



BlueCross BlueShield
of New Mexico

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

(Updated December 2025)

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which benefit preauthorization may be required. This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Always check eligibility and benefits first, effective since before rendering services. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. The 4 green highlighted codes are managed by eviCore healthcare (eviCore).

Utilization Management Process

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

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
15272	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15273	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15274	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15275	SKIN SUB GRAFT FACE/SCALP/NECK/HANDS/FEET	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15276	SKIN SUB GRAFT FACE/SCALP/NECK/HANDS/FEET	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15277	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
15778	SKIN SUB GRAFT TRNK/ARM/LEG	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
15820	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	effective since before 9/1/2019
15821	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	effective since before 9/1/2019
15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	effective since before 9/1/2019
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	effective since before 9/1/2019
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15832	EXCISE EXCESSIVE SKIN THIGH	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15835	EXCISE EXCESSIVE SKIN BUTTCK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15836	EXCISE EXCESSIVE SKIN ARM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15837	EXCISE EXCESS SKIN ARM/HAND	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15839	EXCISE EXCESS SKIN & TISSUE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15876	SUCTION LIPECTOMY HEAD&NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15877	SUCTION LIPECTOMY TRUNK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15878	SUCTION LIPECTOMY UPR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
15879	SUCTION LIPECTOMY LWR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
17999	Unlisted procedure, integumentary system	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Added 1/1/2026
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.	effective since before 9/1/2019
19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.	effective since before 9/1/2019
19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19328	REMOVAL OF BREAST IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19330	REMOVAL OF IMPLANT MATERIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19342	DELAYED BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19350	BREAST RECONSTRUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
19355	CORRECT INVERTED NIPPLE(S)	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	effective since before 9/1/2019
19499	Unlisted procedure breast	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Added 1/1/2026
20999	Unlisted procedure musculoskeletal system general	Pre-operative evaluation, history and physical including functional impairment, and operative report.	added 1/1/2026
21083	PREPARE FACE/ORAL PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
21085	PREPARE FACE/ORAL PROSTHESIS	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21089	Unlisted maxillofacial prosthetic procedure	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
21141	LEFORT I-1 PIECE W/O GRAFT	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21142	LEFORT I-2 PIECE W/O GRAFT	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
21143	LEFORT I-3/> PIECE W/O GRAFT	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21145	LEFORT I-1 PIECE W/ GRAFT	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21146	LEFORT I-2 PIECE W/ GRAFT	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21147	LEFORT I-3/> PIECE W/ GRAFT	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21151	LEFORT II W/BONE GRAFTS	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21154	LEFORT III W/O LEFORT I	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21155	LEFORT III W/ LEFORT I	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21159	LEFORT III W/FHDW/O LEFORT I	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21160	LEFORT III W/FHD W/ LEFORT I	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21188	RECONSTRUCTION OF MIDFACE	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21194	RECONST LWR JAW W/GRAFT	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21195	RECONST LWR JAW W/O FIXATION	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21196	RECONST LWR JAW W/FIXATION	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21199	RECONSTR LWR JAW W/ADVANCE	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21208	AUGMENTATION OF FACIAL BONES	Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	effective since before 9/1/2019
21210	FACE BONE GRAFT	Submit history and physical, documentation of medical necessity.	effective since before 9/1/2019
21215	LOWER JAW BONE GRAFT	Submit history and physical, documentation of medical necessity.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
21230	RIB CARTILAGE GRAFT	Submit history and physical, documentation of medical necessity.	effective since before 9/1/2019
21248	RECONSTRUCTION OF MANDIBLE	Submit history and physical, documentation of medical necessity.	added 1/1/2026
21249	RECONSTRUCTION OF MANDIBLE	Submit history and physical, documentation of medical necessity.	added 1/1/2026
21685	HYOID MYOTOMY & SUSPENSION	Submit history and physical, documentation of medical necessity including operative report.	effective since before 9/1/2019
21740	RECONSTRUCTION OF STERNUM	Submit history and physical, documentation of medical necessity including operative report.	effective since before 9/1/2019
21299	UNLISTED CRANIO/MAXILLO FACIAL	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026
21685	Repair, Revision, and/or Reconstruction Procedures on the Neck (Soft Tissues) and Thorax	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026
21740	Reconstructive repair of pectus excavatum or carinatum	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026
22207	Osteotomy Procedures on the Spine	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026
22214	Osteotomy Procedures on the Lumbar Spine	Submit history and physical, documentation of medical necessity including operative report.	added 1/1/2026
22513	PERQ VERTEBRAL AUGMENTATION	Submit history and physical, documentation of medical necessity including operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
22514	PERQ VERTEBRAL AUGMENTATION	Submit history and physical, documentation of medical necessity including operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
22586	SPINE FUSION	Submit history and physical, documentation of medical necessity.	added 1/1/2026
22612	LUMBAR SPINE FUSION	Submit history and physical, documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
22800	POST FUSION </6 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
22802	POST FUSION 7-12 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22804	POST FUSION 13/> VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22808	ANT FUSION 2-3 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22810	ANT FUSION 4-7 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22812	ANT FUSION 8/> VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	effective since before 9/1/2019
22864	REMOVE CERV ARTIF DISC	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
22865	REMOVE LUMB ARTIF DISC	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
23410	REPAIR ROTATOR CUFF ACUTE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23412	REPAIR ROTATOR CUFF CHRONIC	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23472	RECONSTRUCT SHOULDER JOINT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23473	REVIS RECONST SHOULDER JOINT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23474	REVIS RECONST SHOULDER JOINT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27130	TOTAL HIP ARTHROPLASTY	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
27132	TOTAL HIP ARTHROPLASTY	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27278	ARTHRODESIS SACROILIAC JOINT	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/24, insourced from Evicore 1/1/26
27279	ARTHRODESIS SACROILIAC JOINT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27438	REVISE KNEECAP WITH IMPLANT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27440	REVISION OF KNEE JOINT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27441	REVISION OF KNEE JOINT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27442	REVISION OF KNEE JOINT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27443	REVISION OF KNEE JOINT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27445	REVISION OF KNEE JOINT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019
27446	REVISION OF KNEE JOINT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27447	TOTAL KNEE ARTHROPLASTY	Pre-operative evaluation, history and physical including functional impairment, and operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27557	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
27558	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment.	effective since before 9/1/2019
28292	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28295	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28296	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28297	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28298	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28299	Hallux Valgus correction	Pre-operative evaluation, history and physical including functional impairment.	added 1/1/2026
28446	PT TALK EVAL HLTHWKR RE MDD	Pre-operative evaluation, history and physical including functional impairment.	effective since before 9/1/2019
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	Pre-operative evaluation, history and physical including functional impairment.	Added 1/1/2026
28890	HI ENRGY ESWT PLANTAR FASCIA	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
28899	UNLISTED PROCEDURE FOOT OR TOES	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
29805	SHOULDER ARTHROSCOPY DX	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29806	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29807	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29819	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
29820	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29821	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29822	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29823	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29824	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29825	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29826	SHOULDER ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29827	ARTHROSCOP ROTATOR CUFF REPR	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29828	ARTHROSCOPY BICEPS TENODESIS	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29870	KNEE ARTHROSCOPY DX	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29871	KNEE ARTHROSCOPY/DRAINAGE	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
29873	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29874	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29875	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29876	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29877	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29879	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29880	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29881	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29882	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29883	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29884	KNEE ARTHROSCOPY/SURGERY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019
30469	REPAIR OF NOSE	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
30999	UNLISTED PROCEDURE NOSE	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31225	MAXILLECTOMY	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31295	Nasal/sinus endoscopy	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31296	Nasal/sinus endoscopy	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31297	Nasal/sinus endoscopy	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31298	Nasal/sinus endoscopy	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31299	Unlisted sinus procedure	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31370	Excision of Larynx	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31599	Unlisted Larynx procedure	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
31781	Excision of Trachea	Pre-operative evaluation, history and physical including functional impairment	Added 1/1/2026
32850	DONOR PNEUMONECTOMY	Pre-operative evaluation, history and physical including functional impairment	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
32852	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
32853	LUNG TRANSPLANT DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
32854	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
32855	PREPARE DONOR LUNG SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
32856	PREPARE DONOR LUNG DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
33269	Endoscopic Electrophysiologic Procedure	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33274	insert or replace permanent leadless pacemaker	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33285	Introduction or Removal of Subcutaneous Cardiac Rhythm Monitor	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33289	implantation of a wireless pulmonary artery pressure sensor	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33340	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33363	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33364	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33365	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
33366	Surgical Procedure on the Heart	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33404	PREPARE HEART-AORTA CONDUIT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33405	REPLACEMENT AORTIC VALVE OPN	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33406	REPLACEMENT AORTIC VALVE OPN	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33411	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33412	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33413	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33414	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33415	REVISION SUBVALVULAR TISSUE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33418	mitral valve repair	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33420	REVISION OF MITRAL VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33422	REPLACEMENT OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33427	REPAIR OF MITRAL VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33430	REPLACEMENT OF MITRAL VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33460	REVISION OF TRICUSPID VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33463	VALVULOPLASTY TRICUSPID	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33468	REVISION OF TRICUSPID VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
33474	REVISION OF PULMONARY VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33475	REPLACEMENT PULMONARY VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33476	REVISION OF HEART CHAMBER	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33477	IMPLANT TCAT PULM VLV PERQ	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33478	REVISION OF HEART CHAMBER	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33518	Coronary artery bypass graft	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33533	Coronary artery bypass graft	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33548	Coronary artery bypass graft	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
33600	CLOSURE OF VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33602	CLOSURE OF VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33606	ANASTOMOSIS/ARTERY-AORTA	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33608	REPAIR ANOMALY W/CONDUIT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33610	REPAIR BY ENLARGEMENT	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33611	REPAIR DOUBLE VENTRICLE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33612	REPAIR DOUBLE VENTRICLE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33615	REPAIR MODIFIED FONTAN	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
33617	REPAIR SINGLE VENTRICLE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019

