Revision or removal of neurostimulator	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior 1/1/2024
0794T	pharmaco-oncologic treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2023
0865T	MRI Brain analysis	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2024
0866T	MRI Brain analysis	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2024
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Submit progress notes for last 24 hours effective since before transport, physician order including medical records supporting rationale for transport.	effective since before 9/1/2019
A0431	Rotary wing air transport	History and Physical, statement of medical necessity	1/1/2026
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.	effective since before 9/1/2019
A0999	Unlisted ambulance service	History and Physical, statement of medical necessity	Added 1/1/2026
A2001	Innovamatrix ac per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2002	Mirrragen advanced wound matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
A2005	Microlyte matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2006	Novosorb synpath dermal matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2007	Restrata per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2008	Theragenesis per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2009	Symphony per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2010	Apis per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2011	Supra sdrm, per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2012	Suprathel, per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2013	Innovamatrix fs, per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2014	Omeza collagen matrix, per 100 mg	History and Physical, statement of medical necessity	Added 1/1/2026
A2015	Phoenix wound matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2016	Permeaderm b per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2017	Permeaderm glove each	History and Physical, statement of medical necessity	Added 1/1/2026
A2018	Permeaderm c per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2019	Kerecis omega3 marigen shield per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2020	Ac5 advanced wound system (ac5)	History and Physical, statement of medical necessity	Added 1/1/2026
A2021	Neomatrix per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2022	Innovabr/innovamatx xl sqcm	History and Physical, statement of medical necessity	Added 1/1/2026
A2024	Resolve or xenopatch sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2025	Miro3d per cubic cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2027	Matriderm per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2028	Micromatrix flex per mg	History and Physical, statement of medical necessity	Added 1/1/2026
A2029	Mirotract matrix sheet	History and Physical, statement of medical necessity	Added 1/1/2026
A4604	Tubing with integrated heating element for use with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7030	Full face mask used with positive airway pressure device, each	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
A7031	Face mask interface, replacement for full face mask, each	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7032	Cushion for use on nasal mask interface, replacement only, each	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7035	Headgear used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7036	Chinstrap used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7037	Tubing used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7038	Filter, disposable, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7039	Filter, non disposable, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7044	Oral interface used with positive airway pressure device, each	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 4/1/2018.	No Prior effective since before 9/1/2019
C1762	Connective tissue human (includes fascia lata)	History and Physical, statement of medical necessity	Added 1/1/2026
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	History and Physical, statement of medical necessity	Added 1/1/2027

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
C1826	Generator neurostimulator (implantable) includes closed feedback loop leads and all implantable components with rechargeable battery and charging system	History and Physical, statement of medical necessity	Added 1/1/2028
C1827	Generator neurostimulator (implantable) non-rechargeable with implantable stimulation lead and external paired stimulation controller	History and Physical, statement of medical necessity	Added 1/1/2029
C1849	Skin substitute, synthetic	History and Physical, statement of medical necessity	Added 1/1/2030
C8900	Magnetic resonance angiography with contrast, abdomen	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8901	Magnetic resonance angiography without contrast, abdomen	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8903	Magnetic resonance imaging with contrast, breast; unilateral	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8906	Magnetic resonance imaging with contrast, breast; bilateral	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8912	Magnetic resonance angiography with contrast, lower extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8913	Magnetic resonance angiography without contrast, lower extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8918	Magnetic resonance angiography with contrast, pelvis	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8919	Magnetic resonance angiography without contrast, pelvis	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8934	Magnetic resonance angiography with contrast, upper extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8935	Magnetic resonance angiography without contrast, upper extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C9047	aTTP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
C9055	Zulresso is indicated for the treatment of postpartum depression (PPD) in adults.	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
C9363	Skin substitute Integra Meshed Bilayer Wound Matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
C9399	Unclassified drugs or biologicals, Non Oncology	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Recent History and Physical, and documentation of medical necessity	Added 10/1/2025
C9791	Mri hyperpolarized xenon129	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2024
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	9/1/2020
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	9/1/2020
E0561	Humidifier, non-heated, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
E0562	Humidifier, heated, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
E0601	Continuous positive airway pressure (cpap) device	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
E0616	Implantable cardiac event recorder with memory, activator and programmer	History and Physical, statement of medical necessity	Added 1/1/2026
E0635	Patient lift, electric with seat or sling	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	effective since before 9/1/2019
E0650	Pneumatic compressor, non-segmental home model	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0673	Segmental gradient pressure pneumatic appliance, half leg	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	effective since before 9/1/2019
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	effective since before 9/1/2019
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	effective since before 9/1/2019
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	effective since before 9/1/2019
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
E0749	Osteogenesis stimulator, electrical, surgically implanted	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 1/1/21.	effective since before 9/1/2019
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	effective since before 9/1/2019
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status	effective since before 9/1/2019
