

Authorization Categories	Code	Description	Comments
Dental - anesthesia for dental services	00170	ANESTH PROCEDURE ON MOUTH	PA required for anesthesia with dental procedures.
Cosmetic: procedures which may be considered cosmetic	11950	TX CONTOUR DEFECTS 1 CC/<	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	11951	TX CONTOUR DEFECTS 1.1-5.0CC	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	11952	TX CONTOUR DEFECTS 5.1-10CC	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	11954	TX CONTOUR DEFECTS >10.0 CC	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15780	DERMABRASION TOTAL FACE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15781	DERMABRASION SEGMENTAL FACE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15782	DERMABRASION OTHER THAN FACE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15783	DERMABRASION SUPRFL ANY SITE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15786	ABRASION LESION SINGLE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15788	CHEMICAL PEEL FACE EPIDERM	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15789	CHEMICAL PEEL FACE DERMAL	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15820	REVISION OF LOWER EYELID	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15821	REVISION OF LOWER EYELID	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15822	REVISION OF UPPER EYELID	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15823	REVISION OF UPPER EYELID	UM Required/Auth List
Abdominoplasty	15830	EXC SKIN ABD	UM Required/Auth List
Abdominoplasty	15847	EXC SKIN ABD ADD-ON	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15876	SUCTION LIPECTOMY HEAD&NECK	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	17106	DESTRUCTION OF SKIN LESIONS	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	17107	DESTRUCTION OF SKIN LESIONS	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	17108	DESTRUCTION OF SKIN LESIONS	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	19300	REMOVAL OF BREAST TISSUE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	19303	MAST SIMPLE COMPLETE	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19316	SUSPENSION OF BREAST	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19318	REDUCTION OF LARGE BREAST	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	19325	ENLARGE BREAST WITH IMPLANT	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19328	REMOVAL OF BREAST IMPLANT	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19330	REMOVAL OF IMPLANT MATERIAL	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19340	IMMEDIATE BREAST PROSTHESIS	PA required unless female and has breast cancer related diagnosis.

Cosmetic: procedures which may be considered cosmetic	19342	DELAYED BREAST PROSTHESIS	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19350	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19355	CORRECT INVERTED NIPPLE(S)	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19357	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19361	BREAST RECONSTR W/LAT FLAP	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19364	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19367	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19368	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19369	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19370	SURGERY OF BREAST CAPSULE	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19371	REMOVAL OF BREAST CAPSULE	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19380	REVISE BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19396	DESIGN CUSTOM BREAST IMPLANT	PA required unless female and has breast cancer related diagnosis.
Musculo-skeletal, joint, and pain management services	20974	ELECTRICAL BONE STIMULATION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	20975	ELECTRICAL BONE STIMULATION	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	20999	MUSCULOSKELETAL SURGERY	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	21120	RECONSTRUCTION OF CHIN	UM Required/Auth List
Orthognathic surgery	21121	RECONSTRUCTION OF CHIN	UM Required/Auth List
Orthognathic surgery	21122	RECONSTRUCTION OF CHIN	UM Required/Auth List
Orthognathic surgery	21123	RECONSTRUCTION OF CHIN	UM Required/Auth List
Orthognathic surgery	21125	AUGMENTATION LOWER JAW BONE	UM Required/Auth List
Orthognathic surgery	21127	AUGMENTATION LOWER JAW BONE	UM Required/Auth List
Orthognathic surgery	21141	LEFORT I-1 PIECE W/O GRAFT	UM Required/Auth List
Orthognathic surgery	21142	LEFORT I-2 PIECE W/O GRAFT	UM Required/Auth List
Orthognathic surgery	21143	LEFORT I-3/> PIECE W/O GRAFT	UM Required/Auth List
Orthognathic surgery	21145	LEFORT I-1 PIECE W/ GRAFT	UM Required/Auth List
Orthognathic surgery	21146	LEFORT I-2 PIECE W/ GRAFT	UM Required/Auth List
Orthognathic surgery	21147	LEFORT I-3/> PIECE W/ GRAFT	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	21175	RECONSTRUCT ORBIT/FOREHEAD	UM Required/Auth List
Orthognathic surgery	21188	RECONSTRUCTION OF MIDFACE	UM Required/Auth List
Orthognathic surgery	21193	RECONST LWR JAW W/O GRAFT	UM Required/Auth List

Orthognathic surgery	21194	RECONST LWR JAW W/GRAFT	UM Required/Auth List
Orthognathic surgery	21195	RECONST LWR JAW W/O FIXATION	UM Required/Auth List
Orthognathic surgery	21196	RECONST LWR JAW W/FIXATION	UM Required/Auth List
Orthognathic surgery	21198	RECONSTR LWR JAW SEGMENT	UM Required/Auth List
Orthognathic surgery	21199	RECONSTR LWR JAW W/ADVANCE	UM Required/Auth List
Orthognathic surgery	21206	RECONSTRUCT UPPER JAW BONE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	21208	AUGMENTATION OF FACIAL BONES	UM Required/Auth List
Orthognathic surgery	21210	FACE BONE GRAFT	UM Required/Auth List
Orthognathic surgery	21215	LOWER JAW BONE GRAFT	UM Required/Auth List
Orthognathic surgery	21240	RECONSTRUCTION OF JAW JOINT	UM Required/Auth List
Orthognathic surgery	21242	RECONSTRUCTION OF JAW JOINT	UM Required/Auth List
Orthognathic surgery	21243	RECONSTRUCTION OF JAW JOINT	UM Required/Auth List
Orthognathic surgery	21244	RECONSTRUCTION OF LOWER JAW	UM Required/Auth List
Orthognathic surgery	21245	RECONSTRUCTION OF JAW	UM Required/Auth List
Orthognathic surgery	21246	RECONSTRUCTION OF JAW	UM Required/Auth List
Orthognathic surgery	21247	RECONSTRUCT LOWER JAW BONE	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	21299	CRANIO/MAXILLOFACIAL SURGERY	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	21899	NECK/CHEST SURGERY PROCEDURE	UM Required/Auth List
Spinal fusion	22220	INCIS W/DISCECTOMY CERVICAL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22510	Perq cervicothoracic inject	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22511	Perq lumbosacral injection	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22513	Perq vertebral augmentation	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22514	Perq vertebral augmentation	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22526	IDET SINGLE LEVEL	UM Required/Auth List
Spinal fusion	22532	LAT THORAX SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22533	LAT LUMBAR SPINE FUSION	UM Required/Auth List
Spinal fusion	22548	NECK SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22551	NECK SPINE FUSE&REMOV BEL C2	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22554	NECK SPINE FUSION	UM Required/Auth List
Spinal fusion	22556	THORAX SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22558	LUMBAR SPINE FUSION	UM Required/Auth List