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

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

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
37761	LIGATE LEG VEINS OPEN	History and physical and operative report.	effective since before 9/1/2019
37780	REVISION OF LEG VEIN	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
37785	LIGATE/DIVIDE/EXCISE VEIN	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
38129	unlisted procedure for laparoscopic surgery on the spleen	Pre-operative evaluation, history and physical	Added 1/1/2026
38225	Harvesting blood-derived T lymphocytes	Pre-operative evaluation, history and physical	Added 1/1/2026
38226	Preparation of blood-derived T lymphocytes	Pre-operative evaluation, history and physical	Added 1/1/2026
38227	receipt and preparation of CAR-T cells for administration	Pre-operative evaluation, history and physical	Added 1/1/2026
38228	CAR-T cell administration, autologous	Pre-operative evaluation, history and physical	Added 1/1/2026
38232	BONE MARROW HARVEST AUTOLOG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
38240	TRANSPLT ALLO HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
38241	TRANSPLT AUTOL HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
38589	Laparoscopic lymphatic system	History and physical and operative report.	Added 1/1/2026
38999	Unlisted Hemic or lymphatic system	History and physical and operative report.	Added 1/1/2026
39499	Unlisted procedures in the mediastinum	History and physical and operative report.	Added 1/1/2026
39599	Unlisted procedures on the diaphragm	History and physical and operative report.	Added 1/1/2026
41512	Procedure on tongue	History and physical and operative report.	Added 1/1/2026
41530	Procedure on tongue	History and physical and operative report.	Added 1/1/2026
41874	Alveoloplasty	History and physical and operative report.	Added 1/1/2026
41899	unlisted procedure code for dental procedures related to dentoalveolar structures	History and physical and operative report.	Added 1/1/2026
42145	Surgical repair palate, pharynx, uvula	History and physical and operative report.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
43112	ESPHG TOT W/THRCM	History and physical and operative report.	effective since before 9/1/2019
43289	laparoscopic approach to the esophagus	History and physical and operative report.	Added 1/1/2026
43360	GASTROINTESTINAL REPAIR	History and physical and operative report.	effective since before 9/1/2019
43497	Endoscopic myotomy	History and physical and operative report.	Added 1/1/2026
43633	REMOVAL OF STOMACH PARTIAL	History and physical and operative report.	effective since before 9/1/2019
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43645	LAP GASTR BYPASS INCL SMLL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43659	laparoscopic procedure involving the stomach	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Added 1/1/2026
43770	LAP PLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43771	LAP REVISE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43772	LAP RMVL GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43773	LAP REPLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43775	LAP SLEEVE GASTRECTOMY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43800	RECONSTRUCTION OF PYLORUS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43843	GASTROPLASTY W/O V-BAND	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43845	GASTROPLASTY DUODENAL SWITCH	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43846	GASTRIC BYPASS FOR OBESITY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43847	GASTRIC BYPASS INCL SMALL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
43848	REVISION GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43886	REVISE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43888	CHANGE GASTRIC PORT OPEN	history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	effective since before 9/1/2019
43999	STOMACH SURGERY PROCEDURE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44132	ENTERECTOMY CADAVER DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44137	REMOVE INTESTINAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
44202	Enterectomy	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Added 1/1/2026
44238	Unlisted laparoscopic procedures on the intestine	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Added 1/1/2026
44715	PREPARE DONOR INTESTINE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant	effective since before 9/1/2019