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status	effective since before 9/1/2019
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	effective since before 9/1/2019
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.	effective since before 9/1/2019
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.	effective since before 9/1/2019
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	effective since before 9/1/2019
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Letter of medical Necessity supporting need for the wheelchair.	effective since before 9/1/2019
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	Letter of medical Necessity supporting need for the wheelchair.	effective since before 9/1/2019
E1239	Power wheelchair, pediatric size, not otherwise specified	Letter of medical Necessity supporting need for the wheelchair.	effective since before 9/1/2019
E2300	Wheelchair accessory, power seat elevation system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	effective since before 9/1/2019
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.	effective since before 9/1/2019
E2599	Accessory for speech generating device, not otherwise classified	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.	effective since before 9/1/2019
E2609	Custom fabricated wheelchair seat cushion, any size	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minute	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0219	Pet imaging whole body; melanoma for non-covered indications	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
G0235	Pet imaging, any site, not otherwise specified	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
G0252	Pet imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	1/1/2020
G0277	Hyperbaric oxygen under pressure full body chamber per 30 minute interval	History and Physical, statement of medical necessity	Added 1/1/2026
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0327	Colon ca scrn;bld-bsd biomrk	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
G0379	Direct admission of patient for hospital observation care	History and Physical, statement of medical necessity	Added 1/1/2026
G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
G0399	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	eviCore - 1-855-252-1117 or https://www.evicore.com/provider No Prior Auth required for MT Medicare Advantage Plan effective 4/1/2018.	effective since before 9/1/2019
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	History and Physical, statement of medical necessity	Added 1/1/2026
G0411	Interactive group psychotherapy, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	History and Physical, statement of medical necessity	Added 1/1/2026
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	History and Physical, statement of medical necessity	Added 1/1/2026
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	History and Physical, statement of medical necessity	Added 1/1/2026
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
J0172	Injection, aducanumab-avwa, 2 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2022
J0174	Leqembi (Injection, lecanemab-irmb, 1mg).	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 4/1/24
J0175	Injection, donanemab-azbt, 2 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2025
J0177	Injection, aflibercept hd, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2024
J0178	Injection, aflibercept, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J0179	Injection, brolucizumab-dblb, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
J0180	Injection, agalsidase beta, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0202	Injection, alemtuzumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0217	Injection, velmanase alfa-tycv, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2024
J0218	Injection, olipudase alfa-rpcp, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2023
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0222	Onpattro	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2019
J0223	Givosiran	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
J0224	Inj. lumasiran, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2022
J0225	Injection, vutrisiran, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	11/1/2022
J0248	Inj, remdesivir, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2023
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0364	Injection, apomorphine hydrochloride, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0490	Injection, belimumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0491	Injection, anifrolumab-fnia, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2022
J0517	Fasenra	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J0565	Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0584	Crysvita	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J0585	Injection, onabotulinumtoxin a, 1 unit	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0586	Injection, abobotulinumtoxin a, 5 units	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0587	Injection, rimabotulinumtoxin b, 100 units	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0588	Injection, incobotulinumtoxin a, 1 unit	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0589	Injection, daxibotulinumtoxin a-lanm	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2024
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0606	5 MG/ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 2.5 MG/0.5ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 10 MG/2ML SOLN J0606 Injection, etelcalcetide, 0.1	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0638	Injection, canakinumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0717	Injection certolizumab pegol 1 mg	History and Physical, statement of medical necessity	Added 1/1/2026
J0739	Injection, cabotegravir 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
J0741	Inj, cabote rilpivir 2mg 3mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0791	Crizanlizumab-tmca (Adakveo)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
J0800	Injection, corticotropin, up to 40 units	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0801	INJECTION DARBEPOETIN ALFA 1 MICROGRAM (NON-ESRD USE)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2026
J0881	Injection, darbepoetin alfa, 1 microgram (for non-esrd)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J0896	Injection, luspatercept-aamt, 0.25 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J0897	Injection, denosumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J1072	Injection, testosterone cypionate (azmiro), 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2026
J1203	Injection, cipaglifosidase alfa-atga, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2024
J1290	Injection, ecallantide, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1299	Inj, eculizumab, 2 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
J1300	Injection, eculizumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1301	Radicava	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J1302	Injection, sutimlimab-jome, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2022
J1303	Ultomiris	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1304	Injection, tofersen, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2024
J1305	Inj, evinacumab-dgnb, 5mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
J1306	Injection, inclisiran, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
J1307	Injection crovalimab-akkz 10 mg	History and physical. Statement of medical necessity	Added 1/1/2026
J1322	Injection, elosulfase alfa, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1325	Injection, epoprostenol, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1411	Hemmens	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1412	Roctavian	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1413	Elevidys	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1427	Viltepso	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2021
