



BlueCross BlueShield
of Montana

**Medicare Advantage Prior Authorization
Procedure Code List
Effective 7/1/2026
(Updated May 27, 2026)**

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System codes related to services/categories for which prior authorization 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.

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	Effective Date
15778	SKIN SUB GRAFT TRNK/ARM/LEG	Added 1/1/2026
15820	REVISION OF LOWER EYELID	effective since before 9/1/2019
15821	REVISION OF LOWER EYELID	effective since before 9/1/2019
15822	REVISION OF UPPER EYELID	effective since before 9/1/2019
15823	REVISION OF UPPER EYELID	effective since before 9/1/2019
15830	EXC SKIN ABD	effective since before 9/1/2019
15832	EXCISE EXCESSIVE SKIN THIGH	effective since before 9/1/2019
15835	EXCISE EXCESSIVE SKIN BUTTCK	effective since before 9/1/2019
15836	EXCISE EXCESSIVE SKIN ARM	effective since before 9/1/2019
15837	EXCISE EXCESS SKIN ARM/HAND	effective since before 9/1/2019
15839	EXCISE EXCESS SKIN & TISSUE	effective since before 9/1/2019
15876	SUCTION LIPECTOMY HEAD&NECK	effective since before 9/1/2019
15877	SUCTION LIPECTOMY TRUNK	effective since before 9/1/2019
15878	SUCTION LIPECTOMY UPR EXTREM	effective since before 9/1/2019
15879	SUCTION LIPECTOMY LWR EXTREM	effective since before 9/1/2019
17999	Unlisted procedure, integumentary system	Added 1/1/2026
19316	SUSPENSION OF BREAST	effective since before 9/1/2019
19318	REDUCTION OF LARGE BREAST	effective since before 9/1/2019
19325	ENLARGE BREAST WITH IMPLANT	effective since before 9/1/2019
19328	REMOVAL OF BREAST IMPLANT	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
19342	DELAYED BREAST PROSTHESIS	effective since before 9/1/2019
19350	BREAST RECONSTRUCTION	effective since before 9/1/2019
19355	CORRECT INVERTED NIPPLE(S)	effective since before 9/1/2019
19499	Unlisted procedure breast	Added 1/1/2026
20999	Unlisted procedure musculoskeletal system general	added 1/1/2026
21083	PREPARE FACE/ORAL PROSTHESIS	effective since before 9/1/2019
21085	PREPARE FACE/ORAL PROSTHESIS	effective since before 9/1/2019
21089	Unlisted maxillofacial prosthetic procedure	Added 1/1/2026
21208	AUGMENTATION OF FACIAL BONES	effective since before 9/1/2019
21210	FACE BONE GRAFT	effective since before 9/1/2019
21215	LOWER JAW BONE GRAFT	effective since before 9/1/2019
21230	RIB CARTILAGE GRAFT	effective since before 9/1/2019
21248	RECONSTRUCTION OF MANDIBLE	added 1/1/2026
21249	RECONSTRUCTION OF MANDIBLE	added 1/1/2026
21299	UNLISTED CRANIO/MAXILLO FACIAL	added 1/1/2026
21685	Repair, Revision, and/or Reconstruction Procedures on the Neck (Soft Tissues) and Thorax	effective since before 9/1/2019
22586	SPINE FUSION	added 1/1/2026
22612	LUMBAR SPINE FUSION	effective since before 9/1/2019, Insourced from Evicore 1/1/26
22800	POST FUSION </6 VERT SEG	effective since before 9/1/2019
22802	POST FUSION 7-12 VERT SEG	effective since before 9/1/2019
22804	POST FUSION 13/> VERT SEG	effective since before 9/1/2019
22808	ANT FUSION 2-3 VERT SEG	effective since before 9/1/2019
22810	ANT FUSION 4-7 VERT SEG	effective since before 9/1/2019
22812	ANT FUSION 8/> VERT SEG	effective since before 9/1/2019
22856	ANT Total disc arthroplasty	Added 4/1/2026
22864	REMOVE CERV ARTIF DISC	effective since before 9/1/2019
22865	REMOVE LUMB ARTIF DISC	effective since before 9/1/2019
22899	Unlisted procedure, spine	Added 4/1/2026
23410	REPAIR ROTATOR CUFF ACUTE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23412	REPAIR ROTATOR CUFF CHRONIC	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
23472	RECONSTRUCT SHOULDER JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23473	REVIS RECONST SHOULDER JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23474	REVIS RECONST SHOULDER JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27130	TOTAL HIP ARTHROPLASTY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27132	TOTAL HIP ARTHROPLASTY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27278	ARTHRODESIS SACROILIAC JOINT	Added 1/1/24, insourced from Evicore 1/1/26
27279	ARTHRODESIS SACROILIAC JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27299	Unlisted procedure, pelvis or hip joint	Added 4/1/2026
27438	REVISE KNEECAP WITH IMPLANT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27440	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27441	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27442	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27443	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27445	REVISION OF KNEE JOINT	effective since before 9/1/2019
27446	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27447	TOTAL KNEE ARTHROPLASTY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27557	TREAT KNEE DISLOCATION	effective since before 9/1/2019
27558	TREAT KNEE DISLOCATION	effective since before 9/1/2019
27599	Unlisted procedure, femur or knee	Added 4/1/2026
27899	Unlisted procedure, leg or ankle	Added 4/1/2026
28292	Hallux Valgus correction	added 1/1/2026
28295	Hallux Valgus correction	added 1/1/2026
28296	Hallux Valgus correction	added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
28297	Hallux Valgus correction	added 1/1/2026
28298	Hallux Valgus correction	added 1/1/2026
28299	Hallux Valgus correction	added 1/1/2026
28446	PT TALK EVAL HLTHWKR RE MDD	effective since before 9/1/2019
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	Added 1/1/2026
28890	HI ENRGY ESWT PLANTAR FASCIA	effective since before 9/1/2019
28899	UNLISTED PROCEDURE FOOT OR TOES	Added 1/1/2026
29805	SHOULDER ARTHROSCOPY DX	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29806	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29807	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29819	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29820	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29821	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29822	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29823	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29824	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29825	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29826	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29827	ARTHROSCOP ROTATOR CUFF REPR	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29828	ARTHROSCOPY BICEPS TENODESIS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29870	KNEE ARTHROSCOPY DX	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
29871	KNEE ARTHROSCOPY/DRAINAGE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29873	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29874	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29875	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29876	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29877	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29879	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29880	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29881	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29882	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29883	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29884	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29999	Unlisted procedure, arthroscopy	Added 4/1/2026
30400	RECONSTRUCTION OF NOSE	effective since before 9/1/2019
30410	RECONSTRUCTION OF NOSE	effective since before 9/1/2019
30420	RECONSTRUCTION OF NOSE	effective since before 9/1/2019
30450	REVISION OF NOSE	effective since before 9/1/2019
30469	REPAIR OF NOSE	Added 1/1/2026
30999	UNLISTED PROCEDURE NOSE	Added 1/1/2026
31225	MAXILLECTOMY	Added 1/1/2026
31295	Nasal/sinus endoscopy	Added 1/1/2026
31296	Nasal/sinus endoscopy	Added 1/1/2026
31297	Nasal/sinus endoscopy	Added 1/1/2026
31298	Nasal/sinus endoscopy	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
31299	Unlisted sinus procedure	Added 1/1/2026
31370	Excision of Larynx	Added 1/1/2026
31599	Unlisted Larynx procedure	Added 1/1/2026
31781	Excision of Trachea	Added 1/1/2026
32850	DONOR PNEUMONECTOMY	effective since before 9/1/2019
32851	LUNG TRANSPLANT SINGLE	effective since before 9/1/2019
32852	LUNG TRANSPLANT WITH BYPASS	effective since before 9/1/2019
32853	LUNG TRANSPLANT DOUBLE	effective since before 9/1/2019
32854	LUNG TRANSPLANT WITH BYPASS	effective since before 9/1/2019
33269	Endoscopic Electrophysiologic Procedure	Added 1/1/2026
33289	implantation of a wireless pulmonary artery pressure sensor	Added 1/1/2026
33340	Surgical Procedure on the Heart	Added 1/1/2026
33363	Surgical Procedure on the Heart	Added 1/1/2026
33364	Surgical Procedure on the Heart	Added 1/1/2026
33365	Surgical Procedure on the Heart	Added 1/1/2026
33366	Surgical Procedure on the Heart	Added 1/1/2026
33405	REPLACEMENT AORTIC VALVE OPN	effective since before 9/1/2019
33406	REPLACEMENT AORTIC VALVE OPN	effective since before 9/1/2019
33411	REPLACEMENT OF AORTIC VALVE	effective since before 9/1/2019
33412	REPLACEMENT OF AORTIC VALVE	effective since before 9/1/2019
33413	REPLACEMENT OF AORTIC VALVE	effective since before 9/1/2019
33418	mitral valve repair	Added 1/1/2026
33420	REVISION OF MITRAL VALVE	effective since before 9/1/2019
33422	REPLACEMENT OF AORTIC VALVE	effective since before 9/1/2019
33427	REPAIR OF MITRAL VALVE	effective since before 9/1/2019
33430	REPLACEMENT OF MITRAL VALVE	effective since before 9/1/2019
33460	REVISION OF TRICUSPID VALVE	effective since before 9/1/2019
33463	VALVULOPLASTY TRICUSPID	effective since before 9/1/2019
33474	REVISION OF PULMONARY VALVE	effective since before 9/1/2019