Musculo-skeletal, joint, and pain management services	22585	ADDITIONAL SPINAL FUSION	UM Required/Auth List
Spinal fusion	22586	PRESCRL FUSE W/ INSTR L5/S1	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22600	NECK SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22612	LUMBAR SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22614	SPINE FUSION EXTRA SEGMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22630	LUMBAR SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22632	SPINE FUSION EXTRA SEGMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22633	LUMBAR SPINE FUSION COMBINED	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22634	SPINE FUSION EXTRA SEGMENT	UM Required/Auth List
Spinal fusion	22800	POST FUSION </6 VERT SEG	UM Required/Auth List
Spinal fusion	22802	POST FUSION 7-12 VERT SEG	UM Required/Auth List
Spinal fusion	22804	POST FUSION 13/> VERT SEG	UM Required/Auth List
Spinal fusion	22808	ANT FUSION 2-3 VERT SEG	UM Required/Auth List
Spinal fusion	22810	ANT FUSION 4-7 VERT SEG	UM Required/Auth List
Spinal fusion	22812	ANT FUSION 8/> VERT SEG	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22856	CERV ARTIFIC DISSECTOMY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22861	REVISE CERV ARTIFIC DISC	UM Required/Auth List
Spinal fusion	22899	SPINE SURGERY PROCEDURE	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	22999	ABDOMEN SURGERY PROCEDURE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27096	INJECT SACROILIAC JOINT	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	27299	PELVIS/HIP JOINT SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27412	AUTOCHONDROCYTE IMPLANT KNEE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	28899	FOOT/TOES SURGERY PROCEDURE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29866	AUTGRFT IMPLNT KNEE W/SCOPE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29867	ALLGRFT IMPLNT KNEE W/SCOPE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29868	MENISCAL TRNSPL KNEE W/SCPE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29879	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30400	RECONSTRUCTION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30410	RECONSTRUCTION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30420	RECONSTRUCTION OF NOSE	UM Required/Auth List

Cosmetic: procedures which may be considered cosmetic	30430	REVISION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30435	REVISION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30450	REVISION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30460	REVISION OF NOSE	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	31299	SINUS SURGERY PROCEDURE	UM Required/Auth List
Lung volume reduction surgery	32491	LUNG VOLUME REDUCTION	UM Required/Auth List
Lung volume reduction surgery	32672	THORACOSCOPY FOR LVRS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32851	LUNG TRANSPLANT SINGLE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32852	LUNG TRANSPLANT WITH BYPASS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32853	LUNG TRANSPLANT DOUBLE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32854	LUNG TRANSPLANT WITH BYPASS	UM Required/Auth List
Left Atrial Occlusion Procedure (Watchman)	33340	Perc transcath closure of left atrial appendage	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33361	REPLACE AORTIC VALVE PERQ	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33362	REPLACE AORTIC VALVE OPEN	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33363	REPLACE AORTIC VALVE OPEN	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33364	REPLACE AORTIC VALVE OPEN	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33365	REPLACE AORTIC VALVE OPEN	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33366	Transcatheter aortic valve replacement (TAVR/TAVI)	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33418	Repair tcat mitral valve	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33477	Implant tcat pulm vlv perq	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33927	Impltj tot rplcmt hrt sys	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	33935	TRANSPLANTATION HEART/LUNG	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	33945	TRANSPLANTATION OF HEART	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33975	IMPLANT VENTRICULAR DEVICE	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33976	IMPLANT VENTRICULAR DEVICE	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33979	INSERT INTRACORPOREAL DEVICE	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33981	REPLACE VAD PUMP EXT	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33982	REPLACE VAD INTRA W/O BP	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33983	REPLACE VAD INTRA W/BP	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33990	INSERT VAD ARTERY ACCESS	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33991	INSERT VAD ART&VEIN ACCESS	UM Required/Auth List