J1428	500 MG/10ML SOLN J1428 Injection, eteplirsen, 10 mg and Exondys 51 100 MG/2ML SOLN J1428 Injection, eteplirsen, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1429	Golodirsen/Vyondys	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
J1437	Injection, ferric derisomaltose, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
J1438	Injection etanercept 25 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
J1439	Injection, ferric carboxymaltose, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J1458	Injection, galsulfase, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1551	Inj cutaquig 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
J1552	Injection, immune globulin (alyglo), 500 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J1554	Asceniv	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1555	Injection, immune globulin, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1556	Injection, immune globulin (bivigam), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1557	Injection, immune globulin, (gammapleX), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1558	Inj. xembify, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
J1559	Injection, immune globulin (hizentra), 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1562	Injection, immune globulin (Vivaglobin), 100 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J1595	Injection glatiramer acetate 20 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J1599	Immune Globulin, not otherwise , specified, Panzyga	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1602	Injection, golimumab, 1 mg, for intravenous use	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1628	Tremfya	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
J1632	Brexanolone	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J1640	Injection, hemin, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J1743	Injection, idursulfase, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1745	Injection infliximab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1746	Trogarzo	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J1748	Injection infliximab-dyyb (zymfentra) 10 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1786	Injection, imiglucerase, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1823	Uplizna	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2021
J1930	Injection, lanreotide, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J1931	Injection, laronidase, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J1932	Injection, lanreotide, (cipl), 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J1951	Injection, leuprolide acetate	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2021
J1961	Injection, lenacapavir, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	6/1/2023
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2267	Omvo	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
J2323	Injection, natalizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2326	12 MG/5ML SOLN J2326 Injection, nusinersen, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2327	Inj risankizumab-rzaa 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
J2329	Injection, ublituximab-xiiv, 1mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2023
J2350	300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg. New code effective 1/1/18 previously coded J3590 Go live was 11/1/17	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2351	Injection ocrelizumab 1 mg and hyaluronidase-ocsq	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J2356	Inj, nusinersen, 0.1mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
J2357	Injection, omalizumab, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2502	Injection, pasireotide long acting, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J2507	Injection, pegloticase, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2508	Pegunigalsidase alfa-iwxj, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2024

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J2777	faricimab-svoa, 0.1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 4/1/24
J2778	Injection, ranibizumab, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2779	Injection, ranibizumab via intravitreal implant (susvimo), 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2022
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2023
J2782	Injection, avacincaptad pegol, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2024
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2793	Injection, riloncept, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2796	Injection, romiplostim, 10 micrograms	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J2998	Inj plasminogen tmh 1mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2023
J3032	Eptinezumab-jjmr (Vyepti)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
J3060	Injection, taliglucerase alfa, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J3111	Evenity is indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
J3145	Injection, testosterone undecanoate, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J3241	Teprotumumab-trbw	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2021
J3245	Ilumya	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J3247	Cosentyx	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2024
J3262	Injection, tocilizumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J3285	Injection, treprostinil, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J3299	Injection triamcinolone acetonide (xipere) 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J3304	Zilretta	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J3316	Triptodur	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J3357	Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J3380	Injection, vedolizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J3385	Injection, velaglucerase alfa, 100 units	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J3397	Mepsevii	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J3398	Luxturna	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J3399	Zolgensma	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J3401	Vyjuvek	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J3490	Unclassified drugs, Non Oncology	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J3580	Tzield	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/23
J3590	Unclassified biologics, Non Oncology, Piasky, Yimmugo, Steqeyma, Yesintek	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7190	Factor VIII (antihemophilic factor, human) per IU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7194	Factor IX complex, per IU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7195	Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2019
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2023
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2026
J7313	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J7314	Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2026
J7318	Durolane	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
J7329	TriVisc	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
J7331	Synjoynt	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2019
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	9/1/2020
J7336	Capsaicin 8% patch per square centimeter	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2022
J7352	Scenesse	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2021
J9022	atezolizumab, 10 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J9047	Injection, carfilzomib, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9055	Injection, cetuximab, 10 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J9144	DARZALEX	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9145	DARZALEX	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9173	IMFINZI	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9177	PADCEV	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9216	Actimmune	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9228	YERVOY	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9264	ABRAXANE	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9271	KEYTRUDA	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9299	OPDIVO	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9306	PERJETA	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9312	Immunomodulators	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9332	Vyvgart	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2023