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

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

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
48552	PREP DONOR PANCREAS/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
48554	TRANSPL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
48556	REMOVAL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
49329	unlisted laparoscopic procedure performed on the abdomen, peritoneum, and omentum	History and Physical	Added 1/1/2026
49659	Unlisted laparoscopic procedure related to hernia repair	History and Physical	Added 1/1/2026
50300	REMOVE CADAVER DONOR KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50320	REMOVE KIDNEY LIVING DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50323	PREP CADAVER RENAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50325	PREP DONOR RENAL GRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50327	PREP RENAL GRAFT/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50328	PREP RENAL GRAFT/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50329	PREP RENAL GRAFT/URETERAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
50340	REMOVAL OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50365	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50370	REMOVE TRANSPLANTED KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50547	MYOCARDIAL IMAGING MCG I&R	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant	effective since before 9/1/2019
50860	TRANSPLANT URETER TO SKIN	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
50949	Laparoscopic Procedures on the Ureter	Submit history and physical, documentation of medical necessity, pre-operative report.	Added 1/1/2026
51580	REMOVE BLADDER/REVISE TRACT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	effective since before 9/1/2019
51585	REMOVAL OF BLADDER & NODES	Submit history and physical, documentation of medical necessity, operative report.	effective since before 9/1/2019
51597	REMOVAL OF PELVIC STRUCTURES	Submit history and physical, documentation of medical necessity, operative report.	effective since before 9/1/2019
51721	Insertion of transurethral ablation transducer	Submit history and physical, documentation of medical necessity, pre-operative report.	Added 1/1/2026
53430	RECONSTRUCTION OF URETHRA	Submit history and physical, documentation of medical necessity, operative report.	effective since before 9/1/2019
53860	TRANSURETHRAL RF TREATMENT	Submit History and Physical, documentation of medical necessity, operative report	effective since before 9/1/2019
53899	Unlisted procedure on the urinary system	Submit History and Physical, documentation of medical necessity, pre-operative report	Added 1/1/2026
54125	REMOVAL OF PENIS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
54400	INSERT SEMI-RIGID PROSTHESIS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
54401	INSERT SELF-CONTD PROSTHESIS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
54405	INSERT MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
54699	unlisted laparoscopy procedure for the testis	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
55881	Transurethral ultrasound ablation	Submit History and Physical, documentation of medical necessity, pre-operative report	Added 1/1/2026
55882	Transurethral ultrasound ablation	Submit History and Physical, documentation of medical necessity, pre-operative report	Added 1/1/2026
55899	Unlisted procedure in the male genital system	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
55970	SEX TRANSFORMATION M TO F	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
55980	SEX TRANSFORMATION F TO M	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
58180	PARTIAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
58240	REMOVAL OF PELVIS CONTENTS	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
58285	EXTENSIVE HYSTERECTOMY	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
58578	Unlisted laparoscopic procedures on the uterus	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
58760	FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59850	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59851	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59852	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59855	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59856	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
59857	ABORTION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
60505	Parathyroidectomy	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
60699	Unlisted procedure within the endocrine system	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
61630	MYOCARDIAL IMAGING MCG I&R	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
61885	Insertion or replacement cranial neurostimulator	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
61886	Insertion or replacement cranial neurostimulator	Submit history and physical, documentation of medical necessity, pre- operative report.	Added 1/1/2026
62115	REDUCTION OF SKULL DEFECT	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
62120	REPAIR SKULL CAVITY LESION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019
62320	NJX INTERLAMINAR CRV/THRC	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62321	NJX INTERLAMINAR CRV/THRC	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
62322	NJX INTERLAMINAR LMBR/SAC	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62323	NJX INTERLAMINAR LMBR/SAC	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62324	NJX INTERLAMINAR CRV/THRC	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62325	NJX INTERLAMINAR CRV/THRC	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62326	NJX INTERLAMINAR LMBR/SAC	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62327	NJX INTERLAMINAR LMBR/SAC	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62360	INSERT SPINE INFUSION DEVICE	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62361	IMPLANT SPINE INFUSION PUMP	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62362	IMPLANT SPINE INFUSION PUMP	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
63650	IMPLANT NEUROELECTRODES	Submit history and physical, documentation of medical necessity, pre- operative report.	11/1/2019, Insourced from Evicore 1/1/26
63685	INSRT/REDO SPINE N GENERATOR	Submit history and physical, documentation of medical necessity, pre- operative report.	11/1/2019, Insourced from Evicore 1/1/26
64451	NJX AA&/STRD NRV NRVTG SI JT	Submit history and physical, documentation of medical necessity, pre- operative report.	9/1/2020, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
64479	INJ FORAMEN EPIDURAL C/T	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64483	INJ FORAMEN EPIDURAL L/S	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64484	INJ FORAMEN EPIDURAL ADD-ON	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64490	INJ PARAVERT F JNT C/T 1 LEV	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64491	INJ PARAVERT F JNT C/T 2 LEV	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64492	INJ PARAVERT F JNT C/T 3 LEV	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64493	INJ PARAVERT F JNT L/S 1 LEV	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64494	INJ PARAVERT F JNT L/S 2 LEV	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64495	INJ PARAVERT F JNT L/S 3 LEV	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64510	N BLOCK STELLATE GANGLION	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64520	N BLOCK LUMBAR/THORACIC	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
64555	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity including operative report.	effective since before 9/1/2019
64561	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	effective since before 9/1/2019
64568	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64575	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64582	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64590	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64624	Genicular Nerve ablation	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64625	RF ABLTJ NRV NRV TG SI JT	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64628	Thermal Destruction BVN	Submit History and Physical, documentation of medical necessity.	Added 1/1/2026