33475	REPLACEMENT PULMONARY VALVE	effective since before 9/1/2019
33477	IMPLANT TCAT PULM VLV PERQ	effective since before 9/1/2019
33935	TRANSPLANTATION HEART/LUNG	effective since before 9/1/2019
33945	TRANSPLANTATION OF HEART	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
33999	Unlisted Cardiac surgery	Added 1/1/2026
37236	Stent placement	Added 1/1/2026
37238	Stent placement	Added 1/1/2026
37241	VASC EMBOLIZE/OCCLUDE VENOUS	effective since before 9/1/2019
37242	VASC EMBOLIZE/OCCLUDE VENOUS	Added 1/1/2026
37244	VASC EMBOLIZE/OCCLUDE VENOUS	Added 1/1/2026
37248	Balloon insertion	Added 1/1/2026
37254	Short description not available at time of posting	replacement code 4/1/2026
37255	Short description not available at time of posting	replacement code 4/1/2026
37256	Short description not available at time of posting	replacement code 4/1/2026
37257	Short description not available at time of posting	replacement code 4/1/2026
37258	Short description not available at time of posting	replacement code 4/1/2026
37259	Short description not available at time of posting	replacement code 4/1/2026
37260	Short description not available at time of posting	replacement code 4/1/2026
37261	Short description not available at time of posting	replacement code 4/1/2026
37262	Short description not available at time of posting	replacement code 4/1/2026
37263	Short description not available at time of posting	replacement code 4/1/2026
37264	Short description not available at time of posting	replacement code 4/1/2026
37265	Short description not available at time of posting	replacement code 4/1/2026
37266	Short description not available at time of posting	replacement code 4/1/2026
37267	Short description not available at time of posting	replacement code 4/1/2026
37268	Short description not available at time of posting	replacement code 4/1/2026
37269	Short description not available at time of posting	replacement code 4/1/2026
37270	Short description not available at time of posting	replacement code 4/1/2026
37271	Short description not available at time of posting	replacement code 4/1/2026
37272	Short description not available at time of posting	replacement code 4/1/2026
37273	Short description not available at time of posting	replacement code 4/1/2026
37274	Short description not available at time of posting	replacement code 4/1/2026
37275	Short description not available at time of posting	replacement code 4/1/2026
37276	Short description not available at time of posting	replacement code 4/1/2026
37277	Short description not available at time of posting	replacement code 4/1/2026
37278	Short description not available at time of posting	replacement code 4/1/2026
37279	Short description not available at time of posting	replacement code 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
37280	Short description not available at time of posting	replacement code 4/1/2026
37281	Short description not available at time of posting	replacement code 4/1/2026
37282	Short description not available at time of posting	replacement code 4/1/2026
37283	Short description not available at time of posting	replacement code 4/1/2026
37284	Short description not available at time of posting	replacement code 4/1/2026
37285	Short description not available at time of posting	replacement code 4/1/2026
37286	Short description not available at time of posting	replacement code 4/1/2026
37287	Short description not available at time of posting	replacement code 4/1/2026
37288	Short description not available at time of posting	replacement code 4/1/2026
37289	Short description not available at time of posting	replacement code 4/1/2026
37290	Short description not available at time of posting	replacement code 4/1/2026
37291	Short description not available at time of posting	replacement code 4/1/2026
37292	Short description not available at time of posting	replacement code 4/1/2026
37293	Short description not available at time of posting	replacement code 4/1/2026
37294	Short description not available at time of posting	replacement code 4/1/2026
37295	Short description not available at time of posting	replacement code 4/1/2026
37296	Short description not available at time of posting	replacement code 4/1/2026
37297	Short description not available at time of posting	replacement code 4/1/2026
37298	Short description not available at time of posting	replacement code 4/1/2026
37299	Short description not available at time of posting	replacement code 4/1/2026
37700	REVISE LEG VEIN	effective since before 9/1/2019
37718	LIGATE/STRIP SHORT LEG VEIN	effective since before 9/1/2019
37722	LIGATE/STRIP LONG LEG VEIN	effective since before 9/1/2019
37735	REMOVAL OF LEG VEINS/LESION	effective since before 9/1/2019
37760	LIGATE LEG VEINS RADICAL	effective since before 9/1/2019
37761	LIGATE LEG VEINS OPEN	effective since before 9/1/2019
37780	REVISION OF LEG VEIN	effective since before 9/1/2019
37785	LIGATE/DIVIDE/EXCISE VEIN	effective since before 9/1/2019
38129	unlisted procedure for laparoscopic surgery on the spleen	Added 1/1/2026
38225	Harvesting blood-derived T lymphocytes	Added 1/1/2026
38226	Preparation of blood-derived T lymphocytes	Added 1/1/2026
38227	receipt and preparation of CAR-T cells for administration	Added 1/1/2026
38228	CAR-T cell administration, autologous	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
38240	TRANSPLT ALLO HCT/DONOR	effective since before 9/1/2019
38241	TRANSPLT AUTOL HCT/DONOR	effective since before 9/1/2019
38589	Laparoscopic lymphatic system	Added 1/1/2026
38999	Unlisted Hemic or lymphatic system	Added 1/1/2026
39499	Unlisted procedures in the mediastinum	Added 1/1/2026
39599	Unlisted procedures on the diaphragm	Added 1/1/2026
41512	Procedure on tongue	Added 1/1/2026
41530	Procedure on tongue	Added 1/1/2026
41874	Alveoplasty	Added 1/1/2026
41899	unlisted procedure code for dental procedures related to dentoalveolar structures	Added 1/1/2026
42145	Surgical repair palate, pharynx, uvula	Added 1/1/2026
43289	laparoscopic approach to the esophagus	Added 1/1/2026
43497	Endoscopic myotomy	Added 1/1/2026
43633	REMOVAL OF STOMACH PARTIAL	effective since before 9/1/2019
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	effective since before 9/1/2019
43645	LAP GASTR BYPASS INCL SMLL I	effective since before 9/1/2019
43659	laparoscopic procedure involving the stomach	Added 1/1/2026
43770	LAP PLACE GASTR ADJ DEVICE	effective since before 9/1/2019
43771	LAP REVISE GASTR ADJ DEVICE	effective since before 9/1/2019
43772	LAP RMVL GASTR ADJ DEVICE	effective since before 9/1/2019
43773	LAP REPLACE GASTR ADJ DEVICE	effective since before 9/1/2019
43775	LAP SLEEVE GASTRECTOMY	effective since before 9/1/2019
43800	RECONSTRUCTION OF PYLORUS	effective since before 9/1/2019
43843	GASTROPLASTY W/O V-BAND	effective since before 9/1/2019
43845	GASTROPLASTY DUODENAL SWITCH	effective since before 9/1/2019
43846	GASTRIC BYPASS FOR OBESITY	effective since before 9/1/2019
43847	GASTRIC BYPASS INCL SMALL I	effective since before 9/1/2019
43848	REVISION GASTROPLASTY	effective since before 9/1/2019
43886	REVISE GASTRIC PORT OPEN	effective since before 9/1/2019
43888	CHANGE GASTRIC PORT OPEN	effective since before 9/1/2019
43999	STOMACH SURGERY PROCEDURE	effective since before 9/1/2019
44135	INTESTINE TRANSPLNT CADAVER	effective since before 9/1/2019
44136	INTESTINE TRANSPLANT LIVE	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
44238	Unlisted laparoscopic procedures on the intestine	Added 1/1/2026
44899	unlisted procedure related to Meckel's diverticulum	Added 1/1/2026
44979	Laparoscopic Procedures on the Appendix	Added 1/1/2026
46999	Unlisted procedure for the anus	Added 1/1/2026
47122	EXTENSIVE REMOVAL OF LIVER	effective since before 9/1/2019
47125	PARTIAL REMOVAL OF LIVER	effective since before 9/1/2019
47130	PARTIAL REMOVAL OF LIVER	effective since before 9/1/2019
47133	REMOVAL OF DONOR LIVER	effective since before 9/1/2019
47135	TRANSPLANTATION OF LIVER	effective since before 9/1/2019
47140	PARTIAL REMOVAL DONOR LIVER	effective since before 9/1/2019
47141	PARTIAL REMOVAL DONOR LIVER	effective since before 9/1/2019
47142	PARTIAL REMOVAL DONOR LIVER	effective since before 9/1/2019
47379	Unlisted laparoscopic procedure performed on the liver	Added 1/1/2026
47579	unlisted laparoscopic procedure for biliary tract	Added 1/1/2026
48554	TRANSPL ALLOGRAFT PANCREAS	effective since before 9/1/2019
48556	REMOVAL ALLOGRAFT PANCREAS	effective since before 9/1/2019
49329	unlisted laparoscopic procedure performed on the abdomen, peritoneum, and omentum	Added 1/1/2026
49659	Unlisted laparoscopic procedure related to hernia repair	Added 1/1/2026
50300	REMOVE CADAVER DONOR KIDNEY	effective since before 9/1/2019
50320	REMOVE KIDNEY LIVING DONOR	effective since before 9/1/2019
50340	REMOVAL OF KIDNEY	effective since before 9/1/2019
50360	Renal allotransplantation	Added 4/1/2026
50365	TRANSPLANTATION OF KIDNEY	effective since before 9/1/2019
50370	REMOVE TRANSPLANTED KIDNEY	effective since before 9/1/2019
50547	MYOCARDIAL IMAGING MCG I&R	effective since before 9/1/2019
50949	Laparoscopic Procedures on the Ureter	Added 1/1/2026
53430	RECONSTRUCTION OF URETHRA	effective since before 9/1/2019
53860	TRANSURETHRAL RF TREATMENT	effective since before 9/1/2019
53899	Unlisted procedure on the urinary system	Added 1/1/2026
54125	REMOVAL OF PENIS	effective since before 9/1/2019
54699	unlisted laparoscopy procedure for the testis	Added 1/1/2026
55881	Transurethral ultrasound ablation	Added 1/1/2026