J9333	Injection, rozanolixizumab-noli, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2024
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2024
J9358	ENHERTU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J9376	Injection, paclitaxel, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2024
J9381	Injection, teplizumab-mzww, 5 mcg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	7/1/2023
J9999	Unclassified, non-oncology use	History and physical or clinical notes, including anticipated length of use.	Added internal 1/1/24
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0006	Heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0009	Other manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0014	Other motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0108	Wheelchair component or accessory, not otherwise specified	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
K0812	Power operated vehicle, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	effective since before 9/1/2019
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	effective since before 9/1/2019
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0898	Power wheelchair, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
L1499	Spinal orthotic, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, each foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5981	All lower extremity prostheses, flex-walk system or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L7009	Electric hook, switch or myoelectric controlled, adult	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L7259	Electronic wrist rotator, any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L8040	Nasal prosthesis, provided by a nonphysician	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	effective since before 9/1/2019
L8679	Implantable neurostimulator, pulse generator, any type	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8701	Ewh s/d uprt micro sensor	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2025
L8702	Ewhf s/d uprt micro sensor	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2025
M0076	Prolotherapy	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2026
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
Q2041	Yescarta	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2042	Kymriah	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2053	Tecartus	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2054	Lisocabtagene Maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2055	Idecabtagene vicleucel	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/24
Q2056	Ciltacabtagene car-pos t	Recent history and physical, plan of care, and documentation of medical necessity.	added 4/1/2023
Q4101	APLIGRAF PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4103	OASIS BURN MATRIX PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD) PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4106	DERMAGRAFT PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4107	GRAFTJACKET PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4108	INTEGRA MATRIX PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4110	Primatrix skin sub	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4116	ALLODERM PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4118	Matristem micromatrix, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4121	THERASKIN, PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4122	Dermacell dermacell awm or dermacell awm porous per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4126	Memoderm dermaspan tranzgraft or integuply per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4127	TALYMED PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4128	Flex hd or allopatch hd per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4131	Epifix or epicord	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4132	Grafix core and grafixpl core per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4133	Grafix prime, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4134	Hmatrix	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4135	Mediskin	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4137	Amnioexcel amnioexcel plus or biodexcel per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4138	Biodfence dryflex per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4140	Biodfence per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4141	Alloskin ac per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4143	Repriza per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4146	Tensix per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4147	Architect architect px or architect fx extracellular matrix per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4148	Neox cord 1k neox cord rt or clarix cord 1k per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4150	Allowrap ds or dry per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4151	Amnioband or guardian per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4152	Dermapure per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4153	Dermavest and plurivest per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4154	Biovance per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4156	Neox 100 or clarix 100 per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4157	Revitalon per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4158	Marigen 1 square cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4159	Affinity per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4160	Nushield per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4161	Bio-connekt wound matrix per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4162	Woundex flow, bioskin flow, 0.5 cc	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4163	Woundex bioskin per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4164	Helicoll per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4167	Truskin per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4169	Artacent wound, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4170	Cygnus, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4172	Puraply or puraply am	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4173	Palingen or palingen xplus per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4175	Miroderm per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4176	Neopatch or therion per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4178	Floweramniopatch per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4179	Flowerderm per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4180	Revita per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4181	Amnio wound per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4182	Transcyte per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4183	Surgigraft per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4184	Cellesta or cellesta duo per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4186	EPIFIX PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4187	Epicord per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4188	Amnioarmor per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4190	Artacent ac 1 sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4191	Restorigin per square cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4193	Coll-e-derm 1 sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4194	Novachor, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4195	Puraply, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4196	Puraply am, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4197	Puraply