64633	DESTROY CERV/THOR FACET JNT	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64634	DESTROY C/TH FACET JNT ADDL	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64635	DESTROY LUMB/SAC FACET JNT	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64636	DESTROY L/S FACET JNT ADDL	Submit history and physical, documentation of medical necessity, pre- operative report.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
65710	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
65730	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
65750	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
65755	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
66183	Insertion, drainage device	Pre-operative evaluation, history and physical	Added 1/1/2026
66999	Unspecified, anterior eye procedures	Pre-operative evaluation, history and physical	Added 1/1/2026
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67901	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67902	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67903	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67904	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67906	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67908	REPAIR EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67909	REVISE EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67911	REVISE EYELID DEFECT	Pre Operative Evaluation, History and Physical and Operative report	effective since before 9/1/2019
67999	Unlisted procedures related to the eyelids	Pre Operative Evaluation, History and Physical and Operative report	1/1/2026
69714	IMPLANT TEMPLE BONE W/STIMUL	Pre-operative evaluation, history and physical and operative report.	effective since before 9/1/2019
69717	TEMPLE BONE IMPLANT REVISION	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	effective since before 9/1/2019
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
76497	CT PROCEDURE	History and Physical	effective since before 9/1/2019, Insourced from Evicore 1/1/26
76498	MRI PROCEDURE	History and Physical	effective since before 9/1/2019, Insourced from Evicore 1/1/26
77520	PROTON TRMT SIMPLE W/O COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
77522	PROTON TRMT SIMPLE W/COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
77523	PROTON TRMT INTERMEDIATE	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
77525	PROTON TREATMENT COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	Added 10/1/2025
77799	Unlisted Clinical Brachytherapy	History and Physical	Added 1/1/2026
78608	BRAIN IMAGING (PET)	History and Physical	effective since before 9/1/2019, Insourced from Evicore 1/1/26
78813	PET IMAGE FULL BODY	History and Physical	effective since before 9/1/2019, Insourced from Evicore 1/1/26
78814	PET IMAGE W/CT LMTD	History and Physical	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81120	IDH1	History and physical, medical necessity	1/1/2026
81121	IDH2	History and physical, medical necessity	1/1/2026
81161	DMD	History and physical, medical necessity	1/1/2026
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81170	ABL1	History and physical, medical necessity	1/1/2026
81176	ASXL1	History and physical, medical necessity	1/1/2026
81177	ATN1	History and physical, medical necessity	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
81178	ATXN1	History and physical, medical necessity	1/1/2026
81179	ATXN2	History and physical, medical necessity	1/1/2026
81180	ATXN3	History and physical, medical necessity	1/1/2026
81183	ATXN10	History and physical, medical necessity	1/1/2026
81184	CACNA1A	History and physical, medical necessity	1/1/2026
81191	NTRK1	History and physical, medical necessity	1/1/2026
81206	BCR/ABL1	History and physical, medical necessity	1/1/2026
81207	BCR/ABL1	History and physical, medical necessity	1/1/2026
81208	BCR/ABL1	History and physical, medical necessity	1/1/2026
81210	BRAF	History and physical, medical necessity	1/1/2026
81218	CEBPA	History and physical, medical necessity	1/1/2026
81219	CALR	History and physical, medical necessity	1/1/2026
81420	Fetal Aneuploidy	History and Physical	Added 1/1/2026
81432	HRDTRY BRST CA-RLATD DSORDRS	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81435	HEREDITARY COLON CA DSORDRS	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81450	TARGETED GENOMIC SEQ ANALYS	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81451	Tgsap hl neo 5-50 rna alys	History and physical, medical necessity	Added 4/1/2023, Insourced from Evicore 1/1/26
81455	TARGETED GENOMIC SEQ ANALYS	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81456	Tgsap so/hl 51/< rna alys	History and physical, medical necessity	Added 4/1/2023, Insourced from Evicore 1/1/26
81457	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
81458	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026
81459	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026
81462	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026
81463	GENOMIC SEQ ANALYS	History and Physical	Added 1/1/2026
81464	Liquid Biopsy	History and Physical	Added 1/1/2026
81479	UNLISTED MOLECULAR PATHOLOGY	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81518	ONCOLOGY BREAST MRNA	History and physical, medical necessity	1/1/2020, Insourced from Evicore 1/1/26
81521	ONC BREAST MRNA 70 GENES	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81539	ONCOLOGY PROSTATE PROB SCORE	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81551	ONC PROSTATE 3 GENES	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81558	Short description not available at time of posting	History and physical, medical necessity	4/1/2025, Insourced from Evicore 1/1/26
81599	UNLISTED MAAA	History and physical, medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
86849	Unlisted immunology procedure	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
87467	Hepatitis B surface antigen	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
91110	Capsule Endoscopy	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
91112	GI WIRELESS CAPSULE MEASURE	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
92986	REVISION OF AORTIC VALVE	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
93580	Closure ASD	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93581	Closure VSD	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93619	Electrophysiology Evaluation	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93654	Electrophysiology Evaluation	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93656	Electrophysiology Evaluation	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
93799	Unlisted Cardiovascular procedures	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
95999	Unlisted Neuro procedure	History and Physical, statement of medical necessity	Added 1/1/2026
0008U	Hpylori detcj abx rstnc dna	History and Physical, statement of medical necessity	Added 1/1/2026
0010U	Nfct ds strn typ whl gen seq	History and Physical, statement of medical necessity	Added 1/1/2026
0037U	TRGT GEN SEQ DNA 324 GENES	History and Physical, statement of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
0068U	Candida species pnl amp prb	History and Physical, statement of medical necessity	1/1/2026
0080U	Onc lng 5 clin rsk factr alg	History and Physical, statement of medical necessity	1/1/2026
0087U	CRD HRT TRNSPL MRNA 1283 GEN	History and Physical, statement of medical necessity	1/1/2020, Insourced from Evicore 1/1/26
0088U	TRNSPLJ KDN ALGRFT REJ 1494	eviCore - 1-855-252-1117 or https://www.evicore.com/provider	1/1/2020, Insourced from Evicore 1/1/27
0108U	Gi barrett esoph 9 prtn bmrk	History and Physical, statement of medical necessity	Added 1/1/2026
0152U	Nfct bct fng prst dna >1000	History and Physical, statement of medical necessity	Added 1/1/2026
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	History and Physical, statement of medical necessity	1/1/2021, Insourced from Evicore 1/1/26
0295U	ONC IHC DCIS 7	History and Physical, statement of medical necessity	Added 1/1/2026