55882	Transurethral ultrasound ablation	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
55899	Unlisted procedure in the male genital system	Added 1/1/2026
55970	SEX TRANSFORMATION M TO F	effective since before 9/1/2019
55980	SEX TRANSFORMATION F TO M	effective since before 9/1/2019
57111	REMOVE VAGINA TISSUE COMPL	effective since before 9/1/2019
57296	REVISE VAG GRAFT OPEN ABD	effective since before 9/1/2019
58180	PARTIAL HYSTERECTOMY	effective since before 9/1/2019
58285	EXTENSIVE HYSTERECTOMY	effective since before 9/1/2019
58578	Unlisted laparoscopic procedures on the uterus	Added 1/1/2026
58760	FIMBRIOPLASTY	effective since before 9/1/2019
59850	ABORTION	effective since before 9/1/2019
59851	ABORTION	effective since before 9/1/2019
59852	ABORTION	effective since before 9/1/2019
59855	ABORTION	effective since before 9/1/2019
59856	ABORTION	effective since before 9/1/2019
59857	ABORTION	effective since before 9/1/2019
60505	Parathyroidectomy	Added 1/1/2026
60699	Unlisted procedure within the endocrine system	Added 1/1/2026
61885	Insertion or replacement cranial neurostimulator	Added 1/1/2026
61886	Insertion or replacement cranial neurostimulator	Added 1/1/2026
62320	NJX INTERLAMINAR CRV/THRC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62321	NJX INTERLAMINAR CRV/THRC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62322	NJX INTERLAMINAR LMBR/SAC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62323	NJX INTERLAMINAR LMBR/SAC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
22207	Osteotomy Procedures on the Spine	added 1/1/2026
22214	Osteotomy Procedures on the Lumbar Spine	added 1/1/2026
62326	NJX INTERLAMINAR LMBR/SAC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62327	NJX INTERLAMINAR LMBR/SAC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62360	INSERT SPINE INFUSION DEVICE	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
62361	IMPLANT SPINE INFUSION PUMP	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62362	IMPLANT SPINE INFUSION PUMP	effective since before 9/1/2019, Insourced from Evicore 1/1/26
63650	IMPLANT NEUROELECTRODES	11/1/2019, Insourced from Evicore 1/1/26
63685	INSRT/REDO SPINE N GENERATOR	11/1/2019, Insourced from Evicore 1/1/26
64451	NJX AA&/STRD NRV NRVTG SI JT	9/1/2020, Insourced from Evicore 1/1/26
64479	INJ FORAMEN EPIDURAL C/T	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64483	INJ FORAMEN EPIDURAL L/S	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64484	INJ FORAMEN EPIDURAL ADD-ON	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64490	INJ PARAVERT F JNT C/T 1 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64491	INJ PARAVERT F JNT C/T 2 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64492	INJ PARAVERT F JNT C/T 3 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64493	INJ PARAVERT F JNT L/S 1 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64494	INJ PARAVERT F JNT L/S 2 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64495	INJ PARAVERT F JNT L/S 3 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64510	N BLOCK STELLATE GANGLION	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64520	N BLOCK LUMBAR/THORACIC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64555	IMPLANT NEUROELECTRODES	effective since before 9/1/2019
64561	IMPLANT NEUROELECTRODES	effective since before 9/1/2019
64568	IMPLANT NEUROELECTRODES	Added 1/1/2026
64575	IMPLANT NEUROELECTRODES	Added 1/1/2026
64582	IMPLANT NEUROELECTRODES	Added 1/1/2026
64590	IMPLANT NEUROELECTRODES	Added 1/1/2026
64624	Genicular Nerve ablation	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
64625	RF ABLTJ NRV NRVTG SI JT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64628	Thermal Destruction BVN	Added 1/1/2026
64633	DESTROY CERV/THOR FACET JNT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64634	DESTROY C/TH FACET JNT ADDL	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64635	DESTROY LUMB/SAC FACET JNT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64636	DESTROY L/S FACET JNT ADDL	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64999	Unlisted procedure, nervous system	Added 4/1/2026
65710	CORNEAL TRANSPLANT	effective since before 9/1/2019
65730	CORNEAL TRANSPLANT	effective since before 9/1/2019
65750	CORNEAL TRANSPLANT	effective since before 9/1/2019
65755	CORNEAL TRANSPLANT	effective since before 9/1/2019
66183	Insertion, drainage device	Added 1/1/2026
66999	Unspecified, anterior eye procedures	Added 1/1/2026
67900	REPAIR BROW DEFECT	effective since before 9/1/2019
67901	REPAIR EYELID DEFECT	effective since before 9/1/2019
67902	REPAIR EYELID DEFECT	effective since before 9/1/2019
67903	REPAIR EYELID DEFECT	effective since before 9/1/2019
67904	REPAIR EYELID DEFECT	effective since before 9/1/2019
67906	REPAIR EYELID DEFECT	effective since before 9/1/2019
67908	REPAIR EYELID DEFECT	effective since before 9/1/2019
67909	REVISE EYELID DEFECT	effective since before 9/1/2019
67911	REVISE EYELID DEFECT	effective since before 9/1/2019
67999	Unlisted procedures related to the eyelids	1/1/2026
69714	IMPLANT TEMPLE BONE W/STIMUL	effective since before 9/1/2019
69717	TEMPLE BONE IMPLANT REVISION	effective since before 9/1/2019
69930	IMPLANT COCHLEAR DEVICE	effective since before 9/1/2019
76497	CT PROCEDURE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
76498	MRI PROCEDURE	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Added 4/1/2026
77499	Unlisted procedure, therapeutic radiology treatment management	Added 4/1/2026
77520	PROTON TRMT SIMPLE W/O COMP	Added 10/1/2025
77522	PROTON TRMT SIMPLE W/COMP	Added 10/1/2025
77523	PROTON TRMT INTERMEDIATE	Added 10/1/2025
77525	PROTON TREATMENT COMPLEX	Added 10/1/2025
77799	Unlisted Clinical Brachytherapy	Added 1/1/2026
22513	PERQ VERTEBRAL AUGMENTATION	effective since before 9/1/2019, Insourced from Evicore 1/1/26
22514	PERQ VERTEBRAL AUGMENTATION	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62324	NJX INTERLAMINAR CRV/THRC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62325	NJX INTERLAMINAR CRV/THRC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
78608	BRAIN IMAGING (PET)	effective since before 9/1/2019, Insourced from Evicore 1/1/26
78813	PET IMAGE FULL BODY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
78814	PET IMAGE W/CT LMTD	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81120	IDH1	1/1/2026
81121	IDH2	1/1/2026
81161	DMD	1/1/2026
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81170	ABL1	1/1/2026
81176	ASXL1	1/1/2026
81177	ATN1	1/1/2026
81178	ATXN1	1/1/2026
81179	ATXN2	1/1/2026
81180	ATXN3	1/1/2026
81183	ATXN10	1/1/2026
81184	CACNA1A	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81191	NTRK1	1/1/2026
81206	BCR/ABL1	1/1/2026
81207	BCR/ABL1	1/1/2026
81208	BCR/ABL1	1/1/2026
81210	BRAF	1/1/2026
81218	CEBPA	1/1/2026
81219	CALR	1/1/2026
81420	Fetal Aneuploidy	Added 1/1/2026
81432	HRDTRY BRST CA-RLATD DSORDRS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81435	HEREDITARY COLON CA DSORDRS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81450	TARGETED GENOMIC SEQ ANALYS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81451	Tgsap hl neo 5-50 rna alys	Added 4/1/2023, Insourced from Evicore 1/1/26
81455	TARGETED GENOMIC SEQ ANALYS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81456	Tgsap so/hl 51/< rna alys	Added 4/1/2023, Insourced from Evicore 1/1/26
81457	GENOMIC SEQ ANALYS	Added 1/1/2026
81458	GENOMIC SEQ ANALYS	Added 1/1/2026
81459	GENOMIC SEQ ANALYS	Added 1/1/2026
81462	GENOMIC SEQ ANALYS	Added 1/1/2026
81463	GENOMIC SEQ ANALYS	Added 1/1/2026
81464	Liquid Biopsy	Added 1/1/2026
81479	UNLISTED MOLECULAR PATHOLOGY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81518	ONCOLOGY BREAST MRNA	1/1/2020, Insourced from Evicore 1/1/26
81521	ONC BREAST MRNA 70 GENES	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81539	ONCOLOGY PROSTATE PROB SCORE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81551	ONC PROSTATE 3 GENES	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81558	Short description not available at time of posting	4/1/2025, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81599	UNLISTED MAAA	effective since before 9/1/2019, Insourced from Evicore 1/1/26
86849	Unlisted immunology procedure	Added 1/1/2026
87467	Hepatitis B surface antigen	Added 1/1/2026
91110	Capsule Endoscopy	Added 1/1/2026
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	effective since before 9/1/2019
91112	GI WIRELESS CAPSULE MEASURE	effective since before 9/1/2019
93619	Electrophysiology Evaluation	Added 1/1/2026
93799	Unlisted Cardiovascular procedures	Added 1/1/2026
95999	Unlisted Neuro procedure	Added 1/1/2026
0008U	Hpylori detcj abx rstnc dna	Added 1/1/2026
0010U	Nfct ds strn typ whl gen seq	Added 1/1/2026
0037U	TRGT GEN SEQ DNA 324 GENES	effective since before 9/1/2019, Insourced from Evicore 1/1/26
0068U	Candida species pnl amp prb	1/1/2026
0080U	Onc lng 5 clin rsk factr alg	1/1/2026
0087U	CRD HRT TRNSPL MRNA 1283 GEN	1/1/2020,Insourced from Evicore 1/1/26
0088U	TRNSPLJ KDN ALGRFT REJ 1494	1/1/2020,Insourced from Evicore 1/1/27
0108U	Gi barrett esoph 9 prtn bmrk	Added 1/1/2026
0152U	Nfct bct fng prst dna >1000	Added 1/1/2026
0211U	ONC PAN-TUM DNA&RNA GNRI SEQ	1/1/2021, Insourced from Evicore 1/1/26
0295U	ONC IHC DCIS 7	Added 1/1/2026
0315U	Onc cutan sq cll ca mrna 40	4/1/2022, Insourced from Evicore 1/1/26
0326U	TRGT GEN SEQ ALYS PNL 83+	added 7/1/2022, Insourced from Evicore 1/1/26
0338U	CTC-HER2	Added 1/1/2026
0340U	Onc pan ca alys mrd plasma	Added 4/1/2023, Insourced from Evicore 1/1/26
