



**\*For IN-Network providers ONLY: Prior Authorization is not required for any services.**

**\*\*HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**\*\* Out of network providers always require service pre-authorization.\*\***

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY  
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 07/01/2022 00:00:01

Category	Details/Notes	CPT/Rev/HCPC Codes	TX HIX
Abdominoplasty		15830, 15847	No
Ablation	Includes cardiac ablation/electrophysiology study and ablation for bone, liver, kidney and prostate cancer	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 55873, 93650, 93653, 93654, 93656, 0421T, 0582T	No
Adjunctive Dental	Adjunctive dental care to treat a covered medical condition, injury, or disease.	D9110, D9120, D9210, D9211, D9212, D9215, D9220, D9221, D9222, D9223, D9230, D9239, D9241, D9242, D9243, D9248, D9310, D9410, D9420, D9430, D9440, D9450, D9610, D9612, D9630, D9910, D9911, D9940, D9941, D9942, D9950, D9999, D9920, D9930, D9951, D9952, D9970, D9971, D9972, D9973, D9974, D9975	No
Behavioral Health Services	Partial Hospitalization	912, 913, 915, H0035	No
Behavioral Health Services	Transcranial magnetic stimulation(TMS)	90867, 90868, 90869, K1002	No
Bladder slings		57288	No
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950	No
Bone growth stimulators		20974, 20975, 20979, E0747, E0748, E0749, E0760	No
Breast procedures	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11971, 15771, 15772, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, C1789, L8600	No
Capsule endoscopy		91110, 91111, 0355T	No
Cardiac devices	Cardiac implantable devices [e.g., pacemakers, leadless pacemaker, left atrial appendage closure (LAAC), defibrillators (implantable and subcutaneous) and cardiac resynchronization therapy]	33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33340, 0577T, 0572T, 0573T, 0574T, 0580T, C1721, C1722, C1764, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621, E0616	No
Cardiac devices	Loop recorders	33285, 33286	No
Cardiac devices	Wearable cardiac devices (e.g., LifeVest®)	93228, 93229, 93745, K0606, K0607, K0608, K0609	No
Cardiac procedures/surgeries	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure	93580	No
Cardiac procedures/surgeries	Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)	33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T	No
Cardiac procedures/surgeries	Coronary artery bypass grafting	33533, 33534, 33535, 33536, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530	No



**\*For IN-Network providers ONLY: Prior Authorization is not required for any services.**

**\*\*HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**\*\* Out of network providers always require service pre-authorization.\*\***

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY  
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 07/01/2022 00:00:01

Chemotherapy agents, supportive drugs and Home Infusion Drugs		A9589,C9047,C9399, J0129, J0178, J0179, J0202, J0222, J0450, J0517, J0567, J0570, J0584, J0585, J0586, J0587, J0588, J0599, J0600, J0604, J0606, J0630, J0642, J0800, J0840, J0841, J0850, J0881, J0897, J1071, J1162, J1300, J1301, J1303, J1380, J1410, J1459, J1460, J1555, J1556, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1575, J1632, J1756, J1950, J2170, J2182, J2323, J2326, J2350, J2503, J2505, J2507, J2724, J2787, J2941, J3111, J3121, J3145, J3316, J3355, J3385, J3397, J3398, J3490, J3590, J7170, J7175, J7179, J7195, J7199, J7207, J7208, J7504, J7599, J7699, J7799, J7999, J8498, J8499, J8501, J8510, J8515, J8520, J8521, J8530, J8540, J8560, J8562, J8565, J8597, J8600, J8610, J8650, J8655, J8670, J8700, J8705, J8999, J9000, J9015, J9017, J9019, J9020, J9022, J9023, J9025, J9027, J9030, J9032, J9033, J9034, J9035, J9036, J9039, J9040, J9041, J9042, J9043, J9044, J9045, J9047, J9050, J9055, J9057, J9060, J9065, J9070, J9098, J9100, J9118, J9119, J9120, J9130, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9218, J9219, J9225, J9226, J9228, J9229, J9230, J9245, J9246, J9250, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9280, J9285, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9309, J9311, J9312, J9313, J9315, J9320, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9356, J9357, J9358, J9360, J9370, J9371, J9390, J9395, J9400, J9600, J9999, Q2026, Q2028, Q2041, Q2042, Q2043, Q4082, Q5107, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q9991, Q9992, S0189, S0190, S0191 (All other codes related to this category)	No
Chimeric antigen receptor T-cell therapy (CAR-T)		0537T, 0538T, 0539T, 0540T, Q2042,	No
Clinical Trials		Modifier Q01, Q02 and DX Z00.6	No
Cochlear and auditory brainstem implants		69930, L8614, L8615, L8616, L8617, L8618, L8619, L8625, L8627, L8628, S2235	No
Decompression of peripheral nerve (e.g., carpal tunnel surgery)		29848, 64721	No
Diagnostic/cardiac imaging	Electrophysiology (EPS) or EPS with 3D mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T	No
Diagnostic/cardiac imaging	Magnetic resonance angiogram (MRA)	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936	No
Diagnostic/cardiac imaging	Magnetic resonance imaging, Open/Closed MRI	70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, 77084, C8903, C8905, C8906, C8908, S8037, S8042	No
Diagnostic/cardiac imaging	Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252	No
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 33289, 93264, C2624, 0446T, 0447T, 0448T	No
Epidural injections		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999	No
Eye Injections w/drugs		J2778, J0178, J7312, 64612, 64615, 66020, 66030, 67028, 67345, 67515, 68200,	No
Facet injections		64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T	No