0315U	Onc cutan sq cll ca mrna 40	History and Physical, statement of medical necessity	4/1/2022, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
0326U	TRGT GEN SEQ ALYS PNL 83+	History and Physical, statement of medical necessity	added 7/1/2022, Insourced from Evicore 1/1/26
0338U	CTC-HER2	History and Physical, statement of medical necessity	Added 1/1/2026
0340U	Onc pan ca alys mrd plasma	History and Physical, statement of medical necessity	Added 4/1/2023, Insourced from Evicore 1/1/26
0344U	OWLiver	History and Physical, statement of medical necessity	Added 1/1/2026
0358U	ONC Amyloid	History and Physical, statement of medical necessity	Added 1/1/2026
0359U	ONC PSA	History and Physical, statement of medical necessity	Added 1/1/2026
0364U	Onc hl neo gen seq alys alg	History and Physical, statement of medical necessity	Added 4/1/2023, Insourced from Evicore 1/1/26
0463U	Onc crvx mrna genxprsn 14bmk	History and Physical, statement of medical necessity	1/1/2026
0471U	CRCdx® RAS Mutation Detection Kit	History and Physical, statement of medical necessity	1/1/2026
0473U	ONC SLD TUM BLD/SLV 648 GENE	History and Physical, statement of medical necessity	Added 10/1/2024, Insourced from Evicore on 1/1/26
0490U	CMC	History and Physical, statement of medical necessity	Added 1/1/2026
0491U	CTC-ER	History and Physical, statement of medical necessity	Added 1/1/2026
0492U	CTC-PD-L1	History and Physical, statement of medical necessity	Added 1/1/2026
0493U	TRANSPL MED QUAN DD-CFDNA NGS	History and Physical, statement of medical necessity	Added 1/1/2025, Insourced from Evicore 1/1/26
0500U	UBA 1	History and Physical, statement of medical necessity	Added 1/1/2026
0503U	AD2	History and Physical, statement of medical necessity	Added 1/1/2026
0511U	PARIS	History and Physical, statement of medical necessity	Added 1/1/2026
0550U	ONC Prostate	History and Physical, statement of medical necessity	Added 1/1/2026
0556U	NFCT DS P-S DNA&RNA 12 TRGTS	History and Physical, statement of medical necessity	Added 1/1/2026
0557U	NFCT DS BV DNA MRK VAG FLUID	History and Physical, statement of medical necessity	Added 1/1/2026
0563U	NFCT DS PTHGN SNA 11VIR&4B	history and Physical, statement of medical necessity	1/1/2026
0564U	NFCT DS PTHGN SNA 10VIR&4BC	history and Physical, statement of medical necessity	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
0568U	NEUROL DEMENTIA βAMYL PTAU	History and Physical, statement of medical necessity	1/1/2026
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Submit progress notes for last 24 hours effective since before transport, physician order including medical records supporting rationale for transport.	effective since before 9/1/2019
A0431	Rotary wing air transport	History and Physical, statement of medical necessity	1/1/2026
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.	effective since before 9/1/2019
A0999	Unlisted ambulance service	History and Physical, statement of medical necessity	Added 1/1/2026
A2001	Innovamatrix ac per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2002	Mirrugen advanced wound matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2005	Microlyte matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2006	Novosorb synpath dermal matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2007	Restrata per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2008	Theragenesis per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2009	Symphony per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2010	Apis per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2011	Supra sdrm, per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2012	Suprathel, per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2013	Innovamatrix fs, per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2014	Omeza collagen matrix, per 100 mg	History and Physical, statement of medical necessity	Added 1/1/2026
A2015	Phoenix wound matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2016	Permeaderm b per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2017	Permeaderm glove each	History and Physical, statement of medical necessity	Added 1/1/2026
A2018	Permeaderm c per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2019	Kerecis omega3 marigen shield per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
A2020	Ac5 advanced wound system (ac5)	History and Physical, statement of medical necessity	Added 1/1/2026
A2021	Neomatrix per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
A2022	Innovabrn/innovamatx xl sqcm	History and Physical, statement of medical necessity	Added 1/1/2026
A2024	Resolve or xenopatch sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2025	Miro3d per cubic cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2027	Matriderm per sq cm	History and Physical, statement of medical necessity	Added 1/1/2026
A2028	Micromatrix flex per mg	History and Physical, statement of medical necessity	Added 1/1/2026
A2029	Mirotract matrix sheet	History and Physical, statement of medical necessity	Added 1/1/2026
C1762	Connective tissue human (includes fascia lata)	History and Physical, statement of medical necessity	Added 1/1/2026
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	History and Physical, statement of medical necessity	Added 1/1/2027
C1826	Generator neurostimulator (implantable) includes closed feedback loop leads and all implantable components with rechargeable battery and charging system	History and Physical, statement of medical necessity	Added 1/1/2028
C1827	Generator neurostimulator (implantable) non-rechargeable with implantable stimulation lead and external paired stimulation controller	History and Physical, statement of medical necessity	Added 1/1/2029
C1849	Skin substitute, synthetic	History and Physical, statement of medical necessity	Added 1/1/2030
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	History and Physical, statement of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
C9363	Skin substitute Integra Meshed Bilayer Wound Matrix per square centimeter	History and Physical, statement of medical necessity	Added 1/1/2026
C9399	Unclassified drugs or biologicals, Non Oncology	History and Physical, statement of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Recent History and Physical, and documentation of medical necessity	Added 10/1/2025
E0616	Implantable cardiac event recorder with memory, activator and programmer	History and Physical, statement of medical necessity	Added 1/1/2026
E0635	Patient lift, electric with seat or sling	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	effective since before 9/1/2019
E0650	Pneumatic compressor, non-segmental home model	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
E0673	Segmental gradient pressure pneumatic appliance, half	Letter of medical necessity, including condition being treated.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	effective since before 9/1/2019
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	effective since before 9/1/2019
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	effective since before 9/1/2019
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	effective since before 9/1/2019
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	effective since before 9/1/2019
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	effective since before 9/1/2019
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status	effective since before 9/1/2019
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	effective since before 9/1/2019
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.	effective since before 9/1/2019
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.	effective since before 9/1/2019
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest,	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	effective since before 9/1/2019
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Letter of medical Necessity supporting need for the wheelchair.	effective since before 9/1/2019
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	Letter of medical Necessity supporting need for the wheelchair.	effective since before 9/1/2019