0344U	OWLiver	Added 1/1/2026
0358U	ONC Amyloid	Added 1/1/2026
0359U	ONC PSA	Added 1/1/2026
0364U	Onc hl neo gen seq alys alg	Added 4/1/2023, Insourced from Evicore 1/1/26
0463U	Onc crvx mrna genxprsn 14bmk	1/1/2026
0471U	CRCdx® RAS Mutation Detection Kit	1/1/2026
0473U	ONC SLD TUM BLD/SLV 648 GENE	Added 10/1/2024, Insourced from Evicore on 1/1/26
0490U	CMC	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0491U	CTC-ER	Added 1/1/2026
0492U	CTC-PD-L1	Added 1/1/2026
0493U	TRNSPL MED QUAN DD-CFDNA NGS	Added 1/1/2025, Insourced from Evicore 1/1/26
0500U	UBA 1	Added 1/1/2026
0503U	AD2	Added 1/1/2026
0511U	PARIS	Added 1/1/2026
0556U	NFCT DS P-S DNA&RNA 12 TRGTS	Added 1/1/2026
0557U	NFCT DS BV DNA MRK VAG FLUID	Added 1/1/2026
0563U	NFCT DS PTHGN ² SNA 11VIR&4B	1/1/2026
0564U	NFCT DS PTHGN ² SNA 10VIR&4BC	1/1/2026
0568U	NEUROL DEMENTIA β AMYL PTAU	1/1/2026
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	effective since before 9/1/2019
A0431	Rotary wing air transport	1/1/2026
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	effective since before 9/1/2019
A0999	Unlisted ambulance service	Added 1/1/2026
A2001	Innovamatrix ac per square centimeter	Added 1/1/2026
A2002	Mirragen advanced wound matrix per square centimeter	Added 1/1/2026
A2005	Microlyte matrix per square centimeter	Added 1/1/2026
A2006	Novosorb synpath dermal matrix per square centimeter	Added 1/1/2026
A2007	Restrata per square centimeter	Added 1/1/2026
A2008	Theragenesis per square centimeter	Added 1/1/2026
A2009	Symphony per square centimeter	Added 1/1/2026
A2010	Apis per square centimeter	Added 1/1/2026
A2011	Supra sdrm, per sq cm	Added 1/1/2026
A2012	Suprathel, per sq cm	Added 1/1/2026
A2013	Innovamatrix fs, per sq cm	Added 1/1/2026
A2014	Omeza collagen matrix, per 100 mg	Added 1/1/2026
A2015	Phoenix wound matrix per square centimeter	Added 1/1/2026
A2016	Permeaderm b per square centimeter	Added 1/1/2026
A2017	Permeaderm glove each	Added 1/1/2026
A2018	Permeaderm c per square centimeter	Added 1/1/2026
A2019	Kerecis omega3 marigen shield per square centimeter	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
A2020	Ac5 advanced wound system (ac5)	Added 1/1/2026
A2021	Neomatrix per sq cm	Added 1/1/2026
A2022	Innovabrn/innovamatx xl sqcm	Added 1/1/2026
A2024	Resolve or xenopatch sq cm	Added 1/1/2026
A2025	Miro3d per cubic cm	Added 1/1/2026
A2027	Matriderm per sq cm	Added 1/1/2026
A2028	Micromatrix flex per mg	Added 1/1/2026
A2029	Mirotract matrix sheet	Added 1/1/2026
A9543	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Added 4/1/2026
C1762	Connective tissue human (includes fascia lata)	Added 1/1/2026
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	Added 1/1/2027
C1826	Generator neurostimulator (implantable) includes closed feedback loop leads and all implantable components with rechargeable battery and charging system	Added 1/1/2028
C1827	Generator neurostimulator (implantable) non-rechargeable with implantable stimulation lead and external paired stimulation controller	Added 1/1/2029
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	effective since before 9/1/2019, Insourced from Evicore 1/1/26
C9257	Injection, bevacizumab, 0.25 mg	Added 4/1/2026
C9363	Skin substitute Integra Meshed Bilayer Wound Matrix per square centimeter	Added 1/1/2026
C9399	Unclassified drugs or biologicals, Non Oncology	effective since before 9/1/2019, Insourced from Evicore 1/1/26
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	Added 10/1/2025
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	Added 4/1/2026
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Added 4/1/2026
E0616	Implantable cardiac event recorder with memory, activator and programmer	Added 1/1/2026
E0635	Patient lift, electric with seat or sling	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E0650	Pneumatic compressor, non-segmental home model	effective since before 9/1/2019
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	effective since before 9/1/2019
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	effective since before 9/1/2019
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Added 4/1/2026
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	effective since before 9/1/2019
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	effective since before 9/1/2019
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	effective since before 9/1/2019
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	effective since before 9/1/2019
E0673	Segmental gradient pressure pneumatic appliance, half leg	effective since before 9/1/2019
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	effective since before 9/1/2019
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	effective since before 9/1/2019
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	effective since before 9/1/2019
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	effective since before 9/1/2019
E0732	Cranial electrotherapy stimulation (ces) system, any type	Added 4/1/2026
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Added 4/1/2026
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	Added 4/1/2026
E0735	Non-invasive vagus nerve stimulator	Added 4/1/2026
E0736	Transcutaneous tibial nerve stimulator	Added 4/1/2026
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	Added 4/1/2026
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	Added 4/1/2026
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	effective since before 9/1/2019
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	effective since before 9/1/2019
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	effective since before 9/1/2019
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	Added 4/1/2026
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	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	effective since before 9/1/2019
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	effective since before 9/1/2019
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	effective since before 9/1/2019
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	effective since before 9/1/2019
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	effective since before 9/1/2019
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	effective since before 9/1/2019
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	effective since before 9/1/2019
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	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	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	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	effective since before 9/1/2019
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	effective since before 9/1/2019
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	effective since before 9/1/2019
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	effective since before 9/1/2019
E1239	Power wheelchair, pediatric size, not otherwise specified	effective since before 9/1/2019
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Added 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Added 4/1/2026
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	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	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	effective since before 9/1/2019
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	effective since before 9/1/2019
E2599	Accessory for speech generating device, not otherwise classified	effective since before 9/1/2019
E2609	Custom fabricated wheelchair seat cushion, any size	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	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	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	effective since before 9/1/2019
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	Added 4/1/2026
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minute	effective since before 9/1/2019
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	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	effective since before 9/1/2019
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	effective since before 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	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	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	effective since before 9/1/2019
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	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)	effective since before 9/1/2019
G0277	Hyperbaric oxygen under pressure full body chamber per 30 minute interval	Added 1/1/2026
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	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	effective since before 9/1/2019
G0379	Direct admission of patient for hospital observation care	Added 1/1/2026
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	Added 1/1/2026
G0411	Interactive group psychotherapy, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	Added 1/1/2026
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	effective since before 9/1/2019
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	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	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	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
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)	9/1/2020, Insourced from Evicore 1/1/26
J0174	Leqembi (Injection, lecanemab-irmb, 1mg).	Added 4/1/24
J0175	Injection, donanemab-azbt, 2 mg	4/1/2025, Insourced from Evicore 1/1/26