Ventricular assist devices (VAD) or Artificial Heart	33995	Insertion of ventricular assist device, percutaneo	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36465	Njx noncmpnd sclrsnt 1 vein	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36466	Njx noncmpnd sclrsnt mlt vn	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36470	INJECTION THERAPY OF VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36471	INJECTION THERAPY OF VEINS	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36475	ENDOVENOUS RF 1ST VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36478	ENDOVENOUS LASER 1ST VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37500	ENDOSCOPY LIGATE PERF VEINS	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37700	REVISE LEG VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37718	LIGATE/STRIP SHORT LEG VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37722	LIGATE/STRIP LONG LEG VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37735	REMOVAL OF LEG VEINS/LESION	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37760	LIGATE LEG VEINS RADICAL	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37761	LIGATE LEG VEINS OPEN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37765	STAB PHLEB VEINS XTR 10-20	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37766	PHLEB VEINS - EXTREM 20+	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37780	REVISION OF LEG VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37785	LIGATE/DIVIDE/EXCISE VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37799	VASCULAR SURGERY PROCEDURE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38206	HARVEST AUTO STEM CELLS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38240	TRANSPLT ALLO HCT/DONOR	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38241	TRANSPLT AUTOL HCT/DONOR	UM Required/Auth List
Orthognathic surgery	42145	REPAIR PALATE PHARYNX/UVULA	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	42299	PALATE/UVULA SURGERY	UM Required/Auth List
Weight loss (bariatric) surgeries	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	UM Required/Auth List
Weight loss (bariatric) surgeries	43645	LAP GASTR BYPASS INCL SMLL I	UM Required/Auth List
Gastric pacing/stimulation	43647	LAP IMPL ELECTRODE ANTRUM	UM Required/Auth List
Weight loss (bariatric) surgeries	43770	LAP PLACE GASTR ADJ DEVICE	UM Required/Auth List
Weight loss (bariatric) surgeries	43771	LAP REVISE GASTR ADJ DEVICE	UM Required/Auth List
Weight loss (bariatric) surgeries	43772	LAP RMVL GASTR ADJ DEVICE	UM Required/Auth List
Weight loss (bariatric) surgeries	43773	LAP REPLACE GASTR ADJ DEVICE	UM Required/Auth List

Weight loss (bariatric) surgeries	43774	LAP RMVL GASTR ADJ ALL PARTS	UM Required/Auth List
Weight loss (bariatric) surgeries	43775	LAP SLEEVE GASTRECTOMY	UM Required/Auth List
Weight loss (bariatric) surgeries	43845	GASTROPLASTY DUODENAL SWITCH	UM Required/Auth List
Weight loss (bariatric) surgeries	43846	GASTRIC BYPASS FOR OBESITY	UM Required/Auth List
Weight loss (bariatric) surgeries	43847	GASTRIC BYPASS INCL SMALL I	UM Required/Auth List
Weight loss (bariatric) surgeries	43848	REVISION GASTROPLASTY	UM Required/Auth List
Gastric pacing/stimulation	43881	IMPL/REDO ELECTRD ANTRUM	UM Required/Auth List
Weight loss (bariatric) surgeries	43886	REVISE GASTRIC PORT OPEN	UM Required/Auth List
Weight loss (bariatric) surgeries	43887	REMOVE GASTRIC PORT OPEN	UM Required/Auth List
Weight loss (bariatric) surgeries	43888	CHANGE GASTRIC PORT OPEN	UM Required/Auth List
Weight loss (bariatric) surgeries	43999	STOMACH SURGERY PROCEDURE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	44135	INTESTINE TRANSPLNT CADAVER	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	44136	INTESTINE TRANSPLANT LIVE	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	45999	RECTUM SURGERY PROCEDURE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	47135	TRANSPLANTATION OF LIVER	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	47399	LIVER SURGERY PROCEDURE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	48160	PANCREAS REMOVAL/TRANSPLANT	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	48554	TRANSPL ALLOGRAFT PANCREAS	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	48999	PANCREAS SURGERY PROCEDURE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	50360	TRANSPLANTATION OF KIDNEY	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	50365	TRANSPLANTATION OF KIDNEY	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	50380	REIMPLANTATION OF KIDNEY	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	53899	UROLOGY SURGERY PROCEDURE	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	55899	GENITAL SURGERY PROCEDURE	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	58578	LAPARO PROC UTERUS	UM Required/Auth List
Fetal Surgery	59897	FETAL INVAS PX W/US	UM Required/Auth List
Deep brain stimulator placement	61863	IMPLANT NEUROELECTRODE	UM Required/Auth List
Deep brain stimulator placement	61867	IMPLANT NEUROELECTRODE	UM Required/Auth List
Vagal nerve stimulators	61885	INSRT/REDO NEUROSTIM 1 ARRAY	UM Required/Auth List
Vagal nerve stimulators	61886	IMPLANT NEUROSTIM ARRAYS	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62287	PERCUTANEOUS DISKECTOMY	UM Required/Auth List

Musculo-skeletal, joint, and pain management services	62320	Inject, cerv or thoracic w/o imaging guidance	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62321	Inject, cerv or thoracic w imaging guidance	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62322	Inject, lumbar or sacra; w/out imaging guidance	No PA required for Dx G12.xx
Musculo-skeletal, joint, and pain management services	62323	Inject, lumbar or sacra; w imaging guidance	No PA required for Dx G12.xx
Musculo-skeletal, joint, and pain management services	62324	Inject, cervical or thoracic w/o imaging guidance	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62325	Inject, cont infusion, cerv or thoracic w imaging	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62326	Inject, cont infusion, lumb or sacral w/o imaging	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62327	Inject, cont infusion, lumb or sacral w imaging gu	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62350	IMPLANT SPINAL CANAL CATH	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62351	IMPLANT SPINAL CANAL CATH	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62360	INSERT SPINE INFUSION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62361	IMPLANT SPINE INFUSION PUMP	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62362	IMPLANT SPINE INFUSION PUMP	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62380	Endo decomp of spinal cord, nerve root(s)	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63001	REMOVE SPINE LAMINA 1/2 CRVL	UM Required/Auth List
Spinal fusion	63003	REMOVE SPINE LAMINA 1/2 THRC	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63005	REMOVE SPINE LAMINA 1/2 LMBR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63012	REMOVE LAMINA/FACETS LUMBAR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63015	REMOVE SPINE LAMINA >2 CRVCL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63017	REMOVE SPINE LAMINA >2 LMBR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63020	NECK SPINE DISK SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63030	LOW BACK DISK SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63035	SPINAL DISK SURGERY ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63040	LAMINOTOMY SINGLE CERVICAL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63042	LAMINOTOMY SINGLE LUMBAR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63043	LAMINOTOMY ADDL CERVICAL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63044	LAMINOTOMY ADDL LUMBAR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63045	REMOVE SPINE LAMINA 1 CRVL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63046	REMOVE SPINE LAMINA 1 THRC	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63047	REMOVE SPINE LAMINA 1 LMBR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63048	REMOVE SPINAL LAMINA ADD-ON	UM Required/Auth List