E1239	Power wheelchair, pediatric size, not otherwise specified	Letter of medical Necessity supporting need for the wheelchair.	effective since before 9/1/2019
E2300	Wheelchair accessory, power seat elevation system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	effective since before 9/1/2019
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
E2599	Accessory for speech generating device, not otherwise classified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
E2609	Custom fabricated wheelchair seat cushion, any size	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.	effective since before 9/1/2019
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minute	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0277	Hyperbaric oxygen under pressure full body chamber per 30 minute interval	History and Physical, statement of medical necessity	Added 1/1/2026
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0379	Direct admission of patient for hospital observation care	History and Physical, statement of medical necessity	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	History and Physical, statement of medical necessity	Added 1/1/2026
G0411	Interactive group psychotherapy, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	History and Physical, statement of medical necessity	Added 1/1/2026
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	effective since before 9/1/2019
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	History and Physical, statement of medical necessity	Added 1/1/2026
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	History and Physical, statement of medical necessity	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	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)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	9/1/2020, Insourced from Evicore 1/1/26
J0174	Leqembi (Injection, lecanemab-irmb, 1mg).	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 4/1/24
J0175	Injection, donanemab-azbt, 2 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	4/1/2025, Insourced from Evicore 1/1/26
J0177	Injection, aflibercept hd, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	4/1/2024, Insourced from Evicore 1/1/26
J0178	Injection, aflibercept, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	effective since before 9/1/2019, Insourced
J0179	Injection, brolucizumab-dbl, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	9/1/2020, Insourced from Evicore 1/1/26
J0180	Injection, agalsidase beta, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0202	Injection, alemtuzumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0222	Onpattro	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	10/1/2019, Insourced from Evicore 1/1/26
J0223	Givosiran	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	1/1/2021, Insourced from Evicore 1/1/26
J0224	Inj. lumasiran, 0.5 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	7/1/2022, Insourced from Evicore 1/1/26
J0225	Injection, vutrisiran, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	11/1/2022, Insourced from Evicore 1/1/26
J0490	Injection, belimumab, 10 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0491	Injection, anifrolumab-fnia, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	4/1/2022, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J0517	Fasenra	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	1/1/2020, Insourced from Evicore 1/1/26
J0584	Crysvita	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J0585	Injection, onabotulinumtoxina, 1 unit	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0586	Injection, abobotulinumtoxina, 5 units	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0587	Injection, rimabotulinumtoxinb, 100 units	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0588	Injection, incobotulinumtoxin a, 1 unit	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0589	Injection, daxibotulinumtoxina-lanm	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	4/1/2024, Insourced from Evicore 1/1/26
J0717	Injection certolizumab pegol 1 mg	History and Physical, statement of medical necessity	Added 1/1/2026
J0801	INJECTION DARBEPOETIN ALFA 1 MICROGRAM (NON-ESRD USE)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2026
J0881	Injection, darbepoetin alfa, 1 microgram (for non-esrd)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0896	Injection, luspatercept-aamt, 0.25 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J0897	Injection, denosumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2025
J1072	Injection, testosterone cypionate (azmiro), 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1299	Inj, eculizumab, 2 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 10/1/2025, insourced from Evicore 1/1/26
J1303	Ultomiris	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	10/1/2019, Insourced from Evicore 1/1/26
J1306	Injection, inclisiran, 1 mg	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity	Added 10/1/2023, Insourced from Evicore 1/1/26
J1307	Injection crovalimab-akkz 10 mg	History and physical. Statement of medical necessity	Added 1/1/2026
J1411	Hemmens	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1412	Roctavian	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1413	Elevidys	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1437	Injection, ferric derisomaltose, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
J1438	Injection etanercept 25 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
J1439	Injection, ferric carboxymaltose, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1551	Inj cutaquig 100 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 10/1/2023, Insourced from Evicore 1/1/26
J1552	Injection, immune globulin (alyglo), 500 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J1554	Asceniv	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1555	Injection, immune globulin, 100 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1556	Injection, immune globulin (bivigam), 500 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1558	Inj. xembify, 100 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 10/1/2023, Insourced from Evicore 1/1/26
J1559	Injection, immune globulin (hizentra), 100 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1562	Injection, immune globulin (Vivaglobin), 100 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J1595	Injection glatiramer acetate 20 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J1599	Immune Globulin, not otherwise , specified, Panzyga	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced
J1602	Injection, golimumab, 1 mg, for intravenous use	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1628	Tremfya	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 7/1/2025, Insourced from Evicore 1/1/26
J1640	Injection, hemin, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J1745	Injection infliximab, 10 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1748	Injection infliximab-dyyb (zymfentra) 10 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J1823	Uplizna	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	10/1/2021, Insourced from Evicore 1/1/26
J1930	Injection, lanreotide, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J1932	Injection, lanreotide, (cipl), 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J2267	OmvoH	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 10/1/2024, Insourced from Evicore on 1/1/26
J2323	Injection, natalizumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2327	Inj risankizumab-rzaa 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 10/1/2023, Insourced from Evicore 1/1/26
J2329	Injection, ublituximab-xiiy, 1mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2351	Injection ocrelizumab 1 mg and hyaluronidase-ocsq	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J2356	Inj, nusinersen, 0.1mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 10/1/2023, Insourced from Evicore 1/1/26
J2357	Injection, omalizumab, 5 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J2508	Pegunigalsidase alfa-iwxj, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2024, Insourced from Evicore 1/1/26
J2777	faricimab-svoa, 0.1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 4/1/24