xt, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4198	Genesis amniotic membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4199	Cygnus matrix, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4200	Skin te, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4201	Matrion, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4203	Derma-gide, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4205	Membrane graft or membrane wrap, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4208	Novafix, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4209	Surgraft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4211	Amnion bio or axobiomembrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4216	Artacent cord, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4218	Surgicord, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4219	Surgigraft-dual, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4221	Amniowrap2, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4222	Progenamatrix, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4226	Myown skin, includes harvesting and preparation procedures, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4227	Amniocore, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4229	Cogenex amniotic membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4232	Corplex, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4234	Xcellerate, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4235	Amniorepair or altiply, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4237	Cryo-cord, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4238	Derm-maxx, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4240	Corecyte, for topical use only, per 0.5 cc	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4242	Amniocyte plus, per 0.5 cc	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4245	Amniotext, per cc	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4249	Amniply, for topical use only, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4250	Amnioamp-mp, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4252	Vendaje, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4253	Zenith amniotic membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4254	Novafix dl, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4258	Enverse per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4262	Dual layer impax, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4268	Surgraft ft per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4271	Complete ft per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4278	Epieffect per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4282	Cygnus dual per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4285	Nudyn dl or dl mesh pr sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4286	Nudyn sl or slw, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4309	Via matrix, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4319	Sanograft, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4320	Pellograft, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4331	Axolotl graft per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4332	Axolotl dualgraft per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4354	Palingen dual-layer membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4357	Xwrap plus, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4358	Xwrap dual, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4361	Epiexpress, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4383	Axolotl graft ultra, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4385	Apollo ft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4386	Acesso trifaca, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4388	Neothelium 4l, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4389	Neothelium 4l plus, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4392	Grafix duo, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4393	Surgraft ac, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4394	Surgraft aca, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4395	Acelagraft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4396	Natalin, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4397	Summit aaa, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5101	Zarxio	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg.	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
Q5104	100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg.	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
Q5106	Retacrit, non ESRD use	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5110	Nivestym	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5115	Truxima	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5119	Ruxience	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5121	Injection; Immunomodulators	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	4/1/2021
Q5123	rituximab-arrx non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q5125	Riabni	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2023
Q5133	Tofidence	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5134	Injection natalizumab-sztn (tyruko) biosimilar 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5135	Injection tocilizumab-aazg (tyenne) biosimilar 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5138	ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 7/1/2025
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
Q5149	Injection aflibercept-abzv (enzeevu) biosimilar 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5150	Injection aflibercept-mrbb (ahzantive) biosimilar 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5151	Inj, eculizumab-aagh, 2 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
Q5152	nj, eculizumab-aeeb, 2 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q9997	Ustekinumab-ttwe iv inj 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
Q9998	Inj ustekinumab-aekn, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
Q9999	Inj ustekinumab-aaaz 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
S0013	Spravato	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	10/1/2021

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	eviCore - 1-855-252-1117 or https://www.evicore.com/provider Auth required for MT Medicare Advantage Plan effective 1/1/21.	1/1/2020 No Prior
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3840	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3841	Genetic testing for retinoblastoma	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3842	Genetic testing for von hippel-lindau disease	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3845	Genetic testing for alpha-thalassemia	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3846	Genetic testing for hemoglobin e beta-thalassemia	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3850	Genetic testing for sickle cell anemia	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S8037	Magnetic resonance cholangiopancreatography (mrcp)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S8042	Magnetic resonance imaging (mri), low-field	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019

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S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	6/1/2017
S8085	Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence detection system (non-dedicated PET scan)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	effective since before 9/1/2019
T1000	Private Duty/Independent Nursing per 15 minutes	Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing treatment.	Added 4/1/2023
T1001	RN Nursing Assessment/Evaluation per 15 minutes	Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing treatment.	Added 4/1/2023
T1002	RN Services per 15 minutes	Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing treatment.	Added 4/1/2023
T1003	LPN/LVN Services per 15 minutes	Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing treatment.	Added 4/1/2023

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