Musculo-skeletal, joint, and pain management services	63050	CERVICAL LAMINOPLSTY 2/> SEG	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63051	C-LAMINOPLASTY W/GRAFT/PLATE	UM Required/Auth List
Spinal fusion	63055	DECOMPRESS SPINAL CORD THRC	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63056	DECOMPRESS SPINAL CORD LMBR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63057	DECOMPRESS SPINE CORD ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63075	NECK SPINE DISK SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63081	REMOVE VERT BODY DCMPRN CRVL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63650	IMPLANT NEUROELECTRODES	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63655	IMPLANT NEUROELECTRODES	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63685	INSRT/REDO SPINE N GENERATOR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64479	INJ FORAMEN EPIDURAL C/T	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64483	INJ FORAMEN EPIDURAL L/S	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64490	INJ PARAVERT F JNT C/T 1 LEV	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64493	INJ PARAVERT F JNT L/S 1 LEV	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64520	N BLOCK LUMBAR/THORACIC	UM Required/Auth List
Deep brain stimulator placement	64553	IMPLANT NEUROELECTRODES	UM Required/Auth List
Sacral nerve stimulator	64561	IMPLANT NEUROELECTRODES	UM Required/Auth List
Vagal nerve stimulators	64568	INC FOR VAGUS N ELECT IMPL	UM Required/Auth List
Sacral nerve stimulator	64590	INSRT/REDO PN/GASTR STIMUL	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	64628	Thermal destruction of intraosseous...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	64629	Thermal destruction of intraosseous...	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64633	DESTROY CERV/THOR FACET JNT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64634	DESTROY C/TH FACET JNT ADDL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64635	DESTROY LUMB/SAC FACET JNT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64636	DESTROY L/S FACET JNT ADDL	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	64999	NERVOUS SYSTEM SURGERY	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	66999	EYE SURGERY PROCEDURE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	67900	REPAIR BROW DEFECT	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	67901	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3

Cosmetic: procedures which may be considered cosmetic	67902	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67903	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67904	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67906	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67908	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67909	REVISE EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	69300	REVISE EXTERNAL EAR	UM Required/Auth List
Bone-anchored hearing aids (BAHA)	69710	IMPLANT/REPLACE HEARING AID	UM Required/Auth List
Bone-anchored hearing aids (BAHA)	69714	IMPLANT TEMPLE BONE W/STIMUL	UM Required/Auth List
Bone-anchored hearing aids (BAHA)	69716	Implantation, osseointegrated implant, skull;...	UM Required/Auth List
Bone-anchored hearing aids (BAHA)	69930	IMPLANT COCHLEAR DEVICE	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75561	CARDIAC MRI FOR MORPH W/DYE	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75563	CARD MRI W/STRESS IMG & DYE	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75571	CT HRT W/O DYE W/CA TEST	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75572	CT HRT W/3D IMAGE	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75574	CT ANGIO HRT W/3D IMAGE	UM Required/Auth List
Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	77046	Magnetic resonance imaging, breast	UM Required/Auth List
Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	77048	Magnetic resonance imaging, breast	UM Required/Auth List
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77301	RADIOTHERAPY DOSE PLAN IMRT	BSWHP will process. Medicaid PA required unless female and has breast cancer related diagnosis.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77338	DESIGN MLC DEVICE FOR IMRT	BSWHP will process. Medicaid PA required unless female and has breast cancer related diagnosis.
Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	78608	BRAIN IMAGING (PET)	UM Required/Auth List
Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	78609	BRAIN IMAGING (PET)	UM Required/Auth List
Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	78811	PET IMAGE LTD AREA	UM Required/Auth List
Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	78812	PET IMAGE SKULL-THIGH	UM Required/Auth List

Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	78813	PET IMAGE FULL BODY	UM Required/Auth List
Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	78814	PET IMAGE W/CT LMTD	UM Required/Auth List
Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	78815	PET IMAGE W/CT SKULL-THIGH	UM Required/Auth List
Imaging ? advanced ( CT, MRI, PET, SPECT, scan, etc.)	78816	PET IMAGE W/CT FULL BODY	UM Required/Auth List
Genetic/genomic testing	81161	DMD DUP/DELET ANALYSIS	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (...)	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81163	BRCA1 (BRCA1, DNA repair associate	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81164	BRCA1 (BRCA1, DNA repair associate	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81165	BRCA1 (BRCA1, DNA repair associate	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81166	BRCA1 (BRCA1, DNA repair associate	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81167	BRCA2 (BRCA2, DNA repair associate	UM Required/Auth List
Genetic/genomic testing	81170	Abl1 gene	UM Required/Auth List
Genetic/genomic testing	81201	APC GENE FULL SEQUENCE	UM Required/Auth List
Genetic/genomic testing	81202	APC GENE KNOWN FAM VARIANTS	UM Required/Auth List
Genetic/genomic testing	81203	APC GENE DUP/DELET VARIANTS	UM Required/Auth List
Genetic/genomic testing	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (...)	UM Required/Auth List
Genetic/genomic testing	81215	BRCA1 (BRCA1, DNA repair associated) (eg....	UM Required/Auth List
Genetic/genomic testing	81216	BRCA2 (BRCA2, DNA repair associated) (eg....	UM Required/Auth List
Genetic/genomic testing	81217	BRCA2 (BRCA2, DNA repair associated) (eg....	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81218	Cebpa gene full sequence	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81219	Calr gene com variants	UM Required/Auth List
Genetic/genomic testing	81220	CFTR GENE COM VARIANTS	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81221	CFTR GENE KNOWN FAM VARIANTS	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81222	CFTR GENE DUP/DELET VARIANTS	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81223	CFTR GENE FULL SEQUENCE	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81224	CFTR GENE INTRON POLY T	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81225	CYP2C19 GENE COM VARIANTS	UM Required/Auth List
Genetic/genomic testing	81226	CYP2D6 GENE COM VARIANTS	UM Required/Auth List
Genetic/genomic testing	81228	CYTOGEN MICRARRAY COPY NMBR	UM Required/Auth List
Genetic/genomic testing	81229	CYTOGEN M ARRAY COPY NO&SNP	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81232	Dpyd gene common variants	UM Required/Auth List

Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81235	EGFR GENE COM VARIANTS	UM Required/Auth List
Genetic/genomic testing	81238	F9 full gene sequence	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81243	FMR1 GENE DETECTION	UM Required/Auth List
Genetic/genomic testing	81244	FMR1 (fragile X mental retardation 1) (eg....	UM Required/Auth List
Genetic/genomic testing	81247	G6pd gene alys cmn variant	UM Required/Auth List
Genetic/genomic testing	81259	Hba1/hba2 full gene sequence	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81261	IGH GENE REARRANGE AMP METH	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81264	IGK REARRANGEABN CLONAL POP	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81272	Kit gene targeted seq analys	UM Required/Auth List
Genetic/genomic testing	81273	Kit gene analys d816 variant	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81276	Kras gene addl variants	UM Required/Auth List
Genetic/genomic testing	81288	Mlh1 gene	UM Required/Auth List
Genetic/genomic testing	81292	MLH1 GENE FULL SEQ	UM Required/Auth List
Genetic/genomic testing	81293	MLH1 GENE KNOWN VARIANTS	UM Required/Auth List
Genetic/genomic testing	81294	MLH1 GENE DUP/DELETE VARIANT	UM Required/Auth List
Genetic/genomic testing	81295	MSH2 GENE FULL SEQ	UM Required/Auth List
Genetic/genomic testing	81296	MSH2 GENE KNOWN VARIANTS	UM Required/Auth List
Genetic/genomic testing	81297	MSH2 GENE DUP/DELETE VARIANT	UM Required/Auth List
Genetic/genomic testing	81298	MSH6 GENE FULL SEQ	UM Required/Auth List
Genetic/genomic testing	81299	MSH6 GENE KNOWN VARIANTS	UM Required/Auth List
Genetic/genomic testing	81300	MSH6 GENE DUP/DELETE VARIANT	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81301	MICROSATELLITE INSTABILITY	UM Required/Auth List
Genetic/genomic testing	81302	MECP2 GENE FULL SEQ	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81303	MECP2 GENE KNOWN VARIANT	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81304	MECP2 GENE DUP/DELET VARIANT	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81310	NPM1 GENE	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81311	Nras gene variants exon	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81314	Pdgfra gene	UM Required/Auth List
Genetic/genomic testing	81317	PMS2 GENE FULL SEQ ANALYSIS	UM Required/Auth List
Genetic/genomic testing	81318	PMS2 KNOWN FAMILIAL VARIANTS	UM Required/Auth List
Genetic/genomic testing	81319	PMS2 GENE DUP/DELET VARIANTS	UM Required/Auth List

Genetic/genomic testing	81321	PTEN GENE FULL SEQUENCE	UM Required/Auth List
Genetic/genomic testing	81322	PTEN GENE KNOWN FAM VARIANT	UM Required/Auth List
Genetic/genomic testing	81323	PTEN GENE DUP/DELET VARIANT	UM Required/Auth List
Genetic/genomic testing	81328	Slco1b1 gene com variants	UM Required/Auth List
Genetic/genomic testing	81329	SMN1 (survival of motor neuron 1,	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81335	Tpmt gene com variants	UM Required/Auth List
Genetic/genomic testing	81336	SMN1 (survival of motor neuron 1,	PA required for ALL dx EXCEPT Perinatal related diagnosis. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81337	SMN1 (survival of motor neuron 1,	PA required for ALL dx EXCEPT Perinatal related diagnosis. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81350	Ugt1a1 gene common variants	UM Required/Auth List
Genetic/genomic testing	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81406	MOPATH PROCEDURE LEVEL 7	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81408	MOPATH PROCEDURE LEVEL 9	UM Required/Auth List
Genetic/genomic testing	81410	Aortic dysfunction/dilation	UM Required/Auth List
Genetic/genomic testing	81411	Aortic dysfunction/dilation	UM Required/Auth List
Genetic/genomic testing	81412	Ashkenazi Jewish associated disorders	UM Required/Auth List
Genetic/genomic testing	81413	Cardiac ion channelopath; must incl at least 10 ge	UM Required/Auth List
Genetic/genomic testing	81414	Cardiac ion channelopath; must incl at least 2 gen	UM Required/Auth List
Genetic/genomic testing	81415	Exome sequence analysis	UM Required/Auth List
Genetic/genomic testing	81417	Exome re-evaluation	UM Required/Auth List
Genetic/genomic testing	81420	Fetal chrmmoml aneuploidy	UM Required/Auth List
Genetic/genomic testing	81425	Genome sequence analysis	UM Required/Auth List
Genetic/genomic testing	81427	Genome re-evaluation	UM Required/Auth List
Genetic/genomic testing	81430	Hearing loss sequence analys	UM Required/Auth List
Genetic/genomic testing	81431	Hearing loss dup/del analys	UM Required/Auth List
Genetic/genomic testing	81432	Hereditary breast cancer-related disorders	UM Required/Auth List
Genetic/genomic testing	81435	Hereditary colon cancer	UM Required/Auth List
Genetic/genomic testing	81436	Hereditary colon ca synd	UM Required/Auth List
Genetic/genomic testing	81437	Hereditary neuroendocrine tumor disorders	UM Required/Auth List
Genetic/genomic testing	81438	Hereditary neuroendocrine tumor disorders	UM Required/Auth List
Genetic/genomic testing	81439	Inherited cardiomyopathy, must incl at least 5 gen	UM Required/Auth List