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J2778	Injection, ranibizumab, 0.1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2779	Injection, ranibizumab via intravitreal implant (susvimo), 0.1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	7/1/2022, Insourced from Evicore 1/1/26
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	10/1/2023. Insourced from Evicore 1/1/26
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2796	Injection, romiplostim, 10 micrograms	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J3032	Eptinezumab-jjmr (Vyepi)	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2021, Insourced from Evicore 1/1/26
J3145	Injection, testosterone undecanoate, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J3245	Ilumya	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2020, Insourced from Evicore 1/1/26
J3247	Cosentyx	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 10/1/2024, Insourced from Evicore on 1/1/26
J3262	Injection, tocilizumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J3299	Injection triamcinolone acetonide (xipere) 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J3304	Zilretta	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2020, Insourced from Evicore 1/1/26
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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J3380	Injection, vedolizumab, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J3401	Vyjuvek	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J3490	Unclassified drugs, Non Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J3590	Unclassified biologics, Non Oncology, Piasky, Yimmugo, Steqeyma, Yesintek	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7190	Factor VIII (antihemophilic factor, human) per IU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7194	Factor IX complex, per IU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7195	Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2026
J7313	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2026
J7314	Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2026
J7318	Durolane	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2020, Insourced from Evicore 1/1/26
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	9/1/2020, Insourced from Evicore 1/1/26
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7329	TriVisc	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2020, Insourced from Evicore 1/1/26
J7331	Synjoynt	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	10/1/2019, Insourced from Evicore 1/1/26
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	9/1/2020, Insourced from Evicore 1/1/26
J7336	Capsaicin 8% patch per square centimeter	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2022, Insourced from Evicore 1/1/26
J9022	atezolizumab, 10 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J9047	Injection, carfilzomib, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9055	Injection, cetuximab, 10 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9144	DARZALEX	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9145	DARZALEX	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9173	IMFINZI	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9177	PADCEV	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9216	Actimmune	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9228	YERVOY	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9264	ABRAXANE	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9271	KEYTRUDA	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9299	OPDIVO	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9306	PERJETA	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9312	Immunomodulators	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J9332	Vyvgart	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 7/1/2023, Insourced from Evicore 1/1/26
J9333	Injection, rozanolixizumab-noli, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2024, Insourced from Evicore 1/1/26
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	1/1/2024, Insourced from Evicore 1/1/26
J9358	ENHERTU	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2025
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	Added 1/1/2026
J9376	Injection, paclitaxel, 1 mg	History and physical, chart notes from ordering physician, treatment plan including condition being treated.	4/1/2024, Insourced from Evicore 1/1/26
J9999	Unclassified, non-oncology use	History and physical or clinical notes, including anticipated length of use.	Added internal 1/1/24
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0006	Heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0009	Other manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0014	Other motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0108	Wheelchair component or accessory, not otherwise specified	History and physical or clinical notes, including anticipated length of use.	effective since before 9/1/2019
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
K0812	Power operated vehicle, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	effective since before 9/1/2019