J0177	Injection, aflibercept hd, 1 mg	4/1/2024, Insourced from Evicore 1/1/26
J0178	Injection, aflibercept, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0179	Injection, brolocizumab-dbl, 1 mg	9/1/2020, Insourced from Evicore 1/1/26
J0180	Injection, agalsidase beta, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0185	Injection, aprepitant, 1 mg	Added 4/1/2026
J0202	Injection, alemtuzumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0222	Onpattro	10/1/2019, Insourced from Evicore 1/1/26
J0223	Givosiran	1/1/2021, Insourced from Evicore 1/1/26
J0224	Inj. lumasiran, 0.5 mg	7/1/2022, Insourced from Evicore 1/1/26
J0225	Injection, vutrisiran, 1 mg	11/1/2022, Insourced from Evicore 1/1/26
J0490	Injection, belimumab, 10 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0491	Injection, anifrolumab-fnia, 1 mg	4/1/2022, Insourced from Evicore 1/1/26
J0517	Fasenra	1/1/2020, Insourced from Evicore 1/1/26
J0584	Crysvita	Added 1/1/2025
J0585	Injection, onabotulinumtoxina, 1 unit	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0586	Injection, abobotulinumtoxina, 5 units	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0587	Injection, rimabotulinumtoxinb, 100 units	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0588	Injection, incobotulinumtoxin a, 1 unit	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0589	Injection, daxibotulinumtoxina-lanm	4/1/2024, Insourced from Evicore 1/1/26
J0640	Injection, leucovorin calcium, per 50 mg	Added 4/1/2026
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Added 4/1/2026
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	Added 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J0717	Injection certolizumab pegol 1 mg	Added 1/1/2026
J0801	INJECTION DARBEPOETIN ALFA 1 MICROGRAM (NON-ESRD USE)	Added 1/1/2026
J0881	Injection, darbepoetin alfa, 1 microgram (for non-esrd)	Added 1/1/2025
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	Added 1/1/2025
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0893	Injection, decitabine (sun pharma), not therapeutically equivalent to j0894, 1 mg	Added 4/1/2026
J0894	Injection, decitabine, 1 mg	Added 4/1/2026
J0896	Injection, luspatercept-aamt, 0.25 mg	Added 1/1/2025
J0897	Injection, denosumab, 1 mg	Added 1/1/2025
J1072	Injection, testosterone cypionate (azmiro), 1 mg	Added 1/1/2026
J1073	Testosterone pellet, implant, 75 mg	Added 4/1/2026
J1299	Inj, eculizumab, 2 mg	Added 10/1/2025, insourced from Evicore 1/1/26
J1303	Ultomiris	10/1/2019, Insourced from Evicore 1/1/26
J1306	Injection, inclisiran, 1 mg	Added 10/1/2023, Insourced from Evicore 1/1/26
J1307	Injection crovalimab-akkz 10 mg	Added 1/1/2026
J1323	Injection, elranatamab-bcmm, 1 mg	Added 4/1/2026
J1326	Injection, zolbetuximab-clzb, 2 mg	Added 4/1/2026
J1411	Hemmens	Added 7/1/2024
J1412	Roctavian	Added 7/1/2024
J1413	Elevidys	Added 7/1/2024
J1434	Injection, fosaprepitant (focinvez), 1 mg	Added 4/1/2026
J1437	Injection, ferric derisomaltose, 10 mg	Added 1/1/2026
J1438	Injection etanercept 25 mg	Added 1/1/2026
J1439	Injection, ferric carboxymaltose, 1 mg	Added 1/1/2026
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Added 1/1/2025
J1447	Injection, tbo-filgrastim, 1 microgram	Added 4/1/2026
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Added 4/1/2026
J1453	Injection, fosaprepitant, 1 mg	Added 4/1/2026
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Added 4/1/2026
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1551	Inj cutaquig 100 mg	Added 10/1/2023, Insourced from Evicore 1/1/26
J1552	Injection, immune globulin (alyglo), 500 mg	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J1554	Asceniv	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1555	Injection, immune globulin, 100 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1556	Injection, immune globulin (bivigam), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1557	Injection, immune globulin, (gammappleX), intravenous, non- lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1558	Inj. xembify, 100 mg	Added 10/1/2023, Insourced from Evicore 1/1/26
J1559	Injection, immune globulin (hizentra), 100 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1562	Injection, immune globulin (Vivaglobin), 100 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Added 1/1/2026
J1595	Injection glatiramer acetate 20 mg	Added 1/1/2026
J1599	Immune Globulin, not otherwise , specified, Panzyga	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1602	Injection, golimumab, 1 mg, for intravenous use	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1627	Injection, granisetron, extended-release, 0.1 mg	Added 4/1/2026
J1628	Tremfya	Added 7/1/2025, Insourced from Evicore 1/1/26
J1640	Injection, hemin, 1 mg	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J1745	Injection infliximab, 10 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1748	Injection infliximab-dyyb (zymfentra) 10 mg	Added 1/1/2026
J1823	Uplizna	10/1/2021, Insourced from Evicore 1/1/26
J1930	Injection, lanreotide, 1 mg	Added 1/1/2025
J1932	Injection, lanreotide, (cipl), 1 mg	Added 1/1/2025
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Added 1/1/2025
J1952	Leuprolide injectable, camcevi, 1 mg	Added 4/1/2026
J1954	Injection, leuprolide acetate for depot suspension (cipl), 7.5 mg	Added 4/1/2026
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2267	Omvoh	Added 10/1/2024, Insourced from Evicore on 1/1/26
J2323	Injection, natalizumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2327	Inj risankizumab-rzaa 1 mg	Added 10/1/2023, Insourced from Evicore 1/1/26
J2329	Injection, ublituximab-xiiy, 1mg	7/1/2023, Insourced from Evicore 1/1/26
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	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2351	Injection ocrelizumab 1 mg and hyaluronidase-ocsq	Added 1/1/2026
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Added 1/1/2025
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Added 1/1/2025
J2356	Inj, nusinersen, 0.1mg	Added 10/1/2023, Insourced from Evicore 1/1/26
J2357	Injection, omalizumab, 5 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms	Added 4/1/2026
J2469	Injection, palonosetron hcl, 25 mcg	Added 4/1/2026
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Added 1/1/2025
J2508	Pegunigalsidase alfa-iwxj, 1 mg	1/1/2024, Insourced from Evicore 1/1/26
J2777	faricimab-svoa, 0.1 mg	Added 4/1/24
J2778	Injection, ranibizumab, 0.1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2779	Injection, ranibizumab via intravitreal implant (susvimo), 0.1 mg	7/1/2022, Insourced from Evicore 1/1/26
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	10/1/2023. Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2802	Injection, romiplostim, 1 microgram	Added 4/1/2026
J2860	Injection, siltuximab, 10 mg	Added 4/1/2026
J3032	Eptinezumab-jjmr (Vyepti)	1/1/2021, Insourced from Evicore 1/1/26
J3055	Injection, talquetamab-tgvs, 0.25 mg	Added 4/1/2026
J3145	Injection, testosterone undecanoate, 1 mg	Added 1/1/2026
J3245	Ilumya	1/1/2020, Insourced from Evicore 1/1/26
J3247	Cosentyx	Added 10/1/2024, Insourced from Evicore on 1/1/26
J3262	Injection, tocilizumab, 1 mg	Added 1/1/2025
J3263	Injection, toripalimab-tpzi, 1 mg	Added 4/1/2026
J3299	Injection triamcinolone acetonide (xipere) 1 mg	Added 1/1/2026
J3304	Zilretta	1/1/2020, Insourced from Evicore 1/1/26
J3315	Injection, triptorelin pamoate, 3.75 mg	Added 4/1/2026
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	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J3380	Injection, vedolizumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J3401	Vyjuvek	Added 7/1/2024
J3490	Unclassified drugs, Non Oncology	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J3590	Unclassified biologics, Non Oncology, Piasky, Yimmugo, Steqeyma, Yesintek	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	effective since before 9/1/2019
J7190	Factor VIII (antihemophilic factor, human) per IU	effective since before 9/1/2019
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	effective since before 9/1/2019
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	effective since before 9/1/2019
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	effective since before 9/1/2019
J7194	Factor IX complex, per IU	effective since before 9/1/2019
J7195	Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	effective since before 9/1/2019
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J7313	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	1/1/2026
J7314	Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	1/1/2026
J7318	Durolane	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	1/1/2020, Insourced from Evicore 1/1/26
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	9/1/2020, Insourced from Evicore 1/1/26
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7328	Hyaluronan or derivative, for intra- articular injection, 0.1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7329	TriVisc	1/1/2020, Insourced from Evicore 1/1/26
J7331	Synjojoynt	10/1/2019, Insourced from Evicore 1/1/26
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	9/1/2020, Insourced from Evicore 1/1/26
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	1/1/2022, Insourced from Evicore 1/1/26
J7999	Compounded drug, not otherwise classified	Added 4/1/2026
J8560	Etoposide; oral, 50 mg	Added 4/1/2026
J8700	Temozolomide, oral, 5 mg	Added 4/1/2026
J8999	Prescription drug, oral, chemotherapeutic, nos	Added 4/1/2026
J9000	Injection, doxorubicin hydrochloride, 10 mg	Added 4/1/2026