Genetic/genomic testing	81442	Noonan spectrum disorders	UM Required/Auth List
Genetic/genomic testing	81443	Genetic testing for severe inherit	UM Required/Auth List
Genetic/genomic testing	81448	Hrdtry perph neurphy panel	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81479	UNLISTED MOLECULAR PATHOLOGY	UM Required/Auth List
Genetic/genomic testing	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequ	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81519	Oncology breast mma	UM Required/Auth List
Genetic/genomic testing	81538	Oncology (lung), mass spectrometric 8-protein sign	UM Required/Auth List
Genetic/genomic testing	81540	Oncology (tumor of unknown origin),	UM Required/Auth List
Genetic/genomic testing	81542	Onc prostate mma 22 cnt gen	UM Required/Auth List
Genetic/genomic testing	81552	Onc uveal mlnma mma 15 gene	UM Required/Auth List
Genetic/genomic testing	81595	Cardiology (heart transplant),	UM Required/Auth List
Genetic/genomic testing	81599	UNLISTED MAAA	UM Required/Auth List
Genetic/genomic testing	88267	CHROMOSOME ANALYS PLACENTA	PA required for ALL dx EXCEPT Perinatal related diagnosis. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	88269	CHROMOSOME ANALYS AMNIOTIC	PA required for ALL dx EXCEPT Perinatal related diagnosis. PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88275	CYTOGENETICS 100-300	UM Required/Auth List
Genetic/genomic testing	88299	CYTOGENETIC STUDY	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88368	INSITU HYBRIDIZATION MANUAL	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	89240	PATHOLOGY LAB PROCEDURE	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	89398	UNLISTED REPROD MED LAB PROC	UM Required/Auth List
GI imaging with capsule endoscopy	91110	GI TRACT CAPSULE ENDOSCOPY	UM Required/Auth List
GI imaging with capsule endoscopy	91111	ESOPHAGEAL CAPSULE ENDOSCOPY	UM Required/Auth List
GI imaging with capsule endoscopy	91113	Gastrointestinal tract imaging, intraluminal...	UM Required/Auth List
Therapy services	92507	SPEECH/HEARING THERAPY	UM Required/Auth List
Therapy services	92508	SPEECH/HEARING THERAPY	UM Required/Auth List
Therapy services	92526	ORAL FUNCTION THERAPY	UM Required/Auth List
Therapy services	92630	AUD REHAB PRE-LING HEAR LOSS	UM Required/Auth List
Therapy services	92633	AUD REHAB POSTLING HEAR LOSS	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	92970	CARDIOASSIST INTERNAL	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	93799	CARDIOVASCULAR PROCEDURE	UM Required/Auth List

Intraoperative Neurophysiological Monitoring	95940	IONM IN OPERATNG ROOM 15 MIN	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	95999	NEUROLOGICAL PROCEDURE	UM Required/Auth List
Neuropsychological and psychological testing	96130	Psychological testing evaluation s	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22. For Medicaid lines: Authorization is ONLY required when exceeding the Medicaid benefit limit. Please review the Texas Medicaid Provider Procedures Manual (TMPPM) for the Medicaid benefit limits. Use the "Medicaid, Over the Limit" request type for online submission.
Neuropsychological and psychological testing	96131	Psychological testing evaluation s	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22. For Medicaid lines: Authorization is ONLY required when exceeding the Medicaid benefit limit. Please review the Texas Medicaid Provider Procedures Manual (TMPPM) for the Medicaid benefit limits. Use the "Medicaid, Over the Limit" request type for online submission.
Neuropsychological and psychological testing	96136	Psychological or neuropsychologica	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22. For Medicaid lines: Authorization is ONLY required when exceeding the Medicaid benefit limit. Please review the Texas Medicaid Provider Procedures Manual (TMPPM) for the Medicaid benefit limits. Use the "Medicaid, Over the Limit" request type for online submission.
Neuropsychological and psychological testing	96137	Psychological or neuropsychologica	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22. For Medicaid lines: Authorization is ONLY required when exceeding the Medicaid benefit limit. Please review the Texas Medicaid Provider Procedures Manual (TMPPM) for the Medicaid benefit limits. Use the "Medicaid, Over the Limit" request type for online submission.
Therapy services	97012	MECHANICAL TRACTION THERAPY	UM Required/Auth List
Therapy services	97016	VASOPNEUMATIC DEVICE THERAPY	UM Required/Auth List
Therapy services	97018	PARAFFIN BATH THERAPY	UM Required/Auth List
Therapy services	97022	WHIRLPOOL THERAPY	UM Required/Auth List
Therapy services	97024	DIATHERMY EG MICROWAVE	UM Required/Auth List
Therapy services	97026	INFRARED THERAPY	UM Required/Auth List
Therapy services	97028	ULTRAVIOLET THERAPY	UM Required/Auth List