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

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0898	Power wheelchair, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Recent History and Physical, plan of care, and documentation of medical necessity	effective since before 9/1/2019
L1499	Spinal orthotic, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5981	All lower extremity prostheses, flex-walk system or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	effective since before 9/1/2019

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

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
L8701	Ewh s/d uprt micro sensor	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2025
L8702	Ewhf s/d uprt micro sensor	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2025
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2026
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019
Q2041	Yescarta	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2042	Kymriah	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2053	Tecartus	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2054	Lisocabtagene Maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2055	Idecabtagene vicleucel	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/24
Q2056	Ciltacabtagene car-pos t	Recent history and physical, plan of care, and documentation of medical necessity.	added 4/1/2023

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4101	APLIGRAF PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4103	OASIS BURN MATRIX PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD) PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4106	DERMAGRAFT PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4107	GRAFTJACKET PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4108	INTEGRA MATRIX PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4110	Primatrix skin sub	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4116	ALLODERM PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4118	Matristem micromatrix, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4121	THERASKIN, PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4122	Dermacell dermacell awm or dermacell awm porous per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4126	Memoderm dermaspan tranzgraft or integuply per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4127	TALYMED PER SQUARE CENTIMETER	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4128	Flex hd or allopatch hd per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4131	Epifix or epicord	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4132	Grafix core and grafixpl core per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4133	Grafix prime, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4134	Hmatrix	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4135	Mediskin	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4137	Amnioexcel amnioexcel plus or biodexcel per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4138	Biodfence dryflex per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4140	Biodfence per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4141	Alloskin ac per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4143	Repriza per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4146	Tensix per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4147	Architect architect px or architect fx extracellular matrix per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4148	Neox cord 1k neox cord rt or clarix cord 1k per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4150	Allowrap ds or dry per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4151	Amnioband or guardian per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4152	Dermapure per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4153	Dermavest and plurivest per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4154	Biovance per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4156	Neox 100 or clarix 100 per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4157	Revitalon per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4158	Marigen 1 square cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4159	Affinity per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4160	Nushield per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4161	Bio-connekt wound matrix per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4162	Woundex flow, bioskin flow, 0.5 cc	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4163	Woundex bioskin per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4164	Helicoll per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4167	Truskin per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4169	Artacent wound, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4170	Cygnus, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4172	Puraply or puraply am	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4173	Palingen or palingen xplus per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

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

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4196	Puraply am, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4197	Puraply xt, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4198	Genesis amniotic membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4199	Cygnus matrix, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4200	Skin te, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4201	Matrion, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4203	Derma-gide, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4205	Membrane graft or membrane wrap, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4208	Novafix, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4209	Surgraft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4211	Amnion bio or axobiomembrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4216	Artacent cord, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4218	Surgicord, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4219	Surgigraft-dual, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4221	Amniowrap2, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4222	Progenamatrix, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4226	Myown skin, includes harvesting and preparation procedures, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4227	Amniocore, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4229	Cogenex amniotic membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4232	Corplex, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4234	Xcellerate, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4235	Amniorepair or altiply, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4237	Cryo-cord, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4238	Derm-maxx, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4240	Corecyte, for topical use only, per 0.5 cc	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4242	Amniocyte plus, per 0.5 cc	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4245	Amniotext, per cc	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4249	Amniply, for topical use only, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4250	Amnioamp-mp, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4252	Vendaje, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4253	Zenith amniotic membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4254	Novafix dl, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q4258	Enverse per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4262	Dual layer impax, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4268	Surgraft ft per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4271	Complete ft per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4278	Epieffect per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4282	Cygnus dual per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4285	Nudyn dl or dl mesh pr sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4286	Nudyn sl or slw, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4309	Via matrix, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4319	Sanograft, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4320	Pellograft, per sq cm	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4331	Axolotl graft per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4332	Axolotl dualgraft per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4354	Palingen dual-layer membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4357	Xwrap plus, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4358	Xwrap dual, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4361	Epiexpress, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4383	Axolotl graft ultra, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4385	Apollo ft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4386	Acesso trifaca, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4388	Neothelium 4l, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4389	Neothelium 4l plus, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4392	Grafix duo, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4393	Surgraft ac, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4394	Surgraft aca, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4395	Acelagraft, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4396	Natalin, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q4397	Summit aaa, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5101	Zarxio	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg.	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
Q5104	100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg.	Recent history and physical, plan of care, and documentation of medical necessity.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
Q5106	Retacrit, non ESRD use	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5110	Nivestym	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5115	Truxima	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5119	Ruxience	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5121	Injection; Immunomodulators	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2021, Insourced from Evicore 1/1/26
Q5123	rituximab-arrx non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5125	Riabni	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2023, Insourced from Evicore 1/1/26
Q5133	Tofidence	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2025
Q5134	Injection natalizumab-sztn (tyruko) biosimilar 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5135	Injection tocilizumab-aazg (tyenne) biosimilar 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5138	ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025, Insourced from Evicore 1/1/26
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q5149	Injection aflibercept-abzv (enzeevu) biosimilar 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5150	Injection aflibercept-mrbb (ahzantive) biosimilar 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5151	Inj, eculizumab-aagh, 2 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 10/1/2025, insourced from Evicore 1/1/26
Q5152	inj, eculizumab-aeeb, 2 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 10/1/2025, insourced from Evicore 1/1/26
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2026
Q9997	Ustekinumab-ttwe iv inj 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 10/1/2025, insourced from Evicore 1/1/26
Q9998	Inj ustekinumab-aekn, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 10/1/2025, insourced from Evicore 1/1/26
Q9999	Inj ustekinumab-aaaz 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 10/1/2025, insourced from Evicore 1/1/26
T1000	Private Duty/Independent Nursing per 15 minutes	Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing treatment.	Added 4/1/2023

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
T1001	RN Nursing Assessment/Evaluation per 15 minutes	Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing treatment.	Added 4/1/2023
T1002	RN Services per 15 minutes	Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing treatment.	Added 4/1/2023
T1003	LPN/LVN Services per 15 minutes	Benefit for select groups only. Chart notes for each home visit and notes for each discipline providing treatment.	Added 4/1/2023
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