J9015	Injection, aldesleukin, per single use vial	Added 4/1/2026
J9017	Injection, arsenic trioxide, 1 mg	Added 4/1/2026
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Added 4/1/2026
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Added 4/1/2026
J9022	atezolizumab, 10 mg	Added 1/1/2025
J9023	Injection, avelumab, 10 mg	Added 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Added 4/1/2026
J9025	Injection, azacitidine, 1 mg	Added 4/1/2026
J9027	Injection, clofarabine, 1 mg	Added 4/1/2026
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Added 1/1/2026
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Added 4/1/2026
J9032	Injection, belinostat, 10 mg	Added 4/1/2026
J9033	Injection, bendamustine hydrochloride, 1 mg	Added 4/1/2026
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Added 4/1/2026
J9035	Injection, bevacizumab, 10 mg	Added 4/1/2026
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Added 4/1/2026
J9039	Injection, blinatumomab, 1 microgram	Added 4/1/2026
J9040	Injection, bleomycin sulfate, 15 units	Added 4/1/2026
J9041	Injection, bortezomib, 0.1 mg	Added 4/1/2026
J9042	Injection, brentuximab vedotin, 1 mg	Added 4/1/2026
J9043	Injection, cabazitaxel, 1 mg	Added 4/1/2026
J9045	Injection, carboplatin, 50 mg	Added 4/1/2026
J9046	Injection, bortezomib (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Added 4/1/2026
J9047	Injection, carfilzomib, 1 mg	Added 1/1/2025
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	Added 4/1/2026
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Added 4/1/2026
J9050	Injection, carmustine, 100 mg	Added 4/1/2026
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	Added 4/1/2026
J9054	Injection, bortezomib (boruzu), 0.1 mg	Added 4/1/2026
J9055	Injection, cetuximab, 10 mg	Added 1/1/2025
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Added 4/1/2026
J9057	Injection, copanlisib, 1 mg	Added 4/1/2026
J9060	Injection, cisplatin, powder or solution, 10 mg	Added 4/1/2026
J9061	Injection, amivantamab-vmjw, 2 mg	Added 4/1/2026
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Added 4/1/2026
J9065	Injection, cladribine, per 1 mg	Added 4/1/2026
J9071	Injection, cyclophosphamide (auromedics), 5 mg	Added 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9072	Injection, cyclophosphamide (avyxa), 5 mg	Added 4/1/2026
J9098	Injection, cytarabine liposome, 10 mg	Added 4/1/2026
J9100	Injection, cytarabine, 100 mg	Added 4/1/2026
J9119	Injection, cemiplimab-rwlc, 1 mg	Added 4/1/2026
J9120	Injection, dactinomycin, 0.5 mg	Added 4/1/2026
J9130	Dacarbazine, 100 mg	Added 4/1/2026
J9144	DARZALEX	Added 1/1/2025
J9145	DARZALEX	Added 1/1/2025
J9150	Injection, daunorubicin, 10 mg	Added 4/1/2026
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Added 4/1/2026
J9155	Injection, degarelix, 1 mg	Added 4/1/2026
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Added 4/1/2026
J9171	Injection, docetaxel, 1 mg	Added 4/1/2026
J9172	Injection, docetaxel (docivyx), 1 mg	Added 4/1/2026
J9173	IMFINZI	Added 1/1/2025
J9174	Injection, docetaxel (beizray), 1 mg	Added 4/1/2026
J9176	Injection, elotuzumab, 1 mg	Added 4/1/2026
J9177	PADCEV	Added 1/1/2025
J9178	Injection, epirubicin hcl, 2 mg	Added 4/1/2026
J9179	Injection, eribulin mesylate, 0.1 mg	Added 4/1/2026
J9181	Injection, etoposide, 10 mg	Added 4/1/2026
J9185	Injection, fludarabine phosphate, 50 mg	Added 4/1/2026
J9190	Injection, fluorouracil, 500 mg	Added 4/1/2026
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j92	Added 4/1/2026
J9198	Injection, gemcitabine hydrochloride, (infugem), 100 mg	Added 4/1/2026
J9200	Injection, floxuridine, 500 mg	Added 4/1/2026
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	Added 4/1/2026
J9202	Goserelin acetate implant, per 3.6 mg	Added 4/1/2026
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Added 4/1/2026
J9204	Injection, mogamulizumab-kpkc, 1 mg	Added 4/1/2026
J9205	Injection, irinotecan liposome, 1 mg	Added 4/1/2026
J9206	Injection, irinotecan, 20 mg	Added 4/1/2026
J9207	Injection, ixabepilone, 1 mg	Added 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9208	Injection, ifosfamide, 1 gram	Added 4/1/2026
J9209	Injection, mesna, 200 mg	Added 4/1/2026
J9211	Injection, idarubicin hydrochloride, 5 mg	Added 4/1/2026
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Added 4/1/2026
J9216	Actimmune	Added 1/1/2025
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Added 4/1/2026
J9218	Leuprolide acetate, per 1 mg	Added 4/1/2026
J9223	Injection, lurbnectedin, 0.1 mg	Added 4/1/2026
J9225	Histrelin implant (vantas), 50 mg	Added 4/1/2026
J9227	Injection, isatuximab-irfc, 10 mg	Added 4/1/2026
J9228	YERVOY	Added 1/1/2025
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Added 4/1/2026
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Added 4/1/2026
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Added 4/1/2026
J9255	Injection, methotrexate (accord), not therapeutically equivalent to j9260, 50 mg	Added 4/1/2026
J9260	Injection, methotrexate sodium, 50 mg	Added 4/1/2026
J9261	Injection, nelarabine, 50 mg	Added 4/1/2026
J9263	Injection, oxaliplatin, 0.5 mg	Added 4/1/2026
J9264	ABRAXANE	Added 1/1/2025
J9266	Injection, pegaspargase, per single dose vial	Added 4/1/2026
J9267	Injection, paclitaxel, 1 mg	Added 4/1/2026
J9268	Injection, pentostatin, 10 mg	Added 4/1/2026
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Added 4/1/2026
J9271	KEYTRUDA	Added 1/1/2025
J9272	Injection, dostarlimab-gxly, 10 mg	Added 4/1/2026
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Added 4/1/2026
J9274	Injection, tebentafusp-tebn, 1 microgram	Added 4/1/2026
J9275	Injection, cosibelimab-ipdl, 2 mg	Added 4/1/2026
J9276	Injection, zanidatamab-hrii, 2 mg	Added 4/1/2026
J9280	Injection, mitomycin, 5 mg	Added 4/1/2026
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Added 4/1/2026
J9285	Injection, olaratumab, 10 mg	Added 4/1/2026
J9286	Injection, glofitamab-gxbm, 2.5 mg	Added 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Added 4/1/2026
J9292	Injection, pemetrexed dipotassium, 10 mg	Added 4/1/2026
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	Added 4/1/2026
J9294	Injection, pemetrexed (hospira), not therapeutically equivalent to j9305, 10 mg	Added 4/1/2026
J9295	Injection, necitumumab, 1 mg	Added 4/1/2026
J9296	Injection, pemetrexed (accord), not therapeutically equivalent to j9305, 10 mg	Added 4/1/2026
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Added 4/1/2026
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Added 4/1/2026
J9299	Injection, nivolumab, 1 mg	Added 1/1/2025
J9301	Injection, obinutuzumab, 10 mg	Added 4/1/2026
J9302	Injection, ofatumumab, 10 mg	Added 4/1/2026
J9303	Injection, panitumumab, 10 mg	Added 4/1/2026
J9304	Injection, pemetrexed (pemfexy), 10 mg	Added 4/1/2026
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Added 4/1/2026
J9306	Injection, pertuzumab, 1 mg	Added 1/1/2025
J9307	Injection, pralatrexate, 1 mg	Added 4/1/2026
J9308	Injection, ramucirumab, 5 mg	Added 4/1/2026
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Added 4/1/2026
J9311	Injection, rituximab 10 mg and hyaluronidase	Added 4/1/2026
J9312	Injection, rituximab, 10 mg	Added 1/1/2025
J9314	Injection, pemetrexed (teva), not therapeutically equivalent to j9305, 10 mg	Added 4/1/2026
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Added 4/1/2026
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Added 4/1/2026
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	Added 4/1/2026
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Added 4/1/2026
J9320	Injection, streptozocin, 1 gram	Added 4/1/2026
J9321	Injection, epcoritamab-bysp, 0.16 mg	Added 4/1/2026
J9322	Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	Added 4/1/2026
J9323	Injection, pemetrexed ditromethamine, 10 mg	Added 4/1/2026
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	Added 4/1/2026
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Added 4/1/2026
J9328	Injection, temozolomide, 1 mg	Added 4/1/2026
J9330	Injection, temsirolimus, 1 mg	Added 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9331	Injection, sirolimus protein-bound particles, 1 mg	Added 4/1/2026
J9332	Vyvgart	Added 7/1/2023, Insourced from Evicore 1/1/26
J9333	Injection, rozanolixizumab-noli, 1 mg	1/1/2024, Insourced from Evicore 1/1/26
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	1/1/2024, Insourced from Evicore 1/1/26
J9341	Injection, thiotepa (tepylute), 1 mg	Added 4/1/2026
J9342	Injection, thiotepa, not otherwise specified, 1 mg	Added 4/1/2026
J9347	Injection, tremelimumab-actl, 1 mg	Added 4/1/2026
J9348	Injection, naxitamab-gqgk, 1 mg	Added 4/1/2026
J9349	Injection, tafasitamab-cxix, 2 mg	Added 4/1/2026
J9350	Injection, mosunetuzumab-axgb, 1 mg	Added 4/1/2026
J9351	Injection, topotecan, 0.1 mg	Added 4/1/2026
J9352	Injection, trabectedin, 0.1 mg	Added 4/1/2026
J9353	Injection, margetuximab-cmkb, 5 mg	Added 4/1/2026
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Added 4/1/2026
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Added 4/1/2026
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Added 4/1/2026
J9357	Injection, valrubicin, intravesical, 200 mg	Added 4/1/2026
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Added 1/1/2025
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Added 4/1/2026
J9360	Injection, vinblastine sulfate, 1 mg	Added 4/1/2026
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Added 1/1/2026
J9370	Vincristine sulfate, 1 mg	Added 4/1/2026
J9376	Injection, paclitaxel, 1 mg	4/1/2024, Insourced from Evicore 1/1/26