Therapy services	97110	THERAPEUTIC EXERCISES	UM Required/Auth List
Therapy services	97112	NEUROMUSCULAR REEDUCATION	UM Required/Auth List
Therapy services	97113	AQUATIC THERAPY/EXERCISES	UM Required/Auth List
Therapy services	97116	GAIT TRAINING THERAPY	UM Required/Auth List
Therapy services	97124	MASSAGE THERAPY	UM Required/Auth List
Therapy services	97140	MANUAL THERAPY 1/> REGIONS	UM Required/Auth List
Therapy services	97150	GROUP THERAPEUTIC PROCEDURES	UM Required/Auth List
Therapy services	97151	Behavior identification assessment	UM Required/Auth List
Therapy services	97153	Adaptive behavior treatment by pro	UM Required/Auth List
Therapy services	97154	Group adaptive behavior treatment	UM Required/Auth List
Therapy services	97155	Adaptive behavior treatment with p	UM Required/Auth List
Therapy services	97156	Family adaptive behavior treatment	UM Required/Auth List
Therapy services	97158	Group adaptive behavior treatment	UM Required/Auth List
Therapy services	97530	THERAPEUTIC ACTIVITIES	UM Required/Auth List
Therapy services	97535	SELF CARE MNGMENT TRAINING	UM Required/Auth List
Therapy services	97537	COMMUNITY/WORK REINTEGRATION	UM Required/Auth List
Therapy services	97750	PHYSICAL PERFORMANCE TEST	UM Required/Auth List
Therapy services	97760	ORTHOTIC MGMT AND TRAINING	UM Required/Auth List
Therapy services	97761	PROSTHETIC TRAINING	UM Required/Auth List
Therapy services	97763	Orthc/prostc mgmt sbsq enc	UM Required/Auth List
Therapy services	99366	TEAM CONF W/PAT BY HC PROF	UM Required/Auth List
Fixed wing or jet medical transports and non-emergent helicopter	A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	UM Required/Auth List
Fixed wing or jet medical transports and non-emergent helicopter	A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	UM Required/Auth List
Antineoplastic Agents	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	UM Required/Auth List
Antineoplastic Agents	A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	UM Required/Auth List
Antineoplastic Agents	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	UM Required/Auth List
Formula (enteral) Amino-acid based	B4153	ENTRAL FORMULA NUTIONALLY Cmpl HYDROLYZED PROTS	UM Required/Auth List
Formula (enteral) Amino-acid based	B4161	ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS	UM Required/Auth List
Enzymes	C9085	Injection, avalglucosidase alfa-ngpt, 4 mg	UM Required/Auth List
Anti-infective Agents	C9086	Injection, anifrolumab-fnia, 1 mg	UM Required/Auth List



Oxygen and related equipment	E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK	UM Required/Auth List
Oxygen and related equipment	E0439	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR	UM Required/Auth List
Oxygen and related equipment	E0440	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR	UM Required/Auth List
Ventilators and related equipment	E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	UM Required/Auth List
High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment	E0483	HI FREQ CHST WALL OSCILLAT AIR- PULSE GEN SYS EA	UM Required/Auth List
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY	UM Required/Auth List
Compression devices (select)	E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS	UM Required/Auth List
Compression devices (select)	E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	UM Required/Auth List
Bone stimulators	E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	UM Required/Auth List
Osteogenesis stimulator, electrical, noninvasive, spinal applications	E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	UM Required/Auth List
Bone stimulators	E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	UM Required/Auth List
Oxygen and related equipment	E1390	O2 CONC 1 DEL PORT 85%/>O2 CONC AT PRSC FLW RATE	UM Required/Auth List
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	UM Required/Auth List
Home health services, including all requests for hourly nursing	G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	UM Required/Auth List
Home health services, including all requests for hourly nursing	G0299	Hhs/hospice of m ea 15 min	UM Required/Auth List
Home health services, including all requests for hourly nursing	G0300	HHS/hospice of lpn ea 15 min	UM Required/Auth List
Intraoperative Neurophysiological Monitoring	G0453	CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTCX RES PROG IP	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0015	ALCOHL&RX SRVC;INTENSV OP;CRISIS INTRVN&ACTV TX	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0035	MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0050	ALCOHOL &OR DRUG SRVC BRF INTERVENTN PER 15 MIN	UM Required/Auth List
Disease-Modifying Antirheumatic Agents	J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	UM Required/Auth List
Central Nervous System Agents	J0172	Injection, aducanumab-avwa, 2 mg	UM Required/Auth List
Enzymes	J0180	INJECTION AGALSIDASE BETA 1 MG	UM Required/Auth List
Enzymes	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	UM Required/Auth List
Enzymes	J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	UM Required/Auth List
Other Miscellaneous Therapeutic Agents	J0222	Injection, patisiran, 0.1 mg	UM Required/Auth List