**\*For IN-Network providers ONLY: Prior Authorization is not required for any services.**

**\*\*HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**\*\* Out of network providers always require service pre-authorization.\*\***

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY  
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

**Effective 07/01/2022 00:00:01**

Gastric pacing		43647, 43648, 43881, 43882, 64590	No
High-frequency chest compression vests		E0483	No
Home health/home infusion		99510, 99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, S0270, S0271, S0272, S0273, S0274, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9125, S9127, S9128, S9129, S9131, S9208, S9209, S9211, S9212, S9213, S9214, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503	No
Hyperbaric therapy		99183, G0277	No
Inpatient admissions	Acute hospital (includes inpatient hospice), Acute rehab facilities, Long-term acute care, Mental health, Substance use and residential treatment, Skilled nursing facilities	All, except for Maternity Admissions	No
Molecular diagnostic/genetic testing		81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81374, 81376, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81507, 81518, 81519, 81520, 81521, 81522, 81525, 81535, 81536, 81538, 81540, 81541, 81542, 81551, 81552, 81599, 83006, 83080, 83951, 86316, 88120, 88121, 88269, 88271, 88272, 88273, 88274, 88275, 88291, 88299, 88364, 88366, 88374, 88377, 0004M, 0005U, 0007M, 0009U, 0011M, 0012M, 0012U, 0013M, 0013U, 0014U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0035U, 0036U, 0037U, 0038U, 0045U, 0047U, 0048U, 0049U, 0050U, 0051U, 0052U, 0053U, 0054U, 0055U, 0056U, 0058U, 0059U, 0060U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0089U, 0090U, 0091U, 0092U, 0094U, 0101U, 0102U, 0103U, 0111U, 0114U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870	No
Negative pressure wound therapy (NPWT)		97605, 97606, A6550, E2402, K0743	No
Neuromuscular stimulators		E0731, E0745, E0764, E0770	No
Neurostimulators		61860, 61863, 61867, 61885, 61886, 64553, 64561, 64566, 64568, 64581, 64590, E0787, O588T, C1767, C1787, L8683	No



**\*For IN-Network providers ONLY: Prior Authorization is not required for any services.**

**\*\*HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**\*\* Out of network providers always require service pre-authorization.\*\***

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY  
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 07/01/2022 00:00:01

Noninvasive home ventilators		E0466	No
Obesity surgeries		43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 0312T, 0313T,	No
Oral, temporomandibular joint (TMJ) surgeries		20910, 21010, 21050, 21060, 21070, 21085, 21100, 21110, 21116, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21240, 21242, 21243, 21244, 21247, 29800, 29804	No
Other durable medical equipment (DME)		A9274, A9276, A9277, A9278, E0193, E0194, E0265, E0266, E0270, E0277, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0462, E0481, E0486, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0691, E0692, E0693, E0762, E0766, E0784, E0787, E0791, E0912, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, K0553, K0554, K0743, K0900, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1200, L1300, L1310, L1499, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1843, L1844, L1845, L1846, L1848, L1851, L1852, L1860, L1907, L1932, L1945, L1950, L1951, L1960, L1970, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2106, L2108, L2126, L2128, L2132, L2134, L2136, L2350, L2525, L2526, L2627, L2628, L2999, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8683, L8701, L8702, S1030, S1031, S1034, S1035, S1036, S1037, S8130, S8131, V5336	No
Pain infusion pump		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786	No
Penile implant		54400, 54401, 54405, C1813, C2622	No
Prostate surgeries (prostatectomy)	Robotic Assisted Only	55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866	No