J9380	Injection, teclistamab-cqyv, 0.5 mg	Added 4/1/2026
J9382	Injection, zenocutuzumab-zbco, 1 mg	Added 4/1/2026
J9390	Injection, vinorelbine tartrate, 10 mg	Added 4/1/2026
J9393	Injection, fulvestrant (teva), not therapeutically equivalent to j9395, 25 mg	Added 4/1/2026
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Added 4/1/2026
J9395	Injection, fulvestrant, 25 mg	Added 4/1/2026
J9400	Injection, ziv-aflibercept, 1 mg	Added 4/1/2026
J9600	Injection, porfimer sodium, 75 mg	Added 4/1/2026
J9999	Not otherwise classified, antineoplastic drugs	Added internal 1/1/24
K0004	High strength, lightweight wheelchair	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
K0005	Ultralightweight wheelchair	effective since before 9/1/2019
K0006	Heavy-duty wheelchair	effective since before 9/1/2019
K0007	Extra heavy-duty wheelchair	effective since before 9/1/2019
K0008	Custom manual wheelchair/base	effective since before 9/1/2019
K0009	Other manual wheelchair/base	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	effective since before 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	effective since before 9/1/2019
K0013	Custom motorized/power wheelchair base	effective since before 9/1/2019
K0014	Other motorized/power wheelchair base	effective since before 9/1/2019
K0108	Wheelchair component or accessory, not otherwise specified	effective since before 9/1/2019
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	effective since before 9/1/2019
K0812	Power operated vehicle, not otherwise classified	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	effective since before 9/1/2019
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	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	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	effective since before 9/1/2019
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	effective since before 9/1/2019
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	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	effective since before 9/1/2019
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	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	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	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	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	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	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	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	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	effective since before 9/1/2019
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	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	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	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	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	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	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	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	effective since before 9/1/2019
K0898	Power wheelchair, not otherwise classified	effective since before 9/1/2019
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	effective since before 9/1/2019
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	Added 4/1/2026
L0464	Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Added 4/1/2026
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Added 4/1/2026
L1499	Spinal orthotic, not otherwise specified	effective since before 9/1/2019
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Added 4/1/2026
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Added 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Added 4/1/2026
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated	Added 4/1/2026
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	effective since before 9/1/2019
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	effective since before 9/1/2019
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	effective since before 9/1/2019
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	Added 4/1/2026
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	effective since before 9/1/2019
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	effective since before 9/1/2019
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	effective since before 9/1/2019
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	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	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	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	effective since before 9/1/2019
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	effective since before 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	effective since before 9/1/2019
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	effective since before 9/1/2019
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	effective since before 9/1/2019
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	effective since before 9/1/2019
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	effective since before 9/1/2019
L5981	All lower extremity prostheses, flex-walk system or equal	effective since before 9/1/2019
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	Added 4/1/2026
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	effective since before 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	effective since before 9/1/2019
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	effective since before 9/1/2019
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	Added 4/1/2026
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	effective since before 9/1/2019
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	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	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	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	effective since before 9/1/2019
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	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	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
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	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	effective since before 9/1/2019
L7009	Electric hook, switch or myoelectric controlled, adult	effective since before 9/1/2019
L7259	Electronic wrist rotator, any type	effective since before 9/1/2019
L8040	Nasal prosthesis, provided by a nonphysician	effective since before 9/1/2019
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	effective since before 9/1/2019
L8679	Implantable neurostimulator, pulse generator, any type	effective since before 9/1/2019
L8701	Ewh s/d uprt micro sensor	4/1/2025
L8702	Ewhf s/d uprt micro sensor	4/1/2025
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	1/1/2026
Q2017	Injection, teniposide, 50 mg	Added 4/1/2026
Q2041	Yescarta	1/1/2022
Q2042	Kymriah	1/1/2022
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Added 4/1/2026
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Added 4/1/2026
Q2053	Tecartus	1/1/2022
Q2054	Lisocabtagene Maraleucel	1/1/2022
Q2055	Idecabtagene vicleucel	Added 4/1/24
Q2056	Ciltacabtagene car-pos t	added 4/1/2023
Q4101	APLIGRAF PER SQUARE CENTIMETER	Added 1/1/2026
Q4103	OASIS BURN MATRIX PER SQUARE CENTIMETER	Added 1/1/2026
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD) PER SQUARE CENTIMETER	Added 1/1/2026
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix per square centimeter	Added 1/1/2026
Q4106	DERMAGRAFT PER SQUARE CENTIMETER	Added 1/1/2026
Q4107	GRAFTJACKET PER SQUARE CENTIMETER	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4108	INTEGRA MATRIX PER SQUARE CENTIMETER	Added 1/1/2026
Q4110	Primatrix skin sub	Added 1/1/2023
Q4116	ALLODERM PER SQUARE CENTIMETER	Added 1/1/2026
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	Added 1/1/2023
Q4118	Matristem micromatrix, 1 mg	Added 1/1/2026
Q4121	THERASKIN, PER SQUARE CENTIMETER	Added 1/1/2023
Q4122	Dermacell dermacell awm or dermacell awm porous per square centimeter	Added 1/1/2026
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	Added 1/1/2026
Q4126	Memoderm dermaspan tranzgraft or integuply per square centimeter	Added 1/1/2026
Q4127	TALYMED PER SQUARE CENTIMETER	Added 1/1/2026
Q4128	Flex hd or allopatch hd per square centimeter	Added 1/1/2026
Q4131	Epifix or epicord	Added 1/1/2026
Q4132	Grafix core and grafixpl core per square centimeter	Added 1/1/2026
Q4133	Grafix prime, per square centimeter	Added 1/1/2023
Q4134	Hmatrix	Added 1/1/2026
Q4135	Mediskin	Added 1/1/2026
Q4137	Amnioexcel amnioexcel plus or biodexcel per square centimeter	Added 1/1/2026
Q4138	Biodfence dryflex per square centimeter	Added 1/1/2026
Q4140	Biodfence per square centimeter	Added 1/1/2026
Q4141	Alloskin ac per square centimeter	Added 1/1/2026
Q4143	Repriza per square centimeter	Added 1/1/2026
Q4146	Tensix per square centimeter	Added 1/1/2026
Q4147	Architect architect px or architect fx extracellular matrix per square centimeter	Added 1/1/2026
Q4148	Neox cord 1k neox cord rt or clarix cord 1k per square centimeter	Added 1/1/2026
Q4150	Allowrap ds or dry per square centimeter	Added 1/1/2026
Q4151	Amnioband or guardian per square centimeter	Added 1/1/2026
Q4152	Dermapure per square centimeter	Added 1/1/2026
Q4153	Dermavest and plurivest per square centimeter	Added 1/1/2026
Q4154	Biovance per square centimeter	Added 1/1/2026
Q4156	Neox 100 or clarix 100 per square centimeter	Added 1/1/2026
Q4157	Revitalon per square centimeter	Added 1/1/2026
Q4158	Marigen 1 square cm	Added 1/1/2023