Immunosuppressive Agents	J0490	INJECTION BELIMUMAB 10 MG	UM Required/Auth List
Anti-infective Agents	J0491	Injection, anifrolumab-fnia, 1 mg	UM Required/Auth List
Interleukin Antagonists	J0517	Injection, benralizumab, 1 mg	UM Required/Auth List
Enzymes	J0567	Injection, cerliponase alfa, 1 mg	UM Required/Auth List
Electrolytic,Caloric,Water Balance Misc,	J0584	Injection, burosumab-twza, 1 mg	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J0791	Injection, crizanlizumab-tmca, 5 mg	UM Required/Auth List
Hematopoietic Agents	J0896	Injection, luspatercept-aamt, 0.25 mg	UM Required/Auth List
Central Nervous System Agents	J1301	Injection, edaravone, 1 mg	UM Required/Auth List
Enzymes	J1322	Elosulfase alfa, injection	UM Required/Auth List
Autonomic Drugs	J1426	Injection, casimersen, 10 mg	UM Required/Auth List
Autonomic Drugs	J1427	Injection, viltolarsen, 10 mg	UM Required/Auth List
Autonomic Drugs	J1428	Inj, eteplirsen, 10 mg	UM Required/Auth List
Autonomic Drugs	J1429	Injection, golodirsen, 10 mg	UM Required/Auth List
Enzymes	J1458	INJECTION GALSULFASE 1 MG	UM Required/Auth List
Antidepressants, Miscellaneous	J1632	Injection, brexanolone, 1 mg	UM Required/Auth List
Enzymes	J1743	INJECTION IDURSULFASE 1 MG	UM Required/Auth List
HIV Entry And Fusion Inhibitors	J1746	Injection, ibalizumab-uiyk, 10 mg	UM Required/Auth List
Enzymes	J1786	INJECTION IMIGLUCERASE 10 UNITS	UM Required/Auth List
Immunomodulatory Agents	J1823	Injection, inebilizumab-cdon, 1 mg	UM Required/Auth List
Enzymes	J1931	INJECTION LARONIDASE 0.1 MG	UM Required/Auth List
Interleukin Antagonists	J2182	Injection, mepolizumab, 1 mg	UM Required/Auth List
Antisense Oligonucleotides	J2326	Inj, nusinersen, 0.1mg	UM Required/Auth List
Respiratory Tract Agents	J2356	Injection, tezepelumab-ekko, 1 mg	UM Required/Auth List
Respiratory Tract Agents, Miscellaneous	J2357	INJECTION OMALIZUMAB 5 MG	UM Required/Auth List
Blood Derivatives	J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	UM Required/Auth List
Interleukin Antagonists	J2786	Injection, reslizumab, 1 mg	UM Required/Auth List
Enzymes	J2840	Injection, sebelipase alfa, 1 mg	UM Required/Auth List
Enzymes	J3060	Inj, taliglucerase alfa 10 u	UM Required/Auth List
EEENT Drugs, Miscellaneous	J3241	Injection, teprotumumab-trbw, 10 mg	UM Required/Auth List
Enzymes	J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	UM Required/Auth List
Enzymes	J3397	Injection, vestronidase alfa-vjbc, 1 mg	UM Required/Auth List

Retinal gene therapies	J3398	Injection, voretigene neparvec-rzyl, 1...	UM Required/Auth List
Gene Therapy	J3399	Injection, onasemnogene abeparvec-xioi, per...	UM Required/Auth List
Unclassified Drugs or Biologicals	J3490	UNDESIGNATED CODE	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
Unclassified Drugs or Biologicals	J3590	UNLISTED CODE	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
Corticosteroids (EENT)	J7311	Fluocinolone acetonide, intravitreal implant	UM Required/Auth List
Antineoplastic Agents	J9027	INJECTION CLOFARABINE 1 MG	UM Required/Auth List
Antineoplastic Agents	J9047	Injection, carfilzomib, 1 mg	UM Required/Auth List
Antineoplastic Agents	J9204	Injection, mogamulizumab-kpkc, 1 mg	UM Required/Auth List
Immunosuppressive Agents	J9210	Injection, emapalumab-lzsg, 1 mg	UM Required/Auth List
Antineoplastic Agents	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	UM Required/Auth List
Antineoplastic Agents	J9269	Injection, tagraxofusp-erzs, 10 mcg	UM Required/Auth List
Antineoplastic Agents	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	UM Required/Auth List
Antineoplastic Agents	J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
Custom made and specially sized wheelchairs and related equipment	K0013	Custom motorized/power wheelchair base	UM Required/Auth List
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMEN TYPE	UM Required/Auth List
Power operated vehicles and related equipment	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	UM Required/Auth List
Power wheelchairs and related equipment	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	UM Required/Auth List

Power wheelchairs and related equipment	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/>	UM Required/Auth List
Power wheelchairs and related equipment	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO &=300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO &=300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0848	PWR WC GRP 3 STD SLING SEAT PT TO & = 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & = 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/>	UM Required/Auth List
Power wheelchairs and related equipment	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/>	UM Required/Auth List
Power wheelchairs and related equipment	K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/>	UM Required/Auth List
Power wheelchairs and related equipment	K0868	PWR WC GRP 4 STD SLING SEAT PT TO & = 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & = 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &=300 LB	UM Required/Auth List

Power wheelchairs and related equipment	K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO &=300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &=125 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &=125 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	UM Required/Auth List
Chimeric Antigen Receptor	Q2041	Axicabtagene ciloleucl car+	UM Required/Auth List
Immunocellular Therapy	Q2042	Tisagenlecleucl, up to 600 million...	UM Required/Auth List
Immunocellular Therapy	Q2053	Brexucabtagene autoleucl, up to 200 million...	UM Required/Auth List
Antineoplastic Agents	Q2054	Lisocabtagene maraleucl, up to 110 million...	UM Required/Auth List
Antineoplastic Agents	Q2055	Idecabtagene vicleucl, up to 460 million...	UM Required/Auth List
Antineoplastic Agents	Q2056	Ciltacabtagene autoleucl, up to 100 million...	UM Required/Auth List
Cranial remolding orthotic	S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2053	TRANSPLANTATION SMALL INTESTINE&LIVER ALLOGRAFTS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2060	LOBAR LUNG TRANSPLANTATION	UM Required/Auth List
Fetal Surgery	S2409	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC	UM Required/Auth List
Intensive Outpatient	S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	UM Required/Auth List
Private duty nursing services	T1000	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN	UM Required/Auth List
Therapy services	T1025	INTEN MXDISCIPLIN SRVC CHILD W/CMLPX IMPAIR DIEM	UM Required/Auth List
Therapy services	T1026	INTEN MXDISCIPLIN SRVC CHILD W/CMLPX IMPAIR HR	UM Required/Auth List