**\*For IN-Network providers ONLY: Prior Authorization is not required for any services.**

**\*\*HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**\*\* Out of network providers always require service pre-authorization.\*\***

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY  
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 07/01/2022 00:00:01

Prosthetics	21081, 21082, 21084, A9282, L3250, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6700, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L8035, L8499	No
Radiation therapy	32701, 61796, 61798, 63620, 77261, 77262, 77285, 77293, 77295, 77299, 77306, 77316, 77317, 77318, 77321, 77331, 77332, 77333, 77334, 77336, 77338, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77401, 77402, 77407, 77412, 77417, 77424, 77425, 77399, 77423, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789, 77790, 77799, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016	No
Skin and tissue substitutes	46707, 64912, 64913, 0437T, C9354, C9358, C9360, C9361, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226 **For codes Q4116 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.	No
Sleep studies	95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811, 95782, 95783	No
Spinal cord stimulators	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688	No



**\*For IN-Network providers ONLY: Prior Authorization is not required for any services.**

**\*\*HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**\*\* Out of network providers always require service pre-authorization.\*\***

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY  
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 07/01/2022 00:00:01

Spinal fusion, decompression, kyphoplasty and vertebroplasty		20999, 22103, 22116, 22208, 22216, 22222, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22853, 22854, 22855, 22856, 22857, 22858, 22859, 22861, 22862, 22864, 22865, 22867, 22868, 22869, 22870, 22899, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63107, 63112, 63113, 63115, 63119, 63120, 63121, 63122, 63123, 63124, 63125, 63126, 63127, 63128, 63129, 63130, 63131, 63132, 63133, 63134, 63135, 63136, 63137, 63138, 63139, 63140, 63141, 63142, 63143, 63144, 63145, 63146, 63147, 63148, 63149, 63150, 63151, 63152, 63153, 63154, 63155, 63156, 63157, 63158, 63159, 63160, 63161, 63162, 63163, 63164, 63165, 63166, 63167, 63168, 63169, 63170, 63171, 63172, 63173, 63174, 63175, 63176, 63177, 63178, 63179, 63180, 63181, 63182, 63183, 63184, 63185, 63186, 63187, 63188, 63189, 63190, 63191, 63192, 63193, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, C1821, C2614, C9757, S2348, S2350, S2351	No
Surgery for obstructive sleep apnea		21685, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0466T, 0467T, 0468T, C9727, S2080	No
Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation	Excludes diagnostic nasal/sinus endoscopies	31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706	No
Therapy (physical, speech and occupational)		420, 421, 422, 423, 424, 429, 430, 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92526, 92606, 92609, 92630, 92633, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97763, 97763, 97799, G0129, G0283, S9152, V5362, V5363, V5364	No
Transplant evaluations	All testing, scans and labortory associated with transplant evaluation and placement	All codes related to the evaluation	NOTIFICATION FORM REQUIRED
Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38230, 38232, 38240, 38241, 38243, 47133, 47135, 48160, 48550, 48554, 48556, 50360, 50365, 50370, 50380, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595, 84999, 0494T, 0495T, 0496T, 0584T, 0585T, 0586T, L8698, S9975	
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T, S2202	No
Ventricular assist devices (VADs)	Percutaneous ventricular assist devices (VADs)	33990, 33991	No
Ventricular assist devices (VADs)	Ventricular assist devices (VADs)	33975, 33976, 33979, 33981, 33982, 33983, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, Q0477, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0488, Q0489, Q0490, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0499, Q0500, Q0501, Q0502, Q0503, Q0504, Q0506, Q0507, Q0508, Q0509	No



**\*For IN-Network providers ONLY: Prior Authorization is not required for any services.**

**\*\*HEMO DIALYSIS, TRANSPLANT EVALUATION AND TRANSPLANT SURGERIES - NOTIFICATION FORM SUBMISSION REQUIRED**

**\*\* Out of network providers always require service pre-authorization.\*\***

**PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY  
PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.**

Effective 07/01/2022 00:00:01

Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1229, E1231, E1234, E1235, E1239, E2207, E2300, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2368, E2369, E2375, E2376, E2383, E2386, E2398, K0005, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899	No
Ventricular assist devices (VADs)	Ventricular assist devices (VADs)	33975, 33976, 33979, 33981, 33982, 33983, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, Q0477, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0488, Q0489, Q0490, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0499, Q0500, Q0501, Q0502, Q0503, Q0504, Q0506, Q0507, Q0508, Q0509	No
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1229, E1231, E1234, E1235, E1239, E2207, E2300, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2368, E2369, E2375, E2376, E2383, E2386, E2398, K0005, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899	No