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4159	Affinity per square centimeter	Added 1/1/2026
Q4160	Nushield per square centimeter	Added 1/1/2026
Q4161	Bio-connekt wound matrix per square centimeter	Added 1/1/2026
Q4162	Woundex flow, bioskin flow, 0.5 cc	Added 1/1/2026
Q4163	Woundex bioskin per square centimeter	Added 1/1/2026
Q4164	Helicoll per square centimeter	Added 1/1/2026
Q4167	Truskin per square centimeter	Added 1/1/2026
Q4169	Artacent wound, per square centimeter	Added 1/1/2023
Q4170	Cygnus, per sq cm	Added 1/1/2026
Q4172	Puraply or puraply am	Added 1/1/2026
Q4173	Palingen or palingen xplus per square centimeter	Added 1/1/2026
Q4175	Miroderm per square centimeter	Added 1/1/2026
Q4176	Neopatch or therion per square centimeter	Added 1/1/2026
Q4178	Floweramniopatch per square centimeter	Added 1/1/2026
Q4179	Flowerderm per square centimeter	Added 1/1/2026
Q4180	Revita per square centimeter	Added 1/1/2026
Q4181	Amnio wound per square centimeter	Added 1/1/2026
Q4182	Transcyte per square centimeter	Added 1/1/2026
Q4183	Surgigraft per square centimeter	Added 1/1/2026
Q4184	Cellesta or cellesta duo per square centimeter	Added 1/1/2026
Q4186	EPIFIX PER SQUARE CENTIMETER	Added 1/1/2023
Q4187	Epicord per square centimeter	Added 1/1/2026
Q4188	Amnioarmor per square centimeter	Added 1/1/2026
Q4190	Artacent ac 1 sq cm	Added 1/1/2026
Q4191	Restorigin per square cm	Added 1/1/2023
Q4193	Coll-e-derm 1 sq cm	Added 1/1/2026
Q4194	Novachor, per square centimeter	Added 1/1/2026
Q4195	Puraply, per square centimeter	Added 1/1/2026
Q4196	Puraply am, per square centimeter	Added 1/1/2026
Q4197	Puraply xt, per square centimeter	Added 1/1/2026
Q4198	Genesis amniotic membrane, per square centimeter	Added 1/1/2026
Q4199	Cygnus matrix, per square centimeter	Added 1/1/2026
Q4200	Skin te, per square centimeter	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4201	Matrion, per square centimeter	Added 1/1/2026
Q4203	Derma-gide, per square centimeter	Added 1/1/2026
Q4205	Membrane graft or membrane wrap, per square centimeter	Added 1/1/2026
Q4208	Novafix, per square centimeter	Added 1/1/2026
Q4209	Surgraft, per square centimeter	Added 1/1/2026
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	Added 1/1/2026
Q4211	Amnion bio or axobiomembrane, per square centimeter	Added 1/1/2026
Q4216	Artacent cord, per square centimeter	Added 1/1/2026
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter	Added 1/1/2026
Q4218	Surgicord, per square centimeter	Added 1/1/2026
Q4219	Surgigraft-dual, per square centimeter	Added 1/1/2026
Q4221	Amniowrap2, per square centimeter	Added 1/1/2026
Q4222	Progenamatrix, per square centimeter	Added 1/1/2026
Q4226	Myown skin, includes harvesting and preparation procedures, per square centimeter	Added 1/1/2026
Q4227	Amniocore, per square centimeter	Added 1/1/2026
Q4229	Cogenex amniotic membrane, per square centimeter	Added 1/1/2026
Q4232	Corplex, per square centimeter	Added 1/1/2026
Q4234	Xcellerate, per square centimeter	Added 1/1/2026
Q4235	Amniorepair or altipty, per square centimeter	Added 1/1/2026
Q4237	Cryo-cord, per square centimeter	Added 1/1/2026
Q4238	Derm-maxx, per square centimeter	Added 1/1/2026
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	Added 1/1/2026
Q4240	Corecyte, for topical use only, per 0.5 cc	Added 1/1/2026
Q4242	Amniocyte plus, per 0.5 cc	Added 1/1/2026
Q4245	Amniotext, per cc	Added 1/1/2026
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	Added 1/1/2026
Q4249	Amnipty, for topical use only, per square centimeter	Added 1/1/2026
Q4250	Amnioamp-mp, per square centimeter	Added 1/1/2026
Q4252	Vendaje, per square centimeter	Added 1/1/2026
Q4253	Zenith amniotic membrane, per square centimeter	Added 1/1/2026
Q4254	Novafix dl, per square centimeter	Added 1/1/2023
Q4258	Enverse per square centimeter	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4262	Dual layer impax, per sq cm	Added 1/1/2026
Q4268	Surgraft ft per sq cm	Added 1/1/2026
Q4271	Complete ft per sq cm	Added 1/1/2026
Q4278	Epieffect per square centimeter	Added 1/1/2026
Q4282	Cygnus dual per square centimeter	Added 1/1/2026
Q4285	Nudyn dl or dl mesh pr sq cm	Added 1/1/2026
Q4286	Nudyn sl or slw, per sq cm	Added 1/1/2026
Q4294	Amnio Quad-Core, per sq cm	Added 4/1/2026
Q4299	AmniCore Pro+, per sq cm	Added 4/1/2026
Q4309	Via matrix, per sq cm	Added 1/1/2026
Q4319	Sanograft, per sq cm	Added 1/1/2026
Q4320	Pellograft, per sq cm	Added 1/1/2026
Q4331	Axolotl graft per square centimeter	Added 1/1/2026
Q4332	Axolotl dualgraft per square centimeter	Added 1/1/2026
Q4354	Palingen dual-layer membrane, per square centimeter	Added 1/1/2026
Q4357	Xwrap plus, per square centimeter	Added 1/1/2026
Q4358	Xwrap dual, per square centimeter	Added 1/1/2026
Q4361	Epiexpress, per square centimeter	Added 1/1/2026
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	Added 1/1/2026
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	Added 1/1/2026
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	Added 1/1/2026
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	Added 1/1/2026
Q4383	Axolotl graft ultra, per square centimeter	Added 1/1/2026
Q4385	Apollo ft, per square centimeter	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4386	Acesso trifaca, per square centimeter	Added 1/1/2026
Q4388	Neothelium 4l, per square centimeter	Added 1/1/2026
Q4389	Neothelium 4l plus, per square centimeter	Added 1/1/2026
Q4392	Grafix duo, per square centimeter	Added 1/1/2026
Q4393	Surgraft ac, per square centimeter	Added 1/1/2026
Q4394	Surgraft aca, per square centimeter	Added 1/1/2026
Q4395	Acelagraft, per square centimeter	Added 1/1/2026
Q4396	Natalin, per square centimeter	Added 1/1/2026
Q4397	Summit aaa, per square centimeter	Added 1/1/2026
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	Added 1/1/2026
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Added 1/1/2026
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	Added 1/1/2026
Q5101	Zarxio	Added 1/1/2025
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
Q5104	100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
Q5106	Retacrit, non ESRD use	1/1/2025
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Added 4/1/2026
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Added 4/1/2026
Q5110	Nivestym	1/1/2025
Q5111	Injection, pegfilgrastim-cbqv (udenycya), biosimilar, 0.5 mg	Added 4/1/2026
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Added 4/1/2026
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Added 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Added 4/1/2026
Q5115	Truxima	1/1/2025
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Added 4/1/2026
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Added 4/1/2026
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	1/1/2025
Q5119	Ruxience	1/1/2025
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Added 4/1/2026
Q5121	Injection; Immunomodulators	4/1/2021, Insourced from Evicore 1/1/26
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Added 4/1/2026
Q5123	rituximab-arrr non-oncology	1/1/2024
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Added 1/1/2026
Q5125	Riabni	1/1/2025
Q5126	Injection, bevacizumab-maly, biosimilar, (alymysys), 10 mg	Added 4/1/2026
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Added 4/1/2026
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	1/1/2023, Insourced from Evicore 1/1/26
Q5129	Injection, bevacizumab-adcd (vezzelma), biosimilar, 10 mg	Added 4/1/2026
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	Added 4/1/2026
Q5133	Tofidence	1/1/2025
Q5134	Injection natalizumab-sztn (tyruko) biosimilar 1 mg	Added 1/1/2026
Q5135	Injection tocilizumab-aazg (tyenne) biosimilar 1 mg	Added 1/1/2026
Q5136	Inj. denosumab-bbdz, 1mg	Added 4/1/2026
Q5138	ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Added 7/1/2025, Insourced from Evicore 1/1/26
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Added 1/1/2026
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Added 1/1/2026
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Added 7/1/2025
Q5149	Injection aflibercept-abzv (enzeevu) biosimilar 1 mg	Added 1/1/2026
Q5150	Injection aflibercept-mrbb (ahzantive) biosimilar 1 mg	Added 1/1/2026
Q5151	Inj, eculizumab-aagh, 2 mg	Added 10/1/2025, insourced from Evicore 1/1/26
Q5152	nj, eculizumab-aeeb, 2 mg	Added 10/1/2025, insourced from Evicore 1/1/26
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	Added 1/1/2026
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	Added 1/1/2026

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Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	Added 1/1/2026
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg”	Added 4/1/2026
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	Added 4/1/2026
Q5158	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	Added 4/1/2026
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	Added 4/1/2026
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Added 1/1/2026
Q9997	Ustekinumab-ttwe iv inj 1 mg	Added 10/1/2025, insourced from Evicore 1/1/26
Q9998	Inj ustekinumab-aekn, 1 mg	Added 10/1/2025, insourced from Evicore 1/1/26
Q9999	Inj ustekinumab-aauz 1 mg	Added 10/1/2025, insourced from Evicore 1/1/26
T1000	Private Duty/Independent Nursing per 15 minutes	Added 4/1/2023
T1001	RN Nursing Assessment/Evaluation per 15 minutes	Added 4/1/2023
T1002	RN Services per 15 minutes	Added 4/1/2023
T1003	LPN/LVN Services per 15 minutes	Added 4/1/2023
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	8